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NICE Public Health Intervention Guidance

Promoting the social and emotional wellbeing of young people in secondary education

FIELDWORK REPORT

03 April 2009

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National Institute for Health and Clinical Excellence

A report submitted by GHK

Date: 03/04/09

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EXECUTIVE SUMMARY

1   Purpose and methodology

GHK Consulting Ltd was commissioned by the Centre for Public Health Excellence (CPHE) at the National Institute for Health and Clinical Excellence (NICE) to test four draft recommendations on public health interventions aimed at **promoting the social and emotional wellbeing of young people in secondary education**.

The purpose of the fieldwork was to test the four recommendations in order to assess their relevance and usefulness, as well as exploring the barriers and facilitators to implementation and how any barriers might be overcome. It should be noted that the fieldwork did not invite comment on the considerations or evidence statements in the draft guidance, and a number of the findings are relevant to these sections.

The fieldwork was carried out with 170 practitioners in 10 selected local authority areas[1] around the country. 27 focus groups and 10 in-depth interviews were carried out with a diverse range of practitioners working with young people in secondary education inside and outside schools. These included teachers and support staff from different types of schools, clinicians, representatives of voluntary sector agencies, Connexions, and local authority managers. The sample was designed to be representative, but was also weighted towards gathering good practice from professionals who were already engaged in implementing related programmes such as Social and Emotional Aspects of Learning (SEAL), as well as professionals working in disadvantaged areas.

Throughout the report, we have used the following terms to give an indication of the weight of evidence given by practitioners.

'**The vast majority of practitioners thought that**…' means that over 80% of the population referred to in the statement agreed with the particular view expressed. This constitutes very strong evidence in favour of a particular view.

'**Most / many practitioners thought that**…' means that over 50% of the population referred to agreed with the particular view expressed. This constitutes strong evidence in favour of a particular view.

'**Some practitioners thought that**…' means that a significant minority (10 or more people) of the population referred to agreed with the particular view expressed. While this may constitute a minority view, such evidence could be taken into account when read alongside the other evidence provided by practitioners.

We also refer to staff from different sectors collectively. For example, we refer to teachers, support staff and school senior management team as school-based practitioners or school staff.

The findings of the fieldwork are illustrated by quotes from participants, as well as examples of practice described by participants.

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[1] We planned to carry out research in 10 local authority areas. The final sample of 170 also contained participants from two additional local authority areas, who were taken from a 'reserve list' to boost the sample.

2 Headline findings - Responses to the recommendations and key gaps

The recommendations were thought to be well-intentioned, but there were concerns about their usefulness to practitioners

The vast majority of practitioners were welcoming of the intention and general content of the recommendations, but most were unsure about how they could add value to practice, or be enforced, in their current form. They shared many concerns about whether the recommendations would be useful and relevant to day to day practice. The emphasis on leadership and its centrality to whole-school and whole-community approaches to SEWB was also particularly welcomed by virtually all the respondents. Practitioners also had some concerns over the way in which the recommendations were worded, and identified several gaps in them, notably concerning links to key related policies and with bodies such as Ofsted.

The emphasis on multi-agency working was welcomed – but the recommendations could be more specific

The emphasis on multi-agency working was particularly welcomed by the vast majority of practitioners, and could give some the scope to influence service commissioners. Many practitioners, however, wanted more specific details about how services could be better aligned so that young people were adequately supported through transitions between children's and adult services according to their needs (rather than their age or location), and the transition between primary and secondary schools. Some practitioners also highlighted the lack of information sharing (particularly between NHS and schools) as an issue, with some schools noting a lack of clinical input at multi-agency conferences.

Most practitioners wanted the recommendations to state that social and emotional wellbeing must be a priority that is given equal weight to educational attainment

The vast majority of practitioners thought there is a clear link between improving social and emotional wellbeing (SEWB) in schools, and improving educational attainment, achievement and behaviour. They wanted the recommendations to emphasise this, so that SEWB is prioritised, and the development of social and emotional skills is seen as a central part of preparing young people for adult life. Many practitioners perceived a misalignment of resources and priorities at all levels that prevented them from working together effectively, and in their view such a statement would enable them to 'make the case' for SEWB. Such a statement could be placed in a short contextual statement leading into the main body of the recommendations.

More recognition ought to be given in the recommendations to what schools and their partner agencies are achieving

Many of the practitioners that we spoke to emphasised that they were already in the process of implementing the recommendations, and that it would be helpful for this to be recognised. Practitioners were largely familiar with terms such as 'whole-school approaches', and many saw the recommendations as underlining their efforts. Notably, many felt that there had been progress in the last year or so (i.e. since the process of developing these recommendations began) and that initiatives such as Targeted Mental Health in Schools (TaMHS) deserved more attention. However, we also found that there was a great deal of variation in how SEWB was implemented in practice.

The status, purpose and rationale for the recommendations needs to be clarified

The vast majority of practitioners were unclear as to how the recommendations could add value to existing guidance, in particular the SEAL and Healthy Schools programmes, the Every Child Matters agenda, as well as Ofsted inspection. Practitioners wanted to see the objectives of each recommendation explained more clearly, and links between implementing other policies and NICE recommendations made explicit. In particular, while NICE guidance covers the rationale for the recommendations elsewhere, they wanted more detail within the recommendations themselves to assist with their understanding.

There is a lack of detail in the content and some statements were ambiguous

The vast majority of practitioners thought that the strongest ways in which the recommendations could add value was by setting out how their aspirations might be most effectively achieved. Practical advice was requested across all the recommendations – for instance, 'Real life' or case study examples might be a useful way of highlighting how the recommendations could be implemented. In addition, many practitioners thought that the recommendations were unclear about who should be responsible for leading their implementation, and wanted to see increased clarity in this respect. They felt that each part of the recommendations ought to have a lead agency or senior manager (e.g. Director of Children's Services) who would be tasked with leading each specific action. Words such as 'Help…' and 'Consider…' were thought to be ambiguous. The impression of ambiguity was a consistent finding among all practitioner groups and all the recommendations.

The value and contribution that parents and young people can make must be given greater emphasis throughout the recommendations

Practitioners were able to explain how their current work aimed at involving young people and their parents and carers in social and emotional development. The vast majority considered that the recommendations did not go far enough in recognising the value and contribution that parents and young people can make to SEWB in a variety of contexts. Practitioners may particularly welcome specific advice on good practice in engaging with parents and carers.

The welfare of school staff is as important in a whole-school approach

Almost all practitioners highlighted the importance of staff welfare and emotional health in building a whole school approach. This was a key focus of their current practice in implementing whole-school approaches, coupled with leadership, ethos and training. Promoting values such as mutual respect among staff and students, open communications, and ensuring that staff training / continuous professional development in social and emotional skills delivery is carried out within a school strategy, were seen as key to staff wellbeing.

Social and emotional wellbeing needs to be a higher priority in initial teacher training

The vast majority of practitioners wanted the recommendations to emphasise the importance of SEWB in initial teacher training (ITT). Despite its importance, many teachers thought that understanding young people's social and emotional development had been less of a priority in ITT in recent years, in comparison with subject specific skills. There are also no specific qualifications to deliver training to schools staff in implementing SEWB, and most schools staff felt that this was a major gap in current

arrangements. As a consequence the recommendations need to be addressed to key actors in teacher education such as HEIs and the TDA.

There should be greater reference to the adequate resourcing of services

Many practitioners also highlighted the lack of reference in the recommendations to ensuring that key services are adequately resourced. In most local authority areas, practitioners reported that less priority was given to funding and developing universal approaches to mental health promotion in schools, in comparison to more targeted work. Some school staff and clinicians also saw contradictions between the obvious demand for mental health services and the funding levels for services such as CAMHS, which were perceived to be low. The vast majority of practitioners expressed concern that building adequate universal services should not result in resources being diverted from targeted interventions, for which there was usually inadequate provision. Inadequate resources (in particular staff time) were also cited as a barrier to improving the quality of training or continuous professional development. Therefore many practitioners would have liked to have seen more reference within the recommendations to ensuring that universal approaches are properly funded, and what their relative priority should be in relation to targeted approaches.

3   Key actions suggested in relation to the wording

Suggestions here included:

- **The recommendations should emphasise the role of all staff, in particular support staff and specialist support staff under 'who should take action'**: the reference to 'teachers' alone in the document was felt by the vast majority of practitioners to ignore the substantial contribution made by support staff, and contrary to a whole-school approach. In recent years, the importance of support staff in addressing behaviour and students' special needs has been recognised as a key element of changes to the school workforce.

- **References to Tiers in CAMHS should be replaced**: many clinical and school practitioners felt that references to Tiers in CAMHS services were out of date, because the terms 'universal' and 'specialist / targeted' are now more usual and meaningful to non-CAMHS readers.

- **Training ought to be 'continuous professional development'**: the key issue under Recommendation 4 for the vast majority of teachers was sustaining the effects of training, and ensuring that this was seen as a seamless part of practice rather than an 'add-on' (being better reflected by the term 'continuous professional development').

4   Implications for NICE

If the recommendations on promoting the social and emotional wellbeing of young people in secondary education are to be useful and positively received, careful consideration needs to be given to their content and wording, and especially to their implementation and dissemination.

The **vast majority of the practitioners agreed with the intention of the recommendations**. However, most practitioners outside the health sector were unfamiliar with NICE, although it was generally perceived as a trusted body. Other practitioners did not feel that the recommendations would have any impact without giving useful, detailed advice on implementation.

They also thought that **NICE must work closely with Ofsted to bring this to schools' attention**; and they wanted to see a greater emphasis on how implementing existing guidelines (such as SEAL) can lead to improved wellbeing. If the recommendations are to be implemented well, **the need to engage Ofsted, and use Ofsted as a means of communicating to schools, came through as a very strong finding across all groups of practitioners.**

The vast majority of practitioners did not think that the recommendations as they stand would add value to existing guidance. However the following ways in which added value could be achieved emerged from the research:

- If the evidence indicates that there is a proven link between SEWB and improved attainment and behaviour in schools, this should be stated clearly in the recommendations or in a preamble to them. This would encourage the target audience to make SEWB a priority, and add value by closing the debate over the importance of SEWB in schools.

- Illustrating the recommendations with examples of how they are being / could be implemented - to show target organisations how action could be taken.

- Stating clearly that implementing secondary SEAL and the Healthy Schools programme would lead to better mental health in young people, to give agencies an added incentive to put these programmes in place.

- Given that the vast majority of practitioners felt the emphasis on multi-agency working for SEWB was one of the strongest features of the recommendations, they could add value by giving external agencies clear responsibilities and ownership over SEWB in secondary education. (at the moment, most practitioners did not feel that the recommendations went far enough in stating which external agencies should be responsible for leading change).

1 INTRODUCTION

1.1 Overview and purpose of fieldwork

GHK Consulting Ltd was commissioned by the Centre for Public Health Excellence (CPHE) at the National Institute for Health and Clinical Excellence (NICE) to test draft recommendations on public health interventions aimed at **promoting the social and emotional wellbeing of young people in secondary education**.

Fieldwork is an integral part of the public health guidance development process. This report presents the findings of a series of consultations undertaken with a sample of the target audience outlined in the draft recommendations. The aim of fieldwork is to gather practitioner knowledge to understand 'evidence into practice' and provide the basis for understanding whether and how public health interventions will work.

In this study, feedback was gathered from 170 practitioners in England, including teachers and clinicians working with young people aged 11–19 years who are in full-time education.[2] To do so, practitioners were asked questions about the relevance, utility and implementability of the recommendations of promoting social and emotional wellbeing.

In keeping with established practice in carrying out NICE fieldwork, the views contained in this report and the conclusions derived from them are entirely based on the evidence given by the practitioners to whom we spoke.

GHK would like to thank all the practitioners who committed their valuable time in order to give their feedback during this study.

1.2 Background and scope

NICE were asked by the Department of Health (DH) to develop guidance on public health interventions aimed at promoting the mental wellbeing of young people in secondary education.

The **scope of the guidance on promoting the social and emotional wellbeing of young people in secondary education covers whole school approaches**. Targeted approaches will be considered in future guidance. The guidance on wellbeing in secondary education will complement and support, but will not replace, NICE guidance on promoting children's social and emotional wellbeing in primary education, depression in children and young people, and parent training and education programmes in the management of children with conduct disorders.

NICE public health intervention guidance supports the implementation of the preventive aspects of national service frameworks (NSFs), and this guidance will also support related policy and existing national initiatives to promote social and emotional

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[2] The scope (CPHE 2008) for this guidance states that the group that will be covered is young people aged 11–19 years who are in full-time education (including state and independent-sector schools and colleges, special school settings and pupil referral units). It includes those with disabilities (including learning disabilities and other special education needs).

wellbeing including the Social and Emotional Aspects of Learning (SEAL) programme and the Healthy Schools Programme.

The full rationale and scope for this guidance can be read at http://www.nice.org.uk/nicemedia/pdf/SocialEmotionalWellbeingSecondaryEducationFinalScope.pdf.

1.3 Structure of this report

This report continues in the following sections:

- **Methodology** (section 2), describing the selection and achievement of the sample, recruitment, and the analysis of data;

- **Responses to the recommendations as a whole** (section 3), analysing the evidence given by practitioners that is pertinent to the content and form of all the recommendations;

- **Responses to individual recommendations** (sections 4 – 7), analysing responses to each individual recommendation. As well as the findings of the fieldwork, suggested changes to the wording are given at the end of each section; and

- **Conclusions** (section 8), summarising the most important findings, discussing the implications for NICE, and the implementation of the final guidance.

This report also features five annexes, providing:

- Annex A – the final discussion guide used in the consultations;

- Annex B – the consent letter signed by the consultation participants;

- Annex C – the prior reading task set for the participants;

- Annex D – the sign in sheets completed at the focus groups; and

- Annex E – equalities monitoring data for the individuals participating in the fieldwork.

2 METHODOLOGY

This section describes the aims and methodology used to carry out our fieldwork and analysis, including:

- the key research questions;
- sampling and recruitment; and
- techniques for carrying out the research and analysis.

2.1 Aims and research questions

The aims of the fieldwork were as follows:

To examine the relevance, utility and implementability of the draft recommendations with teachers, school support staff, school governors and others working with young people in secondary education, local authorities, the NHS and voluntary and community sectors, concerning the following:

- *What are the views of those working in the field on the relevance and usefulness of the draft recommendations to their current work or practice?*

- *What impact might the draft recommendations have on current policy, service provision or practice?*

- *What factors (e.g. time available, training) could impact – positively or negatively - on the implementation and delivery of the guidance?*

- *Do practitioners know of any evidence, either from their own experience and practice or elsewhere, not currently taken into account by the draft recommendations?*

We therefore developed the following research questions to examine 'evidence into practice' focusing on the following key issues of importance to NICE:

- What are the particular issues or barriers (e.g. the nature of partnerships between organisations, management and funding issues, or training needs) that would help or hinder the effective implementation of the draft guidance by different parts of the target audience?

- To what extent will the draft recommendations impact on, and have the potential to improve, current professional practice and service provision?

