NICE National Institute for Health and Care Excellence

Social and emotional wellbeing in secondary education

Public health guideline

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Contents

Introduction

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

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

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

The Public Health Interventions Advisory Committee (PHIAC) developed these recommendations on the basis of a review of the evidence, an economic analysis, expert advice, stakeholder comments and fieldwork.

Members of PHIAC are listed in appendix A. The methods used to develop the guidance are summarised in appendix B. Supporting documents used to prepare this document are listed in appendix E. Full details of the evidence collated, including fieldwork data and activities and stakeholder comments, are available on the website, along with a list of the stakeholders involved and NICE's supporting process and methods manuals.

1   Recommendations

This is NICE's formal guidance on promoting the social and emotional wellbeing of young people in secondary education. When writing the recommendations, the Public Health Interventions Advisory Committee (PHIAC) (see appendix A) considered the evidence of effectiveness including cost effectiveness, fieldwork data and comments from stakeholders. Full details are available online.

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

The evidence review, supporting evidence statements and economic analysis are available online.

Social and emotional wellbeing

Young people's social and emotional wellbeing is important in its own right but also because it affects their physical health (both as a young person and as an adult).

Good social, emotional and psychological health helps protect young people against emotional and behavioural problems, violence and crime, teenage pregnancy and the misuse of drugs and alcohol (Adi et al. 2007[1]; Colman et al. 2009[2]; Graham and Power 2003[3]). It can also help them to learn and achieve academically, thus affecting their long-term social and economic wellbeing.

Young people's social and emotional wellbeing is influenced by a range of factors, from their individual make-up and family background to the community within which they live and society at large. As a result, activities in secondary education to develop and protect their social and emotional wellbeing can only form one element of a broader, multi-agency strategy.

Secondary education establishments can provide an environment that fosters social and emotional wellbeing. They can also equip young people with the knowledge and skills they need to learn effectively and to prevent behavioural and health problems.

Organisation-wide approaches[4] in secondary education help all young people to develop social and emotional skills, as well as providing specific help for those most at risk (or already showing signs) of problems. This guidance focuses on universal interventions used as part of an organisation-wide approach (that is, interventions that can be used to support all young people). Targeted approaches are outside the scope of this guidance.

Definitions

- 'Secondary education' refers to **all** education establishments for young people aged 11–19 years including further education colleges, technology colleges, academies