- What is the likely impact of the draft recommendations on the social and emotional wellbeing of young people, and their fit with other policy initiatives that may be relevant (e.g. on mental health promotion, information for parents, partnership working)?

- What is the relative priority of, and the emphasis that ought to be given to, each of the draft recommendations?

- Are the draft recommendations clearly worded, and how can their wording be improved?

- What are the perceptions of NICE's involvement in this policy area, if appropriate to the audience under consideration?

- What additional evidence or advice ought to be taken into account in the final guidance?

Throughout the fieldwork we asked practitioners for examples that illustrated current (and good) practice in promoting social and emotional wellbeing of young people in secondary education. In sections 3 to 7 of this report, we have drawn on these examples to show how practitioners might work with the final recommendations.

The fieldwork methodology was designed by GHK in conjunction with the NICE CPHE team, in order to conform to the CPHE methods manual. In particular, the methodology was designed so that it covered the three core areas for questioning:

- content of the recommendations;
- practice; and
- impact[3].

The discussion guide used with practitioners in this fieldwork can be seen at **Annex A**.

2.2 Sampling – key principles and achieved sample

A sampling frame for the fieldwork was developed in order to give a robust picture of how diverse professional groups, working in different settings, were likely to respond to the draft guidance.

2.2.1 Local authority areas

The sample was structured around **ten local authority areas**, selected in order to give coverage of the following variables:

- socioeconomic characteristics as measured by the Index of Multiple Deprivation (2007);
- rural and urban settings;
- geographical location; and
- local authority type (county council, unitary authority, metropolitan borough, London borough).

We captured a diverse range of communities centred on different types of school, and differing practice in implementing existing policy agendas in social and emotional wellbeing in schools (principally SEAL[4]). The sample was broadly representative of all the professional groups working with young people, but was also weighted towards gathering data in deprived local authority areas, which are likely to be the areas in highest need[5].

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[3] CPHE, 2008. Methods for the development of NICE public health guidance (October 2008 draft).

[4] Social and Emotional Aspects of Learning. The Department for Children, Schools and Families' National Strategies website has further information and resources: http://nationalstrategies.standards.dcsf.gov.uk/node/97662

[5] The scope document produced by the CPHE (2008, 4) makes it clear that the prevalence of mental disorder increases according to the young person's experiences of disadvantage, with prevalence greater among those living in disadvantaged areas.

Working in particular local authority areas allowed us to examine how the draft NICE guidance could impact on partnership work in each, as promoting a 'whole school' approach to social and emotional wellbeing requires an understanding of diverse models of multi-agency working across England.

The final sample of local authority areas and the number of practitioners interviewed in each is shown in **Table 2.1** below:

Table 2.1 Achieved sample of local authority areas

We aimed to speak to 12 practitioners in each local authority area, to give a final sample of 120 practitioners.

Owing to high participation and interest in the research among practitioners working inside and outside schools, we achieved a final sample of **170 practitioners (42% in excess of the target sample)**. We also interviewed participants from two additional local authority areas who were originally contacted because they were on a reserve list of participants.

Local authority area	Deprivation ranking by quintile[6]	Type of LA	Number of practitioners
Windsor & Maidenhead	**1st**	**Unitary**	**14**
Hampshire*	**1st**	**County**	**1**
East Riding of Yorkshire	**2nd**	**Unitary**	**26**
Milton Keynes*	**2nd**	**Unitary**	**5**
West Sussex	**3rd**	**County**	**8**
Plymouth	**4th**	**Unitary**	**31**
Hounslow	**4th**	**London borough**	**13**
Dudley	**4th**	**Metropolitan borough**	**8**
Manchester	**5th**	**Metropolitan borough**	**17**
Birmingham	**5th**	**Metropolitan borough**	**10**
Durham	**5th**	**County**	**25**
Hackney	**5th**	**London borough**	**12**
TOTAL			**170**

* Milton Keynes and Hampshire were 'reserve' local authorities and are therefore additional to the originally planned sample of 10 local authority areas.

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[6] Index of Multiple Deprivation 2007: 1st quintile refers to a local authority in the wealthiest 20%; 5th quintile refers to a local authority in the most deprived 20%.

2.2.2   Types of practitioners and organisations

Within our **achieved sample of 170 practitioners**, we spoke to **91 school-based practitioners** (54% of the achieved sample) and **79 external practitioners** (46% of the achieved sample).

'**School-based practitioners**' refers to practitioners, such as teaching and support staff, who are employed by schools. We spoke to 91 practitioners in this category, including:

- teachers (those with a specific responsibility for PSHE[7] or SEAL, subject teachers, and those with managerial responsibilities);

- support staff (e.g. teaching assistants, cover supervisors, and learning mentors);

- senior management in schools;

- school governors; and

- counsellors.

We carried out fieldwork with practitioners employed by **20 different schools** within our sample local authority areas. These practitioners were employed by a range of school types, including:

- 50 in maintained schools under the responsibility of the local education authority, including specialist schools and colleges;

- 15 in voluntary-aided schools;

- 14 in special schools; and

- 12 in Pupil Referral Units (PRUs).

'**External practitioners**' refers to practitioners in external organisations (e.g. local authorities and PCTs) who work closely with secondary schools and/or young people of secondary school age. We spoke to 79 practitioners in this category, including:

- Healthy Schools or Healthy Minds coordinators;

- Education Welfare Officers (EWOs);

- local authority behaviour and attendance consultants;

- youth workers;

- Extended Schools coordinators;

- Connexions workers;

- school nurses;

- educational psychologists;

- Child and Adolescent Mental Health Services (CAMHS) staff;

- service commissioners in local authorities or Primary Care Trusts (PCTs); and

- representatives of voluntary sector agencies working closely with schools.

These practitioners worked in a range of organisations, including:

- 36 in the local authority or Children's Trust;
- 29 in PCTs and NHS providers;
- 3 in voluntary sector agencies; and
- 11 practitioners employed elsewhere (mostly clinicians in organisations associated with statutory bodies).

The composition of the final achieved sample by profession is illustrated in **Table 2.2** below:

Table 2.2 Achieved sample of professional groups

Professional group	Number of practitioners
Teachers	**40**
Support and other staff	**27**
Senior management team in schools	**24**
(of which were Heads of Year)	*(8)*
(of which were Assistant or Deputy Head)	*(13)*
(of which were Headteachers)	*(3)*
School governors	**3**
Total school practitioners	**91**
Clinicians (CAMHS etc.)	**35**
Other NHS (e.g. commissioners)	**3**
Local Authority (e.g. youth workers, EWOs)	**36**
Connexions	**2**
Voluntary agency	**3**
Total external practitioners	**79**
All practitioners	**170**

Of the practitioners that we spoke to, 68 stated that they had a specific responsibility for PSHE or SEAL in secondary schools. 85 practitioners had no specific responsibilities for these areas (including those with more general responsibilities for young people e.g. subject teachers or CAMHS workers responsible for treating targeted groups of young people), while 17 did not give an answer.

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[7] Personal, Social and Health Education

2.3 Recruitment

2.3.1 Methods for recruitment and engagement

Recruitment was carried out using a purposive sampling process, designed to recruit a diverse group of participants who could give useful feedback.

The recruitment process was carried out as follows:

- An initial contact was made with the Healthy Schools coordinator in each local authority, who was invited to participate and suggest the most relevant contacts for the research.

- Contact was then made with a sample of staff working in the local authority, health services and schools, who were invited to focus groups or to take part in individual interviews. Where face to face research could not be carried out, telephone interviews were offered to research participants.

- The recruitment of schools was focused mainly on those who were most engaged in implementing the SEAL agenda; a smaller group of schools who were less engaged in the SEAL agenda were also recruited.

Informed consent was obtained from each participant once they had agreed to take part (an example consent letter can be seen at **Annex B**). Shortly before the research took place, the draft recommendations were sent to all participants to read, along with a short pre-read task designed to help structure their thoughts prior to attending (**Annex C**).

Those participants who did not return their consent forms were given the opportunity to complete them at the focus group or interview. At this point, participants were also asked to complete a sign in sheet and ethnicity / disability status monitoring form (**Annex D**[8]).

2.3.2 Implications of carrying out the bulk of the fieldwork with schools already engaged in SEAL or Healthy Schools

The reader should be mindful that the majority of schools that we spoke to already felt that they were engaged in secondary SEAL and the Healthy Schools agenda, and considered that they had made much progress in implementing whole-school approaches. As a consequence, school practitioners in those schools were able to give detail about current practice that they felt worked particularly well, and were able to reflect on the changes that they had made in order to implement whole-school approaches.

The strength of such an approach was that it allowed most research participants to give an informed view of the implementation of the draft recommendations and gaps in the content, as well as any good practice or additional evidence not taken into account.

The staff who worked for schools that were less engaged held the same views as those in more 'engaged' schools in regard to implementation: namely, that without adding detail to make the recommendations more useful to them or the engagement of Ofsted, they would be unlikely to take notice. Local authority practitioners who worked with less engaged schools also took the same view. Therefore the conclusions

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[8] For the results of this monitoring, see Annex E.

expressed by practitioners in this report and any changes made to the recommendations as a result are likely to lead to them being more accessible to both 'engaged' and 'non-engaged' practitioners.

We also spoke to a few school practitioners who considered their schools to be strong in promoting SEWB but who also perceived a lack of engagement from their local authority or PCT in the issues. They also tended, in general, to agree with points made by schools who considered their local authority to be supportive – for instance, that if the recommendations placed more emphasis on how strategic priorities could be joined up, and if they could give specific instructions to strategic actors to take responsibility for implementing the different parts of Recommendation 1, then the recommendations would be more likely to have an impact in their area.

2.4 Research methods used

Both focus groups and in-depth interviews were used as research methods. A discussion guide (**Annex A**) was used to structure the discussions. Discussions were facilitated rather than led; it was important that research participants made their own conclusions (with as little prompting as possible) on what in their view was good or bad about the draft recommendations, and where the gaps lay.

Focus groups were attended by one lead researcher and one scribe to make fieldwork notes; and were digitally recorded to ensure the accuracy of quotes, although they were not transcribed. Where possible, CPHE team members observed fieldwork sessions to hear participants' views first hand. Members of the CPHE team attended five of the focus groups.

Focus groups lasted for up to two hours; while interviews generally lasted for no less than an hour. On the few occasions where participants could not participate for such a length of time, the discussions were focused on those parts of the draft recommendations that were of greatest interest to the participant.

In total, we completed:

- **27 focus groups** (with 3 or more participants); and

- **10 individual or paired interviews**.

The vast majority (166 people) participated in face to face research, with 4 interviews taking place by telephone.

2.5 Data analysis

Once fieldwork notes were completed, data analysis took place using a content analysis approach as outlined in Silverman (2005). This included the iterative use and immediate analysis of field notes throughout the fieldwork period. Using the main research questions, the researchers identified core themes emerging from the data, defining concepts, creating typologies, providing explanations and finding associations between the views of different participants. These were inserted into a grid.

Regular briefing and debriefing sessions took place during the fieldwork process to ensure that analysis was carried out in a robust manner.

3 RESPONSES TO THE RECOMMENDATIONS AS A WHOLE

This section examines participants' responses to the NICE recommendations on social and emotional wellbeing (SEWB) as a whole. Subsequent sections then examine the responses to each of the recommendations individually.

This and subsequent sections are structured around:

- **findings** based directly on the evidence collated from the participants in focus groups and interviews;

- a **discussion** of the implications for NICE;

- **suggested changes** to the text and wording of the recommendations.

Throughout the report, we have used the following terms to give an indication of the weight of evidence given by practitioners.

'**The vast majority of practitioners thought that**…' means that over 80% of the population referred to in the statement agreed with the particular view expressed. This constitutes very strong evidence in favour of a particular view.

'**Most / many practitioners thought that**…' means that over 50% of the population referred to agreed with the particular view expressed. This constitutes strong evidence in favour of a particular view.

'**Some practitioners thought that**…' means that a significant minority (10 or more people) of the population referred to agreed with the particular view expressed. While this may constitute a minority view, such evidence could be taken into account when read alongside the other evidence provided by practitioners.

We also refer to staff from different sectors collectively. For example, we refer to teachers, support staff and school senior management team as school-based practitioners or school staff.

The findings of the fieldwork are illustrated by quotes from participants, as well as examples of practice described by participants.

3.1 Findings

3.1.1 *Social and emotional wellbeing needs to be given the same weight as educational achievement*

The vast majority of practitioners thought that there is a **clear link between improving social and emotional wellbeing in schools, and improving educational attainment, achievement, and behaviour**. They wanted the recommendations to emphasise this point (which could be done by adding a short contextual statement leading into the main body of the recommendations) to give additional impetus to prioritising the promotion of SEWB as an integral part of other strategic priorities for secondary education. They felt that including such a statement would add value to the recommendations, by helping to close the debate over the importance of SEWB among all the other requirements that schools, PCTs and local authorities have to fulfil.

"until SEAL is of equal standing to academic results, it will be difficult to implement"

Behaviour and Attendance Consultant

There was widespread recognition among all practitioners that schools can only create a successful learning community through the use of whole-school approaches to SEWB (such as implementing SEAL). The vast majority of the school staff that we spoke to were emphatic that **SEWB was a core priority for them**, although there was a general perception that it was not always recognised as such by all outside agencies, commissioners of services, and government itself.

Alongside this, many practitioners thought that **developing a whole-school approach to SEWB was essential to ensuring that pupils are more prepared for adult life and to improving their life chances**, and agreed that this ought to be the central priority for schools. There was a perception that the link between improving wellbeing and improving attainment at all levels of policy making – from schools to government – was not explicit enough, and **wellbeing and attainment are too often seen as competing objectives, whereas they ought to be one and the same priority**.

"[the recommendations should be explicit their aim of] improving the life chances of each student"

Assistant headteacher

3.1.2 There is little to disagree with in the content and order of the recommendations themselves

The vast majority of practitioners were **welcoming of the overall content and intention of the recommendations**, and virtually all agreed with the perceived aims, intentions and general content of the recommendations.

The vast majority of practitioners thought that the overall **emphasis on multi-agency working was a positive aspect of the recommendations**, but the majority felt that the recommendations did not go far enough in this regard (see 3.1.5 below). **The emphasis on leadership and its centrality to whole-school and whole-community approaches to SEWB was also particularly welcome** by virtually all the respondents.

"They firmly set the agenda for promoting emotional health and wellbeing. So far, the focus has been on when things go wrong. This now sets the remit for more preventative work"

Educational psychologist

The vast majority of practitioners thought that the order and division of the recommendations into the existing four broad areas was logical, and did not suggest any other possible layouts for them.

While this may reflect the nature of the sample (practitioners who were mostly engaged or involved in SEWB and whole-school approaches), it is worth noting that the vast majority of practitioners were broadly positive about the recommendations and recognised that if they were more appropriately written and implemented well, they could add value and be useful to frontline staff.

3.1.3 All practitioners were familiar with the terminology used, but much less familiar with NICE and its role

All the practitioners that we spoke to were **familiar with, and used consistent definitions of, the terms used throughout the recommendations**, including 'whole-school approaches' and 'social and emotional wellbeing'. Largely, practitioners related them to the existing policy context, such as SEAL, and Healthy Schools at a national level (the guidance for which emphasises whole-school approaches and the need for a holistic approach throughout schools and partner agencies), as well as various local policies on promoting mental health among young people and universal services based on 'team around the child' approaches.

> *"Looking at the 'whole' child is the right approach ... children cannot learn effectively if other issues get in the way"*
>
> *Headteacher, special school*

In contrast, **the vast majority of school and external practitioners had very little knowledge of NICE and its public health role** (especially schools staff). However, where they were aware of NICE they tended to see it as being an authoritative body in whom they had confidence. While a few of them were familiar with the work of NICE in approving drugs, most could not see the immediate relevance of NICE public health guidance to their work. At a national level, DCSF policy (see 3.1.6) and related local initiatives take precedence. The only exceptions were CAMHS practitioners and other clinicians, who were much more familiar with implementing previous NICE guidance (for instance in team meetings), and in some cases using it to influence service commissioners. Of all the practitioners that we spoke to, clinicians were the most familiar with the previous related NICE guidance on mental wellbeing in primary schools.

It can therefore be seen that in general, practitioners felt that the recommendations had the potential to reach their target audience, but that implementation and dissemination required careful thought (and more attention to ensuring relevance to day to day practice) – particularly if they were to reach 'non-engaged' schools.

3.1.4 The vast majority of practitioners felt that they were already 'doing it'

The vast majority of practitioners (especially school staff) were broadly welcoming of the recommendations and interpreted NICE's production of recommendations on SEWB in schools as **underlining and vindicating their approach**. However they also thought that **the recommendations told them nothing new** – and that they were already implementing most of the recommendations, or were in the process of doing so.

Some school staff interpreted this negatively, and saw the recommendations as reflecting a lack of government awareness of what was taking place already. Some others thought that the recommendations were behind other initiatives that were more helpful in providing resources for school staff (notably the SEAL programme), and were therefore unhelpful or of little use. This is an important perception that the recommendations must overcome if they are to reach their target audience.

"For me, it's almost as if it is 18 months or 2 years too late. I can see that if it had come out 18 months ago it would have been relevant. At that time, they would have been recommendations, something a school could take forward in action. But it's out of date already and is just a summary of existing practice. There's nothing new here and I wouldn't use it in its current format"

Local authority manager, Children and Young People's Services

3.1.5 *The recommendations are too ambiguous, and unclear on who should take responsibility for their implementation*

While most practitioners welcomed the aims of the recommendations, and thought that **they were insufficiently detailed and too vague**. While practitioners thought that their aims were generally well-meaning (an ideal vision), they considered that the lack of detail was not helpful to their day to day practice. This was **a view held at all levels**, from support workers to managers in schools and senior local authority staff.

"If you don't provide any examples then it's just a statement"

Local authority manager

In particular, many practitioners thought that **the wording of some of the recommendations could be interpreted in different ways**, particularly where schools and partner agencies did not understand the principles behind whole-school approaches to wellbeing. School staff often expressed the view that initiatives aimed at improving wellbeing (such as SEAL) related to adopting a holistic, respectful way of working across the school – and that schools that were less engaged in SEAL could say they were introducing extra lessons to the curriculum without fully understanding the need to bring about a cultural change among both staff and students.

The vast majority of practitioners felt that the recommendations had to contain more detail about how they might be implemented and what different partner agencies were required to do – perhaps through the inclusion of 'real life' and case study examples. In particular, **some practitioners expressed the view that by trying to encourage all agencies to take responsibility for taking action, no agency would see themselves as accountable**. Words used in the recommendations such as "Help…" and "Consider…" were considered to be insufficiently directive.

The vast majority of practitioners felt that **each part of the recommendations ought to have a lead agency** or senior manager (e.g. Director of Children's Services) who would be tasked with leading the specific action. Some practitioners thought that the terms used at the start of each recommendation under 'Who is the target population?' were unclear as to who should be included. Finally, some practitioners would have liked to have seen a **clear rationale set out at the top of each recommendation**, explaining why the evidence stated that each recommendation was relevant and what practitioners could expect to achieve through implementing it.

"It's like recommendations about how to treat cancer stating that [you] should take appropriate drugs to alleviate cancer"

Headteacher

A number of practitioners felt that **some of the terms used in the recommendations were out of date as well as unclear** (for instance, **the use of 'teachers' throughout was felt to ignore the substantial contribution made by support staff to SEWB**,

and its use itself was contrary to a whole-school approach). Other instances included **references to Tiers in CAMHS services, whereas the terms 'universal' and 'specialist / targeted' are more usual nowadays**. Therefore the terms used throughout the guidance need to be more clearly defined.

Specific instances of ambiguity in the recommendations are detailed in the subsequent sections.

In spite of the above, some practitioners (mostly external practitioners) held the view that pitching the recommendations at a high or strategic level was actually more helpful to them, as they were succinct enough to attract the attention of commissioners and influential managers at director level.

3.1.6 *There are too few links in the recommendations to key policies (such as SEAL) or key actors (such as Ofsted)*

The vast majority of practitioners thought that **the links between the recommendations, existing policies and key actors were not sufficiently clear**. Some practitioners, especially school staff, expressed confusion over the status and purpose of the recommendations: were they superseding other guidance, or complementing it, and if so, how? Some school practitioners expressed the view that implementing SEAL in secondary schools could be a means to act on the recommendations.

Some **school practitioners perceived the recommendations (especially Recommendations 2, 3 and 4) as essentially the same as SEAL**, capturing the same necessity for a whole-school approach and a school ethos that is supportive of wellbeing – but without going into the same level of detail on how to implement it. The vast majority of practitioners were able to name at least one policy of importance to schools and promoting emotional wellbeing or social skills that was not acknowledged in the preamble or the recommendations themselves, including:

- National Strategies (DCSF);
- 21st Century Schools (DCSF) and the extended schools agenda;
- Building Schools for the Future (DCSF);
- Targeted Mental Health in Schools (TaMHS) pilots[9];
- PSHE and citizenship education in schools

Some schools staff also wanted more connections to be drawn between social and emotional wellbeing and other health promotion activities that schools are increasingly being asked to act upon e.g. physical health or healthy eating.

Ofsted is seen as the key actor in driving forward school standards. Most school staff, and some local authority staff, felt that **without a strong requirement from Ofsted to implement these recommendations, it would be difficult for all schools and their**

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[9] Targeted Mental Health in Schools (TaMHS) is a three-year pathfinder programme aimed at supporting the development of innovative models of therapeutic and holistic mental health support in schools for children and young people aged 5 to 13 at risk of, and/or experiencing, mental health problems; and their families.

partner agencies to prioritise SEWB activities. This came through as a very strong finding across all groups of practitioners.

3.1.7 *There is a lack of resources to implement universal approaches, and they are not prioritised in the same way by all the relevant agencies*

Many practitioners described a range of local difficulties in the way that CAMHS and health services, local authorities and schools worked together. In some practitioners' view (especially school staff) this was due to limited resources (staff time or insufficient partner input). These **practitioners expressed concern that there were no requirements on agencies and commissioners to ensure that services were properly resourced**; there are several statutory requirements which partners must find resources for (e.g. crisis interventions, safeguarding children) and promoting good mental health among secondary children was felt to be low on service commissioners' lists of priorities for funding. Many practitioners would have liked to have seen more reference within the recommendations to ensuring that universal approaches are properly funded, and what their relative priority should be in relation to targeted approaches.

Some practitioners also felt that government departments (including different 'parts' of DCSF) and the NHS themselves had different priorities in relation to promoting SEWB, and unless these differences were resolved there would always be contradictory policy messages towards local areas and frontline staff. Some school staff and clinicians saw contradictions between the obvious demand for mental health services and funding levels for services such as CAMHS. Some schools and CAMHS services were working together to ensure that schools staff could take on more responsibilities, but nevertheless felt that that more resources (especially training, and support from the local community) were required in order to make this happen. Most practitioners expressed surprise that the recommendations did not contain any reference to what to do or who to refer to in particular situations (while understanding that the aim of the recommendations was not to cover targeted interventions per se).

The vast majority of **practitioners expressed concern that building adequate universal services should not result in resources being diverted from targeted interventions**, for which there was usually considered to be inadequate provision.

Some school practitioners expressed the view that if there was a trade-off between intervening in secondary schools and intervening at an earlier stage in young people's lives, then resources for promoting emotional wellbeing at a younger age should continue to be prioritised, as that would make the most long-term difference.

3.1.8 *The value and contribution that parents and young people can make must be given greater emphasis throughout the recommendations*

The vast majority of school staff expressed the view that any efforts to improve social and emotional wellbeing could be jeopardised by parents and carers modelling inappropriate behaviour, or providing contradictory messages. Some school staff expressed the view that not every parent would be adept at passing on social skills or be expected to prioritise social or emotional wellbeing, but that schools could only do 'so much' in working with them without support from other agencies.

Many practitioners thought that they needed more **practical advice on how best to engage with parents and carers** and would welcome more detail in the recommendations about best practice in this area.

While **references to parents were welcomed in the recommendations, some practitioners considered that these references felt like afterthoughts** and that there was insufficient reference to the importance of all the key agencies in educating communities as a whole on the importance of SEWB (and the importance of schools in helping future parents to recognise this too). Many practitioners felt the recommendations did not emphasise the role of parents and carers as being actively responsible for their children's wellbeing ('working alongside' parents rather than simply 'enlisting' them) – and wanted the value and contribution that they could make to SEWB to be given greater emphasis. Schools staff that were engaged in promoting SEWB felt that positive aspects of a SEAL approach (such as schools being at the centre of a 'learning community') were absent from the recommendations.

Many practitioners also thought that **young people were not given enough of a profile in the recommendations** – for instance, by emphasising how they could be given a voice in developing a strategic framework at a local level.

Many practitioners also felt that **the recommendations as a whole were insufficiently accessible to parents / carers or young people** – some of them thought that by raising the profile of the recommendations among these groups would help to generate 'bottom up' impetus for change so that agencies could be held more accountable if they did not do enough to promote SEWB.

3.2 Discussion

3.2.1 *Existing awareness of social and emotional wellbeing and first responses to the recommendations*

As might be expected among a group of respondents who are perhaps more engaged in implementing social and emotional wellbeing activities than a randomly selected group, **we found a high level of awareness of the centrality of SEWB to the mission of schools**, and its role in developing young adults in a holistic manner.

The **intention of the recommendations was largely welcomed by the practitioners**, although practitioners were unsure of their status and purpose alongside other key policy documents. NICE are not recognised by the many in the target audience (e.g. schools staff) as a key actor in this field. However, **practitioners would use the recommendations if they gave more practical advice** – a consistent finding from feedback across all the recommendations.

Because many of the practitioners thought that they covered actions that were already taking place, giving **greater recognition that many schools or services are in the process of working towards the goals outlined in the recommendations** may also help NICE to find a more receptive audience.

Based on the evidence given by practitioners, **the recommendations need to have a greater level of detail and leave no room for ambiguity** in their wording or allocation of responsibility. However, they also need to address a wider audience, in particular commissioners and government agencies at all levels – who practitioners felt were not yet giving sufficient priority to joining up their actions and resources to give SEWB

equal weight to educational attainment. Alongside this, parents, young people and local communities need to be given greater prominence.

As well as altering the wording, practitioners raised a number of issues that have implications for the implementation of the guidance. These perhaps include **working more closely with Ofsted** to ensure that schools and their partner agencies are implementing the recommendations, and **making sure the links between NICE recommendations and existing policy are made more explicit**. A full analysis of implementation issues raised by practitioners can be found in section 8.

3.2.2 *How can the recommendations add value to existing practice?*

It is worth noting at this stage that **while the recommendations were mostly received in a positive light, none of the practitioners stated that they would lead to great changes in their existing activities**. Based on the evidence given by practitioners, we can suggest a number of ways in which the recommendations could add value and have a greater impact on practitioners:

- If the evidence indicates that there is a proven link between SEWB and improved attainment and behaviour in schools, this should be stated clearly in the recommendations or in a preamble to them. This would encourage the target audience to make SEWB a priority, and add value by closing the debate over the importance of SEWB in schools.

- Illustrating the recommendations with examples of how they are being / could be implemented - to show target organisations how action could be taken.

- Stating clearly that implementing secondary SEAL and the Healthy Schools programme would lead to better mental health in young people, to give agencies an added incentive to put these programmes in place.

- Given that the vast majority of practitioners felt the emphasis on multi-agency working for SEWB was one of the strongest features of the recommendations, they could add value by giving external agencies clear responsibilities and ownership over SEWB in secondary education.

3.3 Suggested changes

The following suggested changes are categorised according to the strength of practitioner feedback underlying each of the changes.

Section of draft text	Possible changes
Preamble to the recommendations	**A clear statement should be made about the status of the recommendations (who is obliged to implement, and why?) and their purpose alongside the national initiatives (how is it intended to complement other policy relevant to the target audience?)** **If the evidence exists, the link between action to improve SEWB and improving achievement needs to be stated.** **Recognition should be given that some schools and partner agencies are already in the process of implementing the holistic approaches described in the recommendations.**

	Besides the definitions of 'wellbeing' and 'whole-school approaches', definitions of key terms used for professional groups in the recommendations (e.g. schools staff) should be included.
Throughout the recommendations	**The recommendations should include parents, carers and local communities (and their 'co-ownership' of young people's SEWB) throughout.** **More references should be made on how these recommendations fit with other national policies, and in particular, Ofsted inspection.** **The recommendations should be clearer about which agencies are responsible for / should take the lead on specific aspects of the recommendations.** **More reference should be made to the involvement of young people in SEWB activities.** **The language used in the recommendations should not leave any room for misinterpretation (see specific examples in subsequent sections).** **Each recommendation should have a clear rationale in place and should explain the benefits schools can expect to achieve by implementing them.** **The recommendations should be explicit about the need for agencies to provide appropriate resources so that the aims of the recommendations can be achieved.**
Guidance as a whole	**Examples may be helpful elsewhere in the final guidance in order to illustrate how the recommendations can be implemented.**

Subsequent sections report the responses to the individual recommendations, following a common structure and ending with examples of suggestions made for change. Any comments made on the clarity of the wording of the recommendations are included under the suggestions for change in each case.

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4 RECOMMENDATION ONE

Recommendation 1 describes the **strategic framework** that should be in place to support secondary education establishments to:

- adopt a whole-school approach by building organisational capacity and monitoring progress to address variations in standards; and

- have access to the specialist skills they require to promote social and emotional wellbeing.

4.1 Findings

4.1.1 Current practice

Recommendation 1 was largely welcomed, although the vast majority of practitioners had concerns about its wording and questioned its potential for the impact. Because of its focus on multi-agency working at a strategic level, many practitioners thought that Recommendation 1 was the most distinct from SEAL, which is aimed at schools in particular. Some service managers also thought that it would help them make a case for expanding both universal and targeted provision.

The inclusion of the voluntary sector was felt to be a positive aspect of the recommendations' emphasis on multi-agency working.

> *"It's good to see voluntary agencies included on the list of practitioners"*
>
> *Headteacher, special school*

Many practitioners mentioned **similarities between Recommendation 1 and the Every Child Matters (ECM) framework and the Common Assessment Framework (CAF)**, and wanted to know more about the link between implementing these and the NICE guidance.

There are currently **wide variations between local authority areas in the strength of multi-agency working to promote SEWB in secondary education** and develop capacity, as well as variation in how 'hands-on' the local stakeholders and commissioners are with their schools. Some local authorities provide a lot of input and resources into building support structures around schools to implement SEAL and whole-school approaches. This may include:

- commissioning multi-agency services around schools to promote mental health across the whole school (these are mostly targeted in more deprived parts of a local authority area);

- providing multiagency training through CAMHS or the voluntary and community sector;

- co-locating external support services within school buildings to encourage easier access for students and team working across agencies;

- supporting networks such as excellence clusters designed to improve communication between schools and external agencies, and disseminate good practice; and

- providing a range of advice services at a strategic level, to support and challenge school leaders.

Multi-agency provision group

One group of school staff was able to describe why they felt multi-agency work had been successful. The school has established a group that they refer to as MAPS (multi-agency provision) and it meets every few weeks around a table to discuss the needs of an individual child. If necessary, within hours or days, a child can be seen by a team of specialists or an individual. The aim of MAPS was to bring action forward so that any intervention was carried out in a coordinated way and early, and avoid panic reactions.

The Student Support Centre in the school pulls all the agencies together. This is a focal point for both physical and psychological needs. It includes a Connexions Adviser, CAMHS, Youth Engagement, a Parent Support Adviser, a Behaviour and Attendance officer, an Education Welfare Officer, and a school nurse.

The school feels that the group is successful because they work hard at making outside agencies part of the team.

"One of the reasons [our multi-agency group] is so successful is that we work hard at making outside agencies part of the team. Co-location is a massive part of this. It puts value on the team as not just teachers but all agencies … Before there was no feeling of unity when agencies came in. Now, the communication between professionals works really well and also students know where to go for help. It's really important that decisions are not being made alone and there is crucial, constant support"

Assistant headteacher

In other local authority areas, schools or CAMHS services complained of a lack of resources and input from other agencies. The vast majority of practitioners inside and outside schools stated that **there are few opportunities for health services and schools to work together closely except when crises emerge**. While some school staff felt that they could draw on a wide range of specialist support and external expertise in order to support universal or targeted interventions, others thought that support was tokenistic and they had to fight for resources. The vast majority of practitioners thought that universal services and early intervention are less of a priority than crisis interventions, which force agencies to put support packages in place.

Some **practitioners (especially schools staff) stated that policies and priorities across local agencies were not well aligned** – with the exception of a few local authority areas where practitioners agreed that there was good cooperation and support from the different commissioning bodies. Some practitioners stated that at the national as well as local level, the NHS and DCSF have key targets and policies relating to services for young people (including the national curriculum), which pay little attention to the importance of emotional wellbeing in schools.

In general, most external practitioners were able to discuss the links between providing a framework to implement whole-school approaches and the local Children and Young People's Plan, whereas schools themselves were more concerned about having adequate external services to meet the needs of individual schools, and the role of school leadership and ethos.

"This is very relevant. We've been working on a bottom-up approach here rather than top-down"

Local authority manager

The 'full service school'

A school in one deprived area has benefited from becoming a 'full service school'. This means that they now employ a range of external support themselves – for instance a school nurse, social worker, and speech and language therapist. The local authority also supports the school by ensuring that other relevant staff, for instance a police community support officer, are also attached to the school and so become familiar faces to the students. Alongside the full service school, there are also a range of support staff (e.g. learning mentors and the parent support adviser) on hand to help. The school have seen an improvement in the way that agencies work together, and employing the specialist workers allows the school to deploy resources to meet their own needs.

Similar initiatives being undertaken by other schools include the creation of 'health hubs' in schools where other services can be co-located, allowing multi-agency working to take place in the school itself.

4.1.2   *Monitoring and evaluation in the context of a strategic framework*

There was a **wide variation in views on how progress could be monitored** across local authority areas in relation to SEWB in schools. Most practitioners agreed that monitoring progress was an important component of implementing a framework to support SEWB in secondary education. The vast majority of practitioners felt that it was Ofsted's role to monitor progress, and without Ofsted's engagement it would be more difficult to encourage schools less interested to SEWB to take an interest in implementation.

"[We] would need to explain to the headteachers that you can measure the pupils' outlook and motivation and make that link to attainment"

PSHE Advisor

In some cases**, individual agencies monitored their own contributions to promoting mental health in secondary education** (e.g. keeping a record of attendance at CAMHS training sessions). The vast majority of local authority staff were aware of schools that they thought performed well or badly in relation to SEWB, and were able to describe differences in practice.

"You go to some schools [who claim to be doing something about SEAL] and you see that staff are shouting at each other and their students in the corridors, and you think that's not wellbeing!'

Local authority practitioner

A number of suggestions were made by practitioners as to how the monitoring of progress might be improved. These included developing a set of holistic indicators that take into account differing levels of awareness of SEAL and SEWB in schools, or the level of engagement with parents and young people. At a local authority level, some practitioners suggested that this **monitoring could be done through the Joint Area Review or strategic needs assessment processes**. Some school and local authority **practitioners thought that linking indicators to staff wellbeing / staff SEAL might**

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be helpful: for instance, monitoring staff turnover and absence rates in schools as a proxy for wellbeing.

Most schools that were engaged in implementing secondary SEAL also carried out their own evaluation activities, such as confidential parent and student surveys (see section 5 below); and supporting and guiding effective evaluation at the school level was seen as one role where local authorities might add value to schools' efforts.

The vast majority of practitioners stated that if SEWB was seen as a greater priority by the main services (NHS, education departments), schools would have greater imperative to act.

4.1.3   *Funding rarely follows the child*

Some **practitioners stated that one of the most important issues in terms of adequate resources was the misalignment of funding streams**, and seemingly arbitrary rationing of services based on age. **Secondary age children face a transition between accessing children's or paediatric services (which involve obtaining parental consent), and young people's or adult services (which can be offered confidentially)**. The location (catchment area, or local authority area) in which the child lives can also have an impact on access to services – in some cases, schools staff felt this most acutely because they took pupils from across administrative boundaries. In the case of targeted interventions, some school practitioners were able to describe regular instances where they were unable to access the services that they thought were required because different agencies were not flexible enough to put together funding packages that were based on the child's need rather than on where they lived, or their age. Most school and local authority practitioners agreed that statementing[10] children in itself was no guarantee of attracting much in the way of external resources from outside agencies.

> *"Access to specialist skills - what does access mean? What if there is only a token amount of support for this school?"*
>
> *Youth work manager*

In some local authority areas, practitioners were much more confident in the ability of multi-agency arrangements to meet both universal and targeted needs, and were able to describe how these arrangements worked in practice.

The vast majority of **practitioners said that they would like to see more detail in this and the subsequent recommendations about the importance of transitions** for the target age group (i.e. primary/secondary transition, and the transition to further education and adult life).

4.1.4   *Other perceived gaps in recommendation 1*

The vast majority of **practitioners thought that the lack of reference to how a strategic framework in this context related to the current main policies for SEWB (SEAL, National Strategies etc.) was an obvious gap in Recommendation 1**, **as was the lack of reference to Ofsted's role**. Some practitioners also thought that Recommendation 1 should be equally applicable to government departments in order

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[10] 'Statementing' refers to the Education Act (1996) and the process of obtaining a Statement of Educational Needs. This can give educational services access to additional resources to support a child in need.

that they would work more closely together to give priority to SEWB (and child development more generally) in secondary education.

Many **practitioners expressed concern that young people were absent from Recommendation 1**, while they are mentioned in the other recommendations. They felt strongly that young people themselves had to have a role in developing strategic policies and frameworks, if services are to become child-centred in the true sense of the term.

Information sharing between agencies was described by some practitioners as a barrier to effective multi-agency working. For instance, multi-agency conferences in relation to particular young people and families are increasingly common, but they were sometimes poorly attended by outside agencies (often, this was a perception of schools staff in relation to health service staff). It was recognised by those practitioners that different agencies have differing responsibilities to young people, and confidentiality can be an issue when it comes to sharing information. However, instances were mentioned where miscommunication had led to problems (e.g. schools staff being unaware of medication that students needed to take during school hours).

4.2 Discussion

It is clear that in most cases, **the practitioners that we spoke to perceived a need to improve multi-agency working and establish a better strategic framework** for universal mental health promotion in secondary education settings. There are currently wide variations between and within local authority areas in the degree to which schools and external services are able to work together. However, in some local authority areas, practitioners stated that they were already implementing Recommendation 1 fully.

However, **this recommendation was also largely felt to be the most vague** of all of the recommendations, and the one that was least likely to be implemented without a sharper focus on who / which agencies should be responsible for leading its differing elements.

The vast majority of practitioners, while agreeing with the intention of Recommendation 1, wanted more details on what was meant by monitoring, and how a strategic framework ought to ensure that secondary settings and the young people in them could have access to adequate external support. While this was sometimes felt to be a question of inadequate resources, the importance of prioritising SEWB and of leadership at local and community level was also emphasised.

4.3   Suggested changes

The following suggested changes are categorised according to the strength of practitioner feedback underlying each of the changes.

Section of draft text	Possible changes
Who is the target population? Professionals working with young people in secondary education.	**'Professionals' could be changed to 'strategic leads' in order to make the main target audience for this recommendation clearer.** **Participants were unsure of the scope of secondary education (i.e. it could be defined in a way that included, for instance, non-mainstream schools such as PRUs as well as Connexions).**
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.	**The language in this section and the subsequent bullets could be more specific about who is expected to lead on each specific action e.g. Directors' of Children's Services, Children's Trust Board, PCT commissioning leads.** **There should be a reference to Ofsted and its inspection teams.** **Some practitioners stated that GPs should specifically be included, as they are responsible for keeping records of a child's health and may also pick up health issues of which schools may be unaware.** **Public health practitioners wanted the importance of public health professionals to be emphasised, as they may now be jointly employed between PCTs and local authorities.**
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	**The term 'help' is unclear in terms of what is expected and should be replaced by a more direct term.** **Some practitioners queried 'organisation and management' and suggested 'leadership' might be more consistent with the rest of the recommendations.** **The recommendation should promote joint commissioning arrangements (rather than simply refer to them).** **Further policies need to be included and their relation to recommendation 1 need to be clear (e.g. can they be a way of implementing these recommendations?), e.g:** ▪ **National strategies and SEAL** ▪ **21ˢᵗ Century Schools / Extended schools** ▪ **Every Child Matters** ▪ **Building Schools for the Future** **The nature of monitoring should be described in more**

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.	**detail.**
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.	**More detail should be given on how strategic leads can ensure that support is in place (e.g. improved communication, provision of adequate resources to meet demand).** **Some practitioners would have preferred to see a reference to specialist skills being 'embedded' within schools rather than 'having access to'.** **Some practitioners thought the word 'establishments' was inappropriate and felt terms such as 'settings' or 'settings working with young people' were more inclusive as they refer to the whole learning environment rather than institutions.**
Possible additional bullets to add to Recommendation 1?	**Young people should be included in the development of a strategic framework for SEWB.** **The need for agencies to share information effectively through contributions (in person or written) to multi-agency conferences could be emphasised more.**

5   RECOMMENDATION TWO

Recommendation 2 describes **whole-school principles and conditions** that provide a means for promoting social and emotional wellbeing of young people in secondary education, and involving students, parents and carers in the whole-school approach.

It focuses on the importance of:

- providing leadership on social and emotional wellbeing;

- the importance of ethos, a culture of equity and a safe environment;

- providing robust mechanisms so students can contribute to decisions which could influence their social and emotional wellbeing; and

- enlisting the help of parents and carers to develop approaches to social and emotional wellbeing.

5.1   Findings

5.1.1   Current practice

Recommendation 2 was viewed by both school-based and external practitioners as a welcome recognition of the importance of a school ethos and of school leadership, but there was widespread concern about gaps in the recommendation – particularly where practitioners were familiar with the SEAL programme.

> *"You can't argue with it – it reads like ECM but there is nothing specific about it. There are no specific details to show how to do it"*
>
> *Teacher*

As with Recommendation 1, **current practice was diverse** and practitioners discussed a range of actions in schools designed to promote a whole-school approach to SEWB. The **vast majority of practitioners inside and outside schools were aware of the need to provide leadership and foster a school ethos** that placed the wellbeing of students and staff at the centre of what some schools staff described as a '**healthy learning community**'. Schools staff in particular were able to describe at length how staff and student interactions related to social and emotional development.

> *"We can make it the way we want it to be. We can do more and more for our children. We are developing a different ethos on how we are dealing with our children… we are all on a very steep learning curve"*
>
> *Teacher*

> *"[Our whole school ethos is about] working constantly on emotional support for learning"*
>
> *Teacher*

For the vast majority of school staff that we spoke to, the links were clear between ensuring that emotional and social skills were being developed throughout the course of young people's journey through secondary education, and their overall behaviour, achievement and preparedness for adult life.

The main actions that schools and their partner agencies were already taking in respect of Recommendation 2 were:

- setting up a framework of agreed values, which ensured that students and staff were treated with respect and dignity, fostering an environment where all people are treated as adults and where criticism is constructive rather than personal;

- prioritising the social skills of students and staff throughout all aspects of school life rather than treating it as an 'add on';

- ensuring open communication between all the different staff in schools and outside agencies so that there is a network of approachable people in the school setting who can provide support or signposting to students or staff that need it, and so that all staff are aware of the emotional wellbeing issues that may influence a young person's learning;

- SEWB was seen as integral to the inclusion agenda and complying with equalities and disability legislation, for instance by recognising that different students may have differing social and emotional development needs;

- rewarding positive behaviour, for instance by rewarding students not only for academic achievement, but for when they have shown consideration, responsibility and empathy for other people; and

- training and continuous professional development (described in more detail in section 7 of this report).

These **points listed above were very consistent findings** across all the schools who felt that they were advanced in the implementation of SEAL and Healthy Schools.

In addition, **most school practitioners stressed the need to provide a safe environment and address all forms of bullying** (and other behaviour that with a negative impact on students' wellbeing) and thought that this was a particularly important part of Recommendation 2.

> *"Every day should be anti-bullying day"*
>
> *Learning mentor*

They also agreed that **effective, open leadership was a crucial part of creating such an environment** as tackling issues like bullying requires a willingness to accept that problems may exist and raising such issues 'in the staff room' is crucial.

The vast majority of **practitioners (especially schools staff) were surprised that Recommendation 2 seemed to cover a relatively narrow definition of a whole-school approach** compared to the SEAL programme. Often, they pointed out the list of staff under the 'who should take action' section and stated that this did not really cover the diversity of staff roles in their school, as all staff had a role in SEWB.

5.1.2 Staff wellbeing or staff SEAL

Many of the practitioners that attended focus groups held in schools agreed that a **vital aspect of a school ethos that was missing from Recommendation 2 was staff wellbeing or 'staff SEAL'**. Those schools staff that were implementing SEAL stated that unless staff were emotionally healthy and respectful of each other, they would be unable to model those values with the young people in their care. It was recognised by

practitioners that not all staff had those skills, and while some staff could be encouraged to develop better social skills, it was just as important to make sure that young people had access to a range of people with whom they could discuss issues in confidence.

"Empowerment to students is irrelevant if the teachers are not empowered"

Youth counselling service manager

Ensuring that **staff were not isolated and had means of communicating and consulting with their peers and managers** on issues in relation to their students' needs, as well as issues relating to their own wellbeing and confidence, was considered to be a vital component of staff SEAL by the vast majority of practitioners.

Some schools had policies on promoting staff welfare that were linked to objectives in reducing staff turnover and absence.

5.1.3   *Exercising leadership and responsibility for wellbeing*

Leadership was recognised by the vast majority of external and schools staff as being an important component of effectively implementing SEAL and ensuring that students and staff were emotionally healthy. Therefore this point in Recommendations 1 and 2 was broadly endorsed by practitioners. Again, however, **most practitioners felt that the part of the recommendation dealing with leadership was insufficiently detailed on the methods in which SEWB could be brought into school leadership and ethos**.

In most of the schools that we engaged with during the research, **the responsibility for leading in SEWB was spread between a number of staff** whose role it was to ensure that the values the school wished to promote (as well as taking responsibility for more targeted interventions or the development of high quality pastoral care) were in turn taken up by all of the staff. The recommendations do not currently reflect this level of detail, which might be summed up by the phrase, "all staff need to take responsibility for SEWB and opportunities to lead ought to be shared at all levels of the school".

Also in relation to the theme of leadership, most **school staff stated that it was important that it was not only teachers that took on such responsibilities**, but that these could equally be undertaken by specialist support staff such as learning mentors or behaviour support workers. For instance, schools might have a support worker responsible for parental engagement, or a support worker whose role it was to work with a school council to ensure that students could also take on responsibilities for improving SEWB. At senior management level, a head of year or a deputy head might be the overall lead for the SEAL agenda, while a governor might have a specific role to champion it between the school and the local community. Some practitioners said that the role of such a leader was to persuade others to put child development at the heart of their teaching:

"Teachers have to be teachers of children first – not subjects"

Behaviour and attendance consultant

5.1.4   *Consultation or supervision with school staff*

Most external practitioners (and some schools staff also) expressed concern that teachers were the only professional group that did not have access to a system of supervision to which clinicians and social workers have access, and thought that Recommendation 2 would be an appropriate place to make this point. Supervision is distinct from line management in that it provides a confidential, reserved time with a fellow professional outside the management structure in which professionals can reflect upon their practice and raise issues about how best to deal with particular situations that may arise. Some schools staff stated that **an important aspect of a socially and emotionally healthy school was ensuring that staff did not feel isolated** in their efforts to look after young people with particular emotional needs, or in trying to engage support from elsewhere in the school or outside agencies.

While these practitioners did not necessarily think that the clinical or social work models were appropriate for teaching and support staff in schools, **some local areas were beginning to develop mechanisms to promote reflective practice** – for instance by setting up consultation sessions in some schools between CAMHS support workers and teachers as part of a broader effort to improve mental health in schools. These had the additional benefit of CAMHS being able to impart knowledge about dealing with particular mental health needs within the school setting.

5.1.5   *Student voice and parental involvement*

Within a whole-school ethos, the vast majority of **practitioners felt that enabling students and parents to contribute to school life was also a very important part of an emotionally healthy school**. In general, schools staff tended to have a clearer idea about the engagement of students than that of parents, although both were seen as challenging areas where further advice or guidance on good practice or effective methods – from NICE recommendations or elsewhere, would be seen as particularly welcome.

Most school and external staff stated that Recommendation 2 could have mentioned some of the formal (as well as more informal) means of engaging students and parents. For instance, **school councils** were mentioned frequently, although it was agreed that there was an effective way of including them (within a wider strategy to allow all students to take on responsibility for leading on an aspect of improving school life) and less effective means of using them. **Student surveys** were also mentioned by most schools as a means of knowing what students were thinking about their environment and whether it was safe; whether bullying was seen as a problem and so on.

> *"It doesn't mention anything about valuing the students and that's important for their wellbeing"*
>
> *Chair of governing body*

Effective communication with parents was seen as important and it was widely recognised among this sample of practitioners that it was often the parents of those students who were at greatest need that were the most difficult parents to engage (for instance, because those parents had poor experiences of schools themselves).

"The backdrop is societal background and while you have to be careful about making generalisations, a significant number of our parents would struggle to promote the mental wellbeing and emotional health of their child because of their own problems due to the particular path in life they have had"

Assistant headteacher

"It's all about self esteem and we tell the children how brilliant they are, but if they are told they are waste of space at home that gives the children mixed messages"

Teacher, special school

Some schools staff also recognised that students may need particular attention when both parents return to work once their child goes into a secondary setting. School staff discussed a number of ways of dealing with this, from setting aside days and evenings for parents to come in and discuss approaches to wellbeing in the school (outside of parents' evenings); or providing transport subsidies for particularly disadvantaged parents (perhaps an issue more relevant for schools with wide catchment areas e.g. special schools or some faith schools); to employing a support worker who could liaise with other family support agencies, depending on the need (sometimes, using a worker with skills in a community language other than English).

"The point about parents and carers- that's the area where many schools probably don't make the most impact. And if there was some imperative to do so in a joined up way, that might be beneficial."

Headteacher

The terms used in Recommendation 2 'Provide robust mechanisms…', a 'culture of equity' and 'Enlist the help of…' were viewed by many practitioners as **imprecise and ambiguous,** unless more specific recommendations were made.

Further approaches to student and parental involvement are discussed in section 6 below.

5.1.6 *Physical environment*

Some practitioners mentioned the importance of the physical environment and school architecture, in the context of the current school building programme. They were able to describe instances where new schools had been built with the required facilities, but these were poorly designed – for instance one school had been built with counselling rooms, but these were not soundproofed or confidential, making them inappropriate for use.

5.2 Discussion

Recommendation 2 was viewed by both school-based and external practitioners as a welcome recognition of the importance of a school ethos, but there was widespread concern about gaps in the recommendation – particularly where practitioners were familiar with the SEAL programme. This included possible misinterpretations or the impression that **it did not sufficiently cover the ways in which schools may already be acting to include students and parents in making a contribution to school wellbeing**.

While practice within schools, and multi-agency working in the topics covered under Recommendation 2 were diverse, the evidence nevertheless points to several common themes and values that underlie a school ethos that promotes good mental health. These include **respect, openness, and good communication** that allows pastoral concerns and leadership responsibilities to be shared around all the school staff and student body. Carried out correctly, these values can contribute to a safe environment and an inclusive atmosphere (described as a 'culture of equity' in the recommendation)

As a consequence, if the evidence is clear, NICE should consider including additional bullets in Recommendation 2 about key points raised by the vast majority of practitioners, for instance on staff welfare, as well as the need for developing reflective practice (through supervision or other means). These are outlined at the bottom of the 'Suggested changes' table for Recommendation 2 below.

5.3   Suggested changes

The following suggested changes are categorised according to the strength of practitioner feedback underlying each of the changes.

Section of draft text	Possible changes
Who is the target population? Young people in secondary education (aged 11–19 years), their parents, carers and teachers.	**Support staff ought to be included (see below).**
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.	**This list of practitioners was viewed by many practitioners as insufficiently reflective of a whole-school approach. The first bullet could be replaced by 'all school staff'; reference could also be made to a 'learning community'.** **'Tiers 1 and 2' is seen as an out of date term both inside and outside CAMHS services; this could be replaced by 'universal, targeted and specialist services'.** **Some practitioners felt that other important groups e.g. speech and language therapists, social workers were left out.**
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.	**More detail should be given on how leadership can be exercised in order to promote a whole-school approach and the means by which it can be integrated into the school life (beyond altering policies).** **Governors and senior management should champion SEWB and the incentives that they respond to also need to reflect the importance of whole-school approaches.** **The specific links between the implementation of SEAL and this recommendation ought to be described.**

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.	**More detail should be given about the key components of the school ethos and how this can be developed.** **Some participants thought that 'foster...' was insufficiently direct.** **Some participants thought that mention was needed of students suffering from poor mental health, as well as those 'at risk'.** **'Create a culture of equity' needs to be clarified, perhaps through use of examples.** **Many participants thought that the sentence about a safe environment deserved a stand-alone bullet.**
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).	**More detail should be provided on the 'robust mechanisms'.** **Existing practice in engaging students and making it more effective ought to be the focus of this recommendation e.g. advice could be given on how student councils and student surveys could be used effectively.**
Enlist the help of parents and carers to develop approaches that promote students' social and emotional wellbeing.	**'Enlist' was viewed as an insufficiently inclusive term for parents being actively involved in school life, it was also perceived as open to misinterpretation.** **More detail could be provided on how this might be achieved.**
Possible additional bullets to add to Recommendation 2?	**Staff SEAL and wellbeing should be included as a central part of a whole-school approach.** **References to supervision, consultation or reflective practice could be included.** **School buildings should be appropriate and designed with meeting SEWB objectives in mind.**

6 RECOMMENDATION THREE

Recommendation 3 describes the **curriculum approaches** that schools may use to promote social and emotional wellbeing.

It discusses:

- the integration of social and emotional skills development within all subject areas;

- tailoring social and emotional skills development to the developmental needs of students;

- the recruitment of peer educators or mediators;

- helping parents and carers to develop parenting skills; and

- reinforcing the curriculum through, for example projects set for homework or community work.

6.1 Findings

6.1.1 Current practice

The intention of Recommendation 3 was also welcomed, but it was also felt (particularly by schools staff) to be the recommendation where practical details would be required most. Recommendation 3 prompted much discussion, particularly among the groups of school practitioners because it contains material that is perhaps the most relevant to school staff's day to day practice. **All groups of practitioners were able to give examples of specific approaches** that they might use to improve social and emotional skills in their activities. As with the previous recommendations, this is likely to reflect the large number of practitioners within the sample who were actively engaged with promoting SEWB and SEAL.

The vast majority of **practitioners agreed that it was important that a whole-school approach to SEWB was integrated across the curriculum and all the activities in the school day**. Some practitioners were surprised that Recommendation 3 mentioned some of the activities a school might undertake as part of a comprehensive approach to SEWB, but not others (e.g. the isolated emphasis on peer educators or mediators). Many school staff stated that integrating SEWB and SEAL into a school requires constant reinforcement throughout the school day and a student's journey from year 7 through to leaving school – from form groups and assemblies, through to subject lessons and enrichment activities – therefore, it should be wider than just 'subject areas'.

"I'm positive about this one, there needs to be a push. Very much in the way IT has come through. With IT [information technology], it's no longer just taught in IT but through a range of other subjects. This needs to be constantly updated so we get to the point that all subjects have a an underlying foundation of SEAL, IT, teamworking, respect"

Director of student support

There are many approaches that schools are currently using that might be relevant to Recommendation 3:

- **student and parent participation** across all aspects of emotional wellbeing was considered to be crucial part of 'getting it right' by the vast majority of practitioners;

- peer mediators or mentors are of a wider set of techniques that can be used to build relationships within a school and encouraging students to take responsibility for others. There is also **a great deal of diversity in how peer mediation takes place**;

- many local authority areas have specific approaches that are being driven by the local authority in conjunction with their schools – for example, 'full service' schools, restorative justice, 'Resilience' training, Tactical Teaching, and vertical tutoring (where older and younger students are put in the same form group), or nurture groups (described in more detail below);

- the vast majority of school staff **stressed the role of specialist support staff** (a theme already raised in Recommendations 1 and 2) in working with teachers to promote wellbeing, and work with students on their social skills; and

- parenting programmes delivered by school staff as well as external agencies.

As with Recommendation 2, **many practitioners noted the similarity / overlap with SEAL in secondary schools** and wanted to know more about the status of the recommendation in relation to SEAL and other guidance.

6.1.2 *Translating a whole-school approach into actions*

Practitioners described a number of ways in which a curriculum (or method of delivery) could promote and prioritise the development of social and emotional skills, and tailoring these to the needs of students.

Among the actions described by practitioners, the common themes are as follows:

- **all activities taking place in school ought to reinforce core values of that support social and emotional development** – the most common ones included **mutual respect, treating others with dignity, listening, understanding difference** (in opinion, as well as diversity in its narrower sense), **taking responsibility for others** and **being assertive**;

- a whole-school approach must be tailored to the needs of different year groups so that ethos and values are built on throughout young people's progress through school. Often, this meant **paying particular attention to induction and transition activities in year 7** (for instance, by using a specialist transition mentor who works in feeder primary schools) which lay the groundwork for social skills, and providing appropriate enrichment activities at particular points later on;

- a system has to be in place for identifying possible problems early on and as part of that structure, **effective communication and handovers between staff throughout the day are important** if behaviour is to be managed well. While staff were not always confident of knowing what exactly to do, many school practitioners agreed that the most important thing was that all staff knew a key member of the pastoral team in the school to approach for support;

- house systems can provide an effective structure for activities that bring together young people in different age groups. Some practitioners discussed vertical tutoring, where young people of different ages are tutored in the same group.

- some schools set **SEAL objectives** at the start of each lesson (implicitly, or in agreement with the students). These can be reinforced through group work, problem solving, or other ways of getting students to work with each other and take responsibility for others, regardless of the subject matter being taught although topics discussed may differ between lessons. In some schools there is a nominated staff member in each department with responsibility for this; and

- some practitioners stated that actions to promote wellbeing can be as 'simple' as the seating of students or the **effective use of Individual Education Plans** (IEPs) for students with special educational needs (SEN).

Many practitioners made the point that **many schools may already be implementing aspects of SEWB or SEAL without realising it**: in some of the school-based focus groups giving a few examples as prompts allowed practitioners to reflect on the activities they already carry out.

The following examples are drawn from particular schools, based on what they said had worked well:

Nurture groups

Learning mentors have been used in one school to run a 'nurture group' where vulnerable students can learn about self-esteem and increase their confidence by working in small groups:

"We have a Combined Studies Programme, or Nurture Group-which is one of our greatest successes. It is for the most vulnerable students and those with learning difficulties. There is a focus on social and emotional aspects of learning in these groups. These groups are taught in a different way, the focus is on self esteem. They enjoy their education, feel safe and valued and want to come to school. And we see the benefits: good attendance, less exclusion, positive student surveys. Next week there is a celebration of the work with parents. We tend to engage most with the parents of vulnerable children… We were proactive in setting these groups up. We saw the need, it was a response to change in the students coming in. We didn't get any additional resources"

Headteacher

Many of the special schools that we spoke to had a similar approach, for instance working in small groups at the beginning of the day where young people were encouraged to speak to each other about their worries and problems. This set the context for them to support each other throughout the day, and allowed teachers to identify any particular barriers to learning at the start of each school day.

Respect policy

One school has 'Respect' policy which has been in place for the previous three years. It serves as a tripartite agreement, which the school, parents and students are required to sign when a student joins the school. The policy is displayed around the school and the teachers consider it to be a powerful tool for behaviour management. The policy is seen as applicable to everyone and is about creating a general atmosphere that is more conducive to learning.

"Three or four years ago no student would have held the door open for you. You see examples all the time of how the Respect policy has helped. Students have improved in terms of politeness, courtesy, how they treat each other. They feel safe here and feel there are different staff with expertise, who they can turn to"

Teacher

'Ubuntu' – a lesson programme to assist transition

At one school, year 7 students are given an induction to the school which is delivered through lessons called 'Ubuntu'. This includes introducing the students to SEAL, and aims to show the students how the school ethos is acted upon (for instance, showing students how to greet visitors, and encouraging them to get involved in the various ways in which students can contribute to decision making). 'Ubuntu' is accompanied by 'learn to learn' sessions which are focused on developing teamwork skills. The school is also rolling out the idea of SEAL objectives for each lesson, starting with Drama.

Some practitioners both inside and outside schools said that a major gap in Recommendation 3 was **the lack of reference to reducing stigma around mental health** as an objective. This was reflected in the evidence given by some other practitioners, who emphasised the need for the NICE recommendations on SEWB/ to be closely linked to efforts to include young people who may have difficulties with their mental health.

6.1.3 *Peer educator / peer mediation approaches and their use in practice*

Many practitioners (especially schools staff) were able to discuss different peer educator, mediator or mentor approaches and while it was not an activity that every school had in place, schools that did not currently have it in place were considering introducing it as part of their work with SEAL.

Peer educator and peer mediator approaches are different terms, and among school practitioners there are different understandings of how these and other approaches to involving young people in the pastoral care of others can work in practice. **Many school staff stated that such approaches had to implemented carefully**, because if they were implemented poorly, they could do more harm than good. There was no consensus on whether peer mediation worked better if they were undertaken within the same form or year group, or across different year groups.

"[The statement about peer educators / mediators] is vague and naive. It needs to say in what capacity, why, for wellbeing or achievement"

Assistant headteacher

"I think [the statement about peer educators / mediators] goes against the ethos of the rest of the document. The rest is about whole school approaches and this is very specific. It's as though it's picked out at random"

Assistant headteacher

The main purpose of building these relationships appears to be to provide an additional avenue for students who may be experiencing difficulties to seek support, mostly in the form of a listening ear and signposting to other sources of support where these may be needed. Some school staff also stated that they could be another form in which the mentor or mediator can learn new skills through taking responsibility for others. School staff agreed that the most important success factors are:

- adequate training for young people in both sides of the relationship, possibly drawing on the expertise of outside agencies; and

- adequate support from teachers and support staff, who must be equally open and approachable.

Many schools staff **stressed the need to see peer educator./ mediator approaches in the context of fostering good relationships among young people**. Alternatives to peer educator or mediator models include small groups which are facilitated by a professional. Such groups can also be useful settings for young people to overcome barriers to talking about their feelings, and learning to treat others with respect. A buddying or mentoring system (of varying degrees of formality) can be another alternative.

The vast majority of practitioners found the term 'Consider…' in the relevant bullet point confusing, because it made them unsure of what action ought to be taken.

The 'Resilience' Programme

A number of schools in one local authority area are implementing a 'Resilience' programme. Its main aim is to help students learn to be more assertive and helping them to deal with problems by sharing them. It also includes the professional development within its elements, and staff feel that it has also helped them to reflect on their own behaviour and how they are modelling social and emotional wellbeing.

The taught component is given to year 7 pupils for 18 hours. School staff have seen the benefits in terms of increased student involvement – for instance, students with physical disabilities took part in the decision making about how their new school was to be built. The students attended the consultation events with the architects and out forward their views on what was required.

"They feel they are able to … do things for themselves and be independent"

Teaching assistant

6.1.4 The key role of support staff

The vast majority of school staff stated that **support staff had an important role to play in promoting SEWB and a whole-school approach**. This was also evident in the number of specialised support staff who attended the focus groups that were held in schools. These roles include:

- teaching assistants (TAs) and higher level teaching assistants (HLTAs);

- special support assistants (SSAs) in special schools;

- learning mentors and behaviour support workers;

- in faith schools, lay chaplains or other equivalents.

These are collectively known as support staff, although reference to the specific roles (such as learning mentors) would be likely to improve the credibility of the recommendation.

Support staff have an important role to play in pastoral care as they can be a listening ear that is seen as more approachable than teaching staff, and they can also take on specialist roles, such as providing support to the student council or taking on an outreach role with parents, as well as carrying out targeted interventions to support behaviour and attendance under the supervision of teachers, or leading on projects to promote inclusion or social skills. In particular, **learning mentors work with small groups or individual young people to address barriers to learning**, for instance by running breakfast clubs, carrying out confidence building activities, or visiting parents at home. Therefore many practitioners wanted to see a greater emphasis placed on the role that support staff can play.

"We're trying to break down barriers between teachers and support staff. All staff in the school environment have an impact on learning so the target group should just be 'all staff'"

Assistant headteacher

6.1.5 Developing the skills of parents and links to the wider school community

The part of Recommendation 3 relating to **developing parents' skills raised some important debates among school based focus groups** as to how this might be achieved. Some practitioners also raised questions as to how appropriate it was – as the only part of Recommendation 3 relating to the contribution / role of parents and carers, they stated that the wording could be interpreted as patronising or unconstructive.

Many **school practitioners were keen that parents should be partners and contributors to the social and emotional wellbeing of their children**. For the vast majority, this was about fostering a culture of open communication and breaking down the barriers that might prevent parents from wanting to take a more active role in school life. Some school staff mentioned the contrast with primary schools and they thought that because primary schools were smaller, it was easier for the staff to get to know parents on a personal basis. On the other hand, secondary schools are much larger; many more teachers are involved; and more parents return to work or simply disengage once their children are in a secondary setting. As a consequence, secondary schools need to use different means to engage parents, even before consideration can be given to their parenting abilities.

While some **schools were beginning to develop parent groups or a face-to-face offer** of information, advice and guidance in relation to parenting through their extended schools offer, many practitioners questioned whether school nurses or health visitors were the right people to deliver these interventions and whether that would be a good use of their time. Some practitioners stated that health visiting is almost

exclusively a paediatric role for parents of young children, while school nurses are generally focused on health promotion in schools. Both services are perceived as overstretched.

Many school staff discussed the new role of the **parent support adviser** (PSA), which is a national DCSF initiative[11]. While they may play a role in developing parenting skills, some schools staff said they could not actively offer parenting skills to parents that schools knew were the ones who were most in need. Rather, effective use of the PSA role requires other support staff to suggest and signpost parents towards using the PSA's services. Such support staff could include outreach workers with a remit to communicate with parents.

Some practitioners questioned whether schools should be responsible for developing parenting skills as such (although the recommendation itself does not explicitly state this, practitioners found it confusing). Some school practitioners said that schools generally welcome a wider role in the community, but other agencies (e.g. social services and other local authority services) are better placed to lead the work.

6.1.6   How should this recommendation be pitched?

Given that the intention of this recommendation was felt by many practitioners (especially schools staff) to go beyond the 'curriculum' as such, alternative ways of introducing the recommendation were suggested. Some practitioners agreed that Recommendation 3 ought to be completely unambiguous in stating that SEWB and SEAL were not necessarily about introducing more programmes and hours of teaching into the curriculum (although that might be a small part of the process of implementation), thereby 'ticking a box'. Rather they thought Recommendation 3 better described ways to deliver SEWB; or changing the structure, values or culture of a school through the day's activities.

"Some schools will see SEAL as a lesson that they need to teach rather than something which is integrated into the delivery of the curriculum"

Behaviour and Attendance Consultant

"The word 'curriculum' implies just a timetable and doesn't capture a full range of activities"

School lead for health and wellbeing

The final bullet of the recommendation was felt by some schools staff to be the weakest part, as it gives an example of using homework or voluntary work without saying anything about how these wide activities could be used in an effective way to promote emotional or social development.

"I think the last bullet point is insulting to teachers – it's their bread and butter. I think they'd switch off if they read this!"

School lead for health and wellbeing

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[11] The TDA website has further information on PSAs and their role. See http://www.tda.gov.uk/remodelling/extendedschools/whatarees/parentingsupport/psa_project/faqs/psa_role.aspx.

6.2   Discussion

Many practitioners felt that a **more detail on how to implement the elements in Recommendation 3 had the potential to add value to their day to day work**. However, there were important gaps in Recommendation 3 also, notably the absence of any link to the implementation of SEAL and references to the role that support staff could play in supporting SEWB. There were also concerns expressed by many practitioners about wording the recommendation in a clearer way.

The vast majority of practitioners agreed with the need to integrate SEWB across the curriculum and indeed, all activities taking place in school – and were able to provide detail as to how this was being done currently, or how it might be. Practice varied widely, but **common themes included the importance of reinforcing positive values, good communication between staff and students, and identifying social and emotional needs as a key factor influencing learning**.

The use of peer educators or mediators was thought to be only one of a large number of tools and methods that school staff could use in order to promote the development of social and emotional skills and improve wellbeing.

As with the previous recommendations, many practitioners would have liked to have seen a greater emphasis on the contribution of parents. Some practitioners felt that the more logical place to put the bullet about parents might be in Recommendation 2.

6.3   Suggested changes

The following suggested changes are categorised according to the strength of practitioner feedback underlying each of the changes.

Section of draft text	Possible changes
Title	This could be changed from 'curriculum approaches' to 'methods for delivery'
Who is the target population? Young people in secondary education (aged 11–19 years), their parents, carers and teachers.	Support staff ought to be included (see below).
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. ☐	This list of practitioners was viewed by many practitioners as insufficiently reflective of a whole-school approach. The first bullet could be replaced by 'all school staff'; reference could also be made to a 'learning community'. 'Tiers 1 and 2' is seen as an out of date term both inside and outside CAMHS services; this could be replaced by 'universal, targeted and specialist services'. Some practitioners felt that other important groups e.g. speech and language therapists, social workers were left out.

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.	**More detail should be given about how promoting SEWB can be integrated into different activities in school.** **Practitioners all agreed with the list of skills, and suggested additions such as assertiveness.**
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.	**This could be added to by emphasising that addressing developmental needs should be a key component of all lessons / activities.** **Examples should be given of the different kinds of activities that might be required (e.g. in relation to transition)**
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.	**The word 'consider' should be deleted.** **The bullet should emphasise and describe how peer educator or peer mediator approaches can work effectively.** **Key success factors might be:** ▪ **adequate training for young people in both sides of the relationship, possibly drawing on the expertise of outside agencies; and** ▪ **adequate support from teachers and support staff, who must be equally open and approachable.**
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.	**The language should be altered to be more constructive and welcoming of parents' contribution to their children's wellbeing.** **The reference to community nurses at this point is misleading when many schools use learning mentors, PSAs and support staff (albeit supported by health workers, in some cases) for this purpose.** **Does not belong better as part of Recommendation 2?**
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.	**The bullet should describe and give more detail on what kinds of activities are being referred to and how they are most effectively used.**
Possible additional bullets to add to	**The central role of school support staff in SEWB should be**

Recommendation 3?	**emphasised.** **Reference should be made to the role of schools in reducing stigma and creating an inclusive environment for all regardless of mental health needs.**

7 RECOMMENDATION FOUR

Recommendation 4 describes the importance of **training** in supporting professionals' skills. It focuses on:

- training teachers and practitioners in the knowledge they need and providing ongoing development support;

- ensuring those providing training are appropriately qualified.

7.1 Findings

7.1.1 Current practice

All practitioners were aware of the importance of effective training to the implementation of SEWB – for professionals working in schools and for partner organisations. The vast majority of practitioners stated that this was because **implementing a universal service that supported SEWB required a culture change** in the way that services for young people of secondary school are commissioned and delivered. As such, the practitioners preferred to use terms such as '**continuous professional development**' to reflect the ongoing nature of developing the appropriate skills to underpin practice, rather than simply 'training' which has a narrower definition.

Current practice in training for school staff and the professionals that they worked with varied widely between local authority areas. **Many of the schools that we spoke to were proactive in designing their own CPD frameworks** for social and emotional skills development, although in most cases they were still finding out what worked effectively for their particular local situation. However we still identified some generalisable details about what practice seemed to work best under Recommendation 4 (see below).

A few local authority areas were implementing universal or targeted multi-agency training, working to share knowledge between schools, CAMHS and other agencies such as voluntary sector providers, and develop knowledge and skills 'upstream' so that potentially serious health issues could be averted and appropriate early interventions found. These approaches reflect the multi-agency approaches generally thought of as effective under the response to Recommendation 1.

Generally, **teachers and other school staff receive five days of INSET (in-service training) each year**. This appeared to be consistent across most of the local authority areas in which the research was carried out. For some school staff, there was a perceived 'competition' for training time. However for many schools, SEAL and emotional wellbeing was sufficiently prioritised for this to be less of an issue – in some cases, because it was seen to be closely related to effective behaviour management. Current practice relevant to Recommendation 4 included:

- integrating techniques to train school staff in delivering SEAL across a range of other activities such as subject-specific CPD and reinforcing the message through staff and department meetings;

- acting on opportunities for in-work and informal learning – this was closely related to practice highlighted the sections above on ensuring that staff are communicating well with each other and are themselves emotionally healthy;

- buying in specialist support from external agencies. In some local authority areas the local authority or CAMHS took the lead in delivering training of this kind, which could address both universal and targeted approaches to SEWB. Many schools staff were familiar with using external agencies for delivering SEWB, referring on to specialists, and using them to deliver training also; and

- **many school staff felt that having the appropriate arrangements in school for 'cascading' information and training was more effective and efficient** than sending out all staff for training (some school staff related this to earlier recommendations on the importance of leadership). School staff stated that the most **effective practice is having a trusted, senior-level champion for SEAL** who has the right status among peers and is responsible for disseminating the whole school approach to SEAL or SEWB; combined with sourcing of appropriate resources, provision of mentoring and so on.

These themes, in particular the last point, were consistent across most of the school based groups that we spoke to.

For many school staff (even those in areas where the local authority or other stakeholders were active in brokering training opportunities) **the quality of CPD available in the market was perceived to be 'patchy'**. Some school staff noted that there was a proliferation in CPD courses for SEAL and SEWB for all levels because it is now seen as an area that schools are increasingly expected to prioritise; but that it was not always possible to know what was effective and what was not. Equally, trainers do not always have a clear idea of which staff they are targeting.

> *"I have a perception that there are all sorts of courses around SEAL and social and emotional wellbeing. They are patchy and standards vary. Some are great, others are less good"*
>
> *Assistant headteacher*

For many school and external practitioners, **resources are a major barrier to implementing effective multi-agency CPD programmes**. For external services, a greater focus on supporting whole-school approaches relies on changing the focus of services and developing a workforce (e.g. clinical support workers) that can act as a bridge between targeted services and services such as schools that refer to them. For schools, time, and the resources required for covering staff while they attended training ('backfill') were sometimes an issue.

Some schools staff wanted greater opportunities to share practice, and felt that the recommendations could emphasise this.

> *"Knowledge in special schools needs to be shared out [to the mainstream]"*
>
> *Headteacher, special school*

7.1.2 Initial teacher training is critical

The **strongest spontaneous conclusion raised by all practitioners in discussions on Recommendation 4 was the lack of reference to initial teacher training (ITT)**.

This is perceived (especially by the vast majority of schools staff) as being one of the most important barriers to implementing SEAL and SEWB programmes in schools because currently, **there is very little being done to integrate or prioritise social and emotional skills in teacher training**.

> *"The issue starts firstly with the qualifications that teachers do – if it were integrated into PGCE or other teacher training, it would be less of an issue to implement"*

> *Behaviour and Attendance Consultant*

> *"In addition to this, most teachers teaching PSHE are untrained - it's not their specialism. I for example teach it once a week but have had no official training in delivering it. I am also lucky that our PSHE coordinator provides us with a scheme of work, PowerPoints, videos and brings in speakers for the more delicate topics. I am not sure this is the case in all schools"*

> *Teacher*

The vast majority of school staff agreed that Recommendation 4 could add value if it encouraged ITT providers (higher education institutions or school-centred ITT providers) to pay greater attention to giving newly qualified teachers (NQTs) a foundation in social and emotional skills development. Some school staff argued that child development in ITT had declined in importance relative to subject-specific skills. There are **currently no or few opportunities for teachers to specialise in PSHE** (Personal, Social and Health Education) in their initial training, although the PSHE coordinator role is becoming an increasingly specialised one in schools. Therefore many practitioners suggested Recommendation 4 should also be addressed to ITT providers, the Training and Development Agency for Schools (TDA) and the National College for School Leadership (NCSL).

Some school staff expressed concern that recent plans to introduce accelerated ITT courses would have a further negative impact. The prominence of these concerns is likely to be related to the government policy announcement on ITT which took place during the fieldwork[12].

7.1.3 Training and continuous professional development

Many school professionals and some health service staff also pointed out a distinction between training and continuous professional development. Some schools staff expressed the view that this is especially important for new teachers who are increasingly being accelerated towards leadership roles much earlier in their careers than previously.

Therefore having **appropriate strategies at the school level to develop the skills of all school staff** becomes even more important. Besides formal training, school practitioners discussed a variety of ways in which CPD could take place such as appropriate induction for new staff and effective mechanisms to cascade information (see above). The vast majority of practitioners agreed that **the most important skills to impart to staff were social skills: the ability to listen, facilitation skills, being non-judgemental, managing behaviour effectively, and understanding how to access support**.

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[12] See, for instance http://www.dcsf.gov.uk/pns/DisplayPN.cgi?pn_id=2009_0048

Many practitioners commented on the link between training for CPD for universal approaches and understanding particular conditions and issues for which young people may need specialist support or referral into a care pathway (e.g. working with young people with attention deficit or autistic spectrum disorders). **Many school staff would have liked to have seen a greater emphasis on the need for such 'targeted' training** in Recommendation 4, and in many local authority areas they expressed an unmet need for such training from local agencies. These practitioners mainly preferred to access such training in a short, 'bite-sized' form, which may suggest a mismatch in how external agencies provide training and how it is best accessed by the target audience.

Many practitioners also discussed the importance of being able to use the learning from formal training in day to day school activities, and the importance of schools having a strategy in place so that learning could be used in practice (otherwise may not be implemented or simply forgotten). Such **strategies can also ensure that CPD is sustained** so that regular staff turnover does not have an impact on the continued implementation of whole-school approaches to wellbeing.

7.1.4 Improving the quality of training

Many **school practitioners were unsure of the meaning of 'appropriately qualified'** under the second bullet of Recommendation 4, and would have like to have seen a reference to experience as well, as **there are no standard qualifications to deliver CPD in SEWB**.

Some school practitioners would like to see networks of schools, local authorities or other agencies play a more active role in assuring the quality of CPD – by ensuring that the training packages on offer meet local requirements.

7.2 Discussion

As with all the previous recommendations, **the vast majority of practitioners would like to see greater detail in Recommendation 4 concerning what constitutes an effective CPD strategy** for schools and local areas.

School practitioners highlighted the increasing importance of accessing training and support in this area, and were able to give examples of different approaches to training and sharing learning. There is still a widespread sense that this is an area in development and further guidance on how to improve the quality of training would be welcome, particularly where practitioners identified significant gaps – such as the lack of attention paid to SEWB in most ITT courses. This latter area could be one where NICE recommendations have the potential to add value, if they addressed to organisations such as HEIs and the TDA.

The key issue for most practitioners was **how to ensure that the benefits of CPD are sustained and continuously reinforced** throughout a practitioner's whole professional career.

7.3   Suggested changes

The following suggested changes are categorised according to the strength of practitioner feedback underlying each of the changes.

Section of draft text	Possible changes
Title	This could be changed from 'Training' to 'Continuous Professional Development', 'Learning and development' or similar, wider term.
Who is the target population? Professionals working with young people in secondary education.	Support staff ought to be included (see below).
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.	This list of practitioners was viewed by many practitioners as insufficiently reflective of a whole-school approach. The first bullet could be replaced by 'all school staff'; reference could also be made to a 'learning community'. 'Tiers 1 and 2' is seen as an out of date term both inside and outside CAMHS services; this could be replaced by 'universal, targeted and specialist services'. Some practitioners felt that other important groups e.g. speech and language therapists, social workers were left out. Some practitioners also made reference to Family Information Services or the Family Services Directory held by the local authority as good sources of external intelligence.
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.	The vast majority of practitioners felt that this bullet did not fully capture the scale or range of CPD that was required. Training should aim to improve the quality of multi-agency working. Many practitioners wanted to see greater detail about what skills were required and how a whole-school approach to CPD could help to sustain learning.
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.	Practitioners were unsure of the meaning of 'appropriately qualified'. This should read 'appropriately qualified and / or experienced' to reflect the wide range of people who may provide CPD.
Possible additional bullets to add to Recommendation 4?	SEWB should be integrated into all ITT courses (address to TDA, NCSL and ITT providers).

	Reference should be made to what constitutes an effective CPD strategy. **References to schools sharing good practice, for instance through a network or excellence cluster.** **More detail should be included on how CPD in this area relates to CPD for more targeted interventions and approaches.** **More detail should be included about who should take the lead on ensuring CPD is of high quality.**

8   CONCLUSIONS

This section provides the conclusions drawn from the fieldwork, with suggestions for improving the content of the recommendations and their dissemination.

8.1   Headline Findings

The recommendations were thought to be well-intentioned, but there were concerns about their usefulness to practitioners

The vast majority of practitioners were welcoming of the intention and general content of the recommendations, but most were unsure about how they could add value to practice, or be enforced, in their current form. They shared many concerns about whether the recommendations would be useful and relevant to day to day practice. The emphasis on leadership and its centrality to whole-school and whole-community approaches to SEWB was also particularly welcomed by virtually all the respondents. Practitioners also had some concerns over the way in which the recommendations were worded, and identified several gaps in them, notably concerning links to key related policies and with bodies such as Ofsted.

The emphasis on multi-agency working was welcomed – but the recommendations could be more specific

The emphasis on multi-agency working was particularly welcomed by the vast majority of practitioners, and could give some the scope to influence service commissioners. Many practitioners, however, wanted more specific details about how services could be better aligned so that young people were adequately supported through transitions between children's and adult services according to their needs (rather than their age or location), and the transition between primary and secondary schools. Some practitioners also highlighted the lack of information sharing (particularly between NHS and schools) as an issue, with some schools noting a lack of clinical input at multi-agency conferences.

Most practitioners wanted the recommendations to state that social and emotional wellbeing must be a priority that is given equal weight to educational attainment

The vast majority of practitioners thought there is a clear link between improving social and emotional wellbeing (SEWB) in schools, and improving educational attainment, achievement and behaviour. They wanted the recommendations to emphasise this, so that SEWB is prioritised, and the development of social and emotional skills is seen as a central part of preparing young people for adult life. Many practitioners perceived a misalignment of resources and priorities at all levels that prevented them from working together effectively, and in their view such a statement would enable them to 'make the case' for SEWB. Such a statement could be placed in a short contextual statement leading into the main body of the recommendations.

More recognition ought to be given in the recommendations to what schools and their partner agencies are achieving

Many of the practitioners that we spoke to emphasised that they were already in the process of implementing the recommendations, and that it would be helpful for this to be recognised. Practitioners were largely familiar with terms such as 'whole-school

|G|H|K|

approaches', and many saw the recommendations as underlining their efforts. Notably, many felt that there had been progress in the last year or so (i.e. since the process of developing these recommendations began) and that initiatives such as Targeted Mental Health in Schools (TaMHS) deserved more attention. However, we also found that there was a great deal of variation in how SEWB was implemented in practice.

The status, purpose and rationale for the recommendations needs to be clarified

The vast majority of practitioners were unclear as to how the recommendations could add value to existing guidance, in particular the SEAL and Healthy Schools programmes, the Every Child Matters agenda, as well as Ofsted inspection. Practitioners wanted to see the objectives of each recommendation explained more clearly, and links between implementing other policies and NICE recommendations made explicit. In particular, while NICE guidance covers the rationale for the recommendations elsewhere, they wanted more detail within the recommendations themselves to assist with their understanding.

There is a lack of detail in the content and some statements were ambiguous

The vast majority of practitioners thought that the strongest ways in which the recommendations could add value was by setting out how their aspirations might be most effectively achieved. Practical advice was requested across all the recommendations – for instance, 'Real life' or case study examples might be a useful way of highlighting how the recommendations could be implemented. In addition, many practitioners thought that the recommendations were unclear about who should be responsible for leading their implementation, and wanted to see increased clarity in this respect. They felt that each part of the recommendations ought to have a lead agency or senior manager (e.g. Director of Children's Services) who would be tasked with leading each specific action. Words such as 'Help…' and 'Consider…' were thought to be ambiguous. The impression of ambiguity was a consistent finding among all practitioner groups and all the recommendations.

The value and contribution that parents and young people can make must be given greater emphasis throughout the recommendations

Practitioners were able to explain how their current work aimed at involving young people and their parents and carers in social and emotional development. The vast majority considered that the recommendations did not go far enough in recognising the value and contribution that parents and young people can make to SEWB in a variety of contexts. Practitioners may particularly welcome specific advice on good practice in engaging with parents and carers.

The welfare of school staff is as important in a whole-school approach

Almost all practitioners highlighted the importance of staff welfare and emotional health in building a whole school approach. This was a key focus of their current practice in implementing whole-school approaches, coupled with leadership, ethos and training. Promoting values such as mutual respect among staff and students, open communications, and ensuring that staff training / continuous professional development in social and emotional skills delivery is carried out within a school strategy, were seen as key to staff wellbeing.

Social and emotional wellbeing needs to be a higher priority in initial teacher training

The vast majority of practitioners wanted the recommendations to emphasise the importance of SEWB in initial teacher training (ITT). Despite its importance, many teachers thought that understanding young people's social and emotional development had been less of a priority in ITT in recent years, in comparison with subject specific skills. There are also no specific qualifications to deliver training to schools staff in implementing SEWB, and most schools staff felt that this was a major gap in current arrangements. As a consequence the recommendations need to be addressed to key actors in teacher education such as HEIs and the TDA.

There should be greater reference to the adequate resourcing of services

Many practitioners also highlighted the lack of reference in the recommendations to ensuring that key services are adequately resourced. In most local authority areas, practitioners reported that less priority was given to funding and developing universal approaches to mental health promotion in schools, in comparison to more targeted work. Some school staff and clinicians also saw contradictions between the obvious demand for mental health services and the funding levels for services such as CAMHS, which were perceived to be low. The vast majority of practitioners expressed concern that building adequate universal services should not result in resources being diverted from targeted interventions, for which there was usually inadequate provision. Inadequate resources (in particular staff time) were also cited as a barrier to improving the quality of training or continuous professional development. Therefore many practitioners would have liked to have seen more reference within the recommendations to ensuring that universal approaches are properly funded, and what their relative priority should be in relation to targeted approaches.

8.2 Key actions suggested in relation to the wording

Suggestions here included:

- **The recommendations should emphasise the role of all staff, in particular support staff and specialist support staff under 'who should take action'**: the reference to 'teachers' alone in the document was felt by the vast majority of practitioners to ignore the substantial contribution made by support staff, and contrary to a whole-school approach. In recent years, the importance of support staff in addressing behaviour and students' special needs has been recognised as a key element of changes to the school workforce.

- **References to Tiers in CAMHS should be replaced**: many clinical and school practitioners felt that references to Tiers in CAMHS services were out of date, because the terms 'universal' and 'specialist / targeted' are now more usual and meaningful to non-CAMHS readers.

- **Training ought to be 'continuous professional development'**: the key issue under Recommendation 4 for the vast majority of teachers was sustaining the effects of training, and ensuring that this was seen as a seamless part of practice rather than an 'add-on' (being better reflected by the term 'continuous professional development').

8.3 Improving the content of the recommendations

The main aspects of the recommendations which were commonly considered to require alteration are described below:

- Practitioners wanted the recommendations to reflect the work being done currently on SEWB in schools. In particular, they wanted clarification on the status, purpose and positioning of the recommendations in relation to key policies such as SEAL, ECM and the CAF, as there are wide overlaps between the recommendations and other guidance (especially in Recommendations 2, 3 and 4).

- Practitioners wanted (much) more detail before they would consider the recommendations useful to their day to day practice. While this could be provided at a local level, most practitioners were clear about the need for advice at a national level on topics as diverse as how to engage parents to how services could be adequately resourced. The detail might be given in the form of best practice examples on how to implement the recommendations in a more precise manner. The recommendations are much less likely to be taken into account by practitioners outside health services unless they add value in this way.

- Practitioners also wanted to see greater detail on who should be responsible (e.g. a Director of Children's Services, chair of governors) for leading each action within the recommendations – on the basis of a perceived risk that nobody would take responsibility for their implementation. Some of the terms used could be interpreted in different ways, and there was too much ambiguity in some of the bullets.

- Practitioners wanted the language used in the recommendations to more effectively reflect whole-school approaches, to allow school support staff, allied health professionals and other groups to be included more effectively. Also the involvement of young people and parents, and their contributions to wellbeing, were not felt to be emphasised enough.

- Practitioners identified gaps that they felt were important to improving the content of the recommendations. Notably, these included the lack of references to information sharing between agencies, staff wellbeing, student voice and initial teacher training.

- Practitioners wanted the recommendations to be clearer about the need to reinforce the actions to be taken with adequate resources.

8.4 Implementation and dissemination

8.4.1 Main barriers to be overcome

While NICE is generally perceived by those practitioners aware of it as an organisation that makes recommendations based on evidence, and as such is trusted, it has very low 'brand awareness' amongst professionals outside the health sector. With the exception of clinicians, who often had processes for implementing NICE guidance that was relevant to their practice, few practitioners were aware of NICE's broader public health role.

Practitioners were largely welcoming of the general content and intention of the recommendations, but most of them were unsure about how they could be enforced or

add value to practice in their current form. The lack of reference to Ofsted and how NICE might work with them was seen as a major barrier that would prevent the recommendations being considered, especially in schools that did not see SEWB as a priority. As a consequence, a joined-up implementation process that is tied to Ofsted and other key policy organisations is critical to obtaining practitioner support for the recommendations.

> *"Ofsted means everything to schools…to implement the guidance is a lot of hard work for schools, it's not easy to get going so it has to be worth it – there needs to be a pay off"*
>
> *PCT clinician*

> *"Ofsted have a new category around social cohesion – because it's from Ofsted it's making schools think about [social and emotional wellbeing]"*
>
> *LA manager*

Time and financial resources are potential barriers to be overcome, particularly given the general perception among all practitioners that CAMHS and other child health services are overstretched and concern that resources should not be diverted from targeted interventions or primary settings. There are many competing statutory requirements that schools are required to take into account, and which government departments, Ofsted and local authorities will view as a higher priority. Alongside this, however, most practitioners agreed that implementation of the recommendations was equally about cultural change and the propagation of SEWB values as a priority for all actors in the field.

Given these barriers and the mention that some practitioners made of the stigma attached to dealing with 'mental health' in wider public services, there is a risk that the NICE recommendations may only be 'preaching to the converted'. In order to avoid this, NICE should develop a strong implementation strategy that will focus attention on making SEWB in secondary education (as well as other ages) a higher priority across all agencies, beginning with establishing clarity on the interface between these recommendations and existing policy.

8.4.2   *Towards an effective implementation strategy*

As highlighted at the start of this report, practitioners wanted to see a greater emphasis being placed on the links between implementing whole-school approaches and improved attainment, behaviour, and perhaps most importantly, being better prepared for adult life. If such evidence exists, this ought to be stated clearly as part of a rationale for implementing the recommendations.

Many practitioners also thought that by placing greater emphasis on prioritising SEWB across the formation of all policy (particularly in Recommendation 1) could create a more conducive environment for schools to prioritise social and emotional development. As a consequence, the recommendations would need to address (and influence) key national actors such as DCSF, Ofsted and the TDA.

We asked practitioners about how the recommendations might best be disseminated. As well as making the recommendations more useful and highlighting practical steps on how they could be implemented, common suggestions made by practitioners included:

- disseminating through Children's Trusts and CAMHS first, as they are influential and more likely to be receptive to the recommendations, and use these agencies to disseminate the information to schools;

- Ofsted should be at the centre of an effort to monitor that implementation is taking place, alongside local agencies. Jointly launching the recommendations with Ofsted was seen as a way in which the attention of schools could be gained; and

- dissemination to young people, parents and the public could create a 'bottom-up' influence on schools and agencies to give SEWB a higher priority. Methods such as young-people friendly documents were discussed, but practitioners also recognised that there were few established routes for getting information and guidance to parents at the national level, especially because these recommendations are not directly aimed at them.

ANNEX A – FINAL DISCUSSION GUIDE

5 m	Introduction
	Introduce GHK, the facilitator (and scribe). **Introduce NICE and why the focus group / interview is taking part:** - why the recommendations on social and emotional wellbeing are being produced - why the audience's input is important and valued '*this is your opportunity to influence national recommendations on the promotion of social and emotional wellbeing…*' , and how it helps in the development of the final recommendations - explain how NICE's work links with the national agenda on developing SEAL in secondary schools and promoting health more generally - explain that NICE wishes to learn from practitioners' / teachers' experience and current good practice … '*we would like you to give examples throughout and draw our attention to any good practice that you feel that other practitioners could learn from… '* **Introduce consent and confidentiality** - focus groups will be recorded for audit purposes - all views will be treated in confidence and anonymised, neither individuals or their organisations will be named **Remind respondents that they must fill in the sign in sheet and give consent if they wish to take part** (if they have not already done so) - offer respondents the opportunity to ask questions at any point **Ask whether participants have read draft recommendations** - If most have not, explain that each recommendation will be introduced to the group as the focus group progresses
5 m	Warm up
	Respondents to introduce self, role and responsibilities

	What do you currently do to promote the social and emotional wellbeing of children in secondary schools? - are you involved in identifying and working with children at risk? - are you involved in promoting social and emotional wellbeing more widely?
10 m	**Context and awareness**
	Are you aware of the concept of 'social and emotional wellbeing' and what does it mean to you? Have you heard of 'whole school approaches' to social and emotional wellbeing, and what does that term mean to you? Is it easily understood? How clear is the wording of the recommendations? How easy are they to understand? Have you heard of NICE and what would you expect NICE's involvement in this area to achieve?
20 m	**Recommendation 1 Strategic framework**
	To what extent do secondary schools need support in order to adopt a whole-school approach to promoting social and emotional wellbeing? What kind of support would be needed in order to bring about improvements? prompt for: - management and leadership - access to specialist support and resources? Are there any barriers preventing schools from accessing such support? To what extent is this is priority for schools and local authorities? Why? To what extent are partners (prompt for voluntary sector, statutory agencies e.g. schools / governing bodies, NHS, local authority, Connexions, police, parent support advisers) involved in activities to promote social and emotional wellbeing, and how are they involved? What national, local, or school level guidance influences your approach to social and emotional wellbeing and why? (e.g. Children and Young People's Plan; commissioning arrangements; Children's Trusts; public health

	strategies?)
	How is this monitored and who by? Who is responsible?
	Are there variations between different schools and local authorities that you are aware of? How can these variations in standards be addressed at a strategic level?
	What sources of support does your organisation have access to in connection with social and emotional wellbeing? How could this be improved?
	Who should be aware of this recommendation? (prompt for views on whether the 'who should take action' list is comprehensive)
20 m	**Recommendation 2 Whole-school principles and conditions**
	How are school leaders currently engaged in promoting the social and emotional wellbeing of students? prompt for:
	- headteachers
	- governors
	- other practitioners
	How is this reflected in school (and NHS / PCT or local authority) policies?
	How can a school ethos promote positive behaviours for learning and provide a safe environment that reduces the threat of bullying or violence?
	- (for external agencies) How can this be influenced?
	- what barriers might exist to adopting such an ethos in secondary schools?
	How do you think your current policies and activities could be improved in future in order to promote social and emotional wellbeing among the children you work with?
	How can schools create a climate of equity and ensure that such activities meet the needs of all students?
	How are students currently involved in contributing to decisions about their social and emotional wellbeing? What are the implications of increasing student involvement in this area?
	How are parents, carers and guardians currently involved in developing

	schools' approaches to social and emotional wellbeing, or activities that help to promote social and emotional wellbeing? Who should be aware of this recommendation? (prompt for views on whether the 'who should take action' list is comprehensive)
5 m	**Short break**
20 m	**Recommendation 3 Curriculum approaches**
	How is the development of social and emotional wellbeing currently integrated into the curriculum (i.e. more widely than PSHE)? How is this tailored to the individual needs of students? Is it sensitive to diverse needs? What are the barriers to integrating social and emotional development across the curriculum? What is your view on the list of skills and activities listed in recommendation 3? Is it comprehensive? - e.g. conflict resolution - managing feelings and relationships with parents, carers and peers Do you use peer mediators as part of social and emotional development? How? Are homework, or community and voluntary work integrated into social and emotional development? How? Do you or your organisation currently carry out any activities to improve parents' and carers' skills? What are the barriers to working with parents to improve their skills? How could these be addressed? Who should be aware of this recommendation? (prompt for views on whether the 'who should take action' list is comprehensive)
15 m	**Recommendation 4 Training**

		How are teachers and other practitioners working with secondary age children currently trained in order to develop social, emotional and psychological wellbeing? How can this training be improved? - prompt: what skills do *all* practitioners need to have, as opposed to specialists in a particular field? What ongoing development support, or continuous professional development, is required for your role? What can be done to improve the quality of continuous professional development in promoting social and emotional wellbeing? Who should be aware of this recommendation? (prompt for views on whether the 'who should take action' list is comprehensive)
15 m	**General overview**	
		How relevant are these recommendations to your day to day practice? Why? To what extent will these recommendations influence your practice or the practice of your organisation? Why? How practical is it to implement these recommendations overall? What are the biggest barriers likely to be? How can these be overcome? What additional resources might be required in order to address these barriers? Do you think there are any gaps in the coverage of these recommendations? What are they? Are you aware of any duplication or overlap with any existing guidance aimed at teachers or other professionals working with children and young people in secondary schools? Are there any potential negative impacts of these recommendations? Why? Would you say that you have trust and confidence in these recommendations? Why? Did anything surprise you in relation to the content of the guidance? What could NICE do to raise awareness of the recommendations and communicate them to your professional group?

	Do you have any more comments about the recommendations?
5 m	**Close and thank respondents for their time**
	Remind participants to leave sign in sheets and consent forms behind and make sure these are collected at the exit. Ensure that the event organiser is thanked and that any expenses for catering are collected.

ANNEX B – CONSENT LETTER

date

Dear XXX,

Re. NICE Fieldwork on Social and Emotional Wellbeing in Secondary Schools

Consent to Participate in Research

NICE and GHK Consulting very much appreciate your interest in taking part in the fieldwork.

As part of the research, we are carrying out research in XXX in order to find out your views as a practitioner so that NICE's recommendations are relevant, appropriate, useful, feasible and implementable. NICE is an independent organisation, created by central government, to be responsible for providing national guidance on promoting good health and preventing and treating ill health. The objective of NICE's public health guidance is to bring about social, economic, organisational, community and individual change to improve health and reduce inequalities in health.

As discussed, a focus group will be held in March:

Venue:

Date:

Time:

The group will last no longer than **2 hours** but you have the right to end early if it is inconvenient to talk for longer. If you are not able to attend the focus group but would still like to be involved in the research, please let me know and we can arrange an alternative date for a short face to face or telephone interview.

The focus group/interview, will be recorded by a digital recorder. The recordings and notes taken by the researcher(s) will be analysed by the research team at GHK and will be destroyed following the research in May 2009.

The final research report produced as a result of the analysis will be used by NICE to produce a final version of its recommendations to practitioners, and the research report may be published on the NICE website.

Your true identity will not at any point be revealed in the research or any final products and although GHK may quote you, all comments will be confidential and will not be identifiable to yourself or your organisations within the research report.

GHK will provide you with a copy of the draft NICE guidance closer to the interview/focus group.

If you have any questions regarding this research or your rights as a research subject, you can contact XXX at GHK or by telephone XXX.

Your signature indicates that you have read and understood the information provided above, that you willingly agree to participate, that you understand your right to discontinue participation without penalty, and that you have received a copy of this form.

Printed Name _____ Organisation_____

Signature_____ Today's Date _____

Phone Number_____Email_____

Please return a signed version of this letter to me, using the enclosed stamped addressed envelope.

Yours sincerely,

Consultant

ANNEX C – PRIOR READING TASK

Please read through the draft recommendations attached. NICE are concerned about how useful, relevant and appropriate these recommendations are for a wide variety of professional groups working with young people, as well as the barriers that might prevent them from being implemented.

The following task will help you to structure your feedback. We would be grateful if you could complete this and bring it with you to the meeting.

Which of the recommendations do you think are most useful to you and why?
Do you think these recommendations will change the way that you, your organisation or professional group deliver services? Why / why not?
Do you think that the recommendations are practical and realistic? Why / why not?

Do you think there are any gaps in these recommendations? What needs to be added to them to make them comprehensive?
Are you aware of any good practice in your local area in promoting social and emotional wellbeing in secondary schools that you would like to draw to NICE's attention?

ANNEX D – SIGN IN SHEETS

Sign in sheet –Teaching Staff

Please fill in the following sheet in order that we can tell a little bit more about you:

Your name: _____

Your role: _____

Your organisation: _____

Email: _____

Q1. **Please tick the following boxes if your main job role includes a responsibility for working with any of the following groups**:

Young people from disadvantaged households	
Children from Black and Minority Ethnic backgrounds (BME)	
Children with disabilities	
Looked after children	
Children with special educational needs	
Children with mental health conditions	
I work with all children (no specific groups)	

Q2. **Please tell us the type of school that you work in:**

State school – non-selective	
State school – selective (e.g. grammar school)	
Foundation school (directly funded by government e.g. CTC or Academy)	
Voluntary aided (linked to a faith group)	
Independent school	
Pupil Referral Unit (PRU)	

Q3 **Please tick the age groups that you work with**:

Key Stage 2	
Key Stage 3	
Key Stage 4	
Tertiary education (16-19 year olds)	

Q4. **Do you have a particular responsibility for the implementation of PSHE or SEAL:**

Yes		No	

Sign in sheet – Non-teaching Staff

Please fill in the following sheet in order that we can tell a little bit more about you:

Your name: _____

Your role: _____

Your organisation: _____

Email: _____

Q1. **Please tick the following boxes if your main job role includes a responsibility for working with any of the following groups:**

Young people from disadvantaged households	
Children from Black and Minority Ethnic backgrounds (BME)	
Children with disabilities	
Looked after children	
Children with special educational needs	
Children with mental health conditions	
I work with all children (no specific groups)	

Q2. **Please tell us if your role covers the following responsibilities (choose ONE only):**

Senior management or leadership role	
Practitioner – mainly looking after young people's physical health	
Practitioner – mainly looking after social well being	
Practitioner – mainly looking after mental health	
Practitioner – mainly working with parents	
Advice and guidance services to young people	
Oversight or quality assurance role	
Other not mentioned above (please give brief description of your role below)	

Q3. **Do you have a particular responsibility for the implementation of PSHE or SEAL:**

Yes		No	

Equalities monitoring form

What is your ethnic group?

White - British	
White – Any Other White background	
Mixed - White and Black Caribbean	
Mixed - White and Black African	
Mixed - White and Asian	
Mixed - Any Other Mixed background	
Black or Black British – Black Caribbean	
Black or Black British – Black African	
Any other Black background	
Asian or Asian British - Indian	
Asian or Asian British - Pakistani	
Asian or Asian British - Bangladeshi	
Asian or Asian British – Any Other Asian background	
Chinese or other ethnic group - Chinese	
Chinese or other ethnic group – Any Other ethnic group	

Do you consider yourself to have a disability?

Yes	
No	

ANNEX E – EQUALITIES MONITORING DATA

1	White - British	119
2	White – Any Other White background	3
3	Mixed - White and Black Caribbean	0
4	Mixed - White and Black African	0
5	Mixed - White and Asian	1
6	Mixed - Any Other Mixed background	0
7	Black or Black British – Black Caribbean	4
8	Black or Black British – Black African	2
9	Any other Black background	0
10	Asian or Asian British - Indian	1
11	Asian or Asian British - Pakistani	0
12	Asian or Asian British - Bangladeshi	0
13	Asian or Asian British – Any Other Asian background	0
14	Chinese or other ethnic group - Chinese	0
15	Chinese or other ethnic group – Any Other ethnic group	0
	Ethnicity not answered	40
Y	Considers oneself to have a disability	6
N	Does not consider oneself to have a disability	123
	Disability not answered	41
	TOTAL – all participants	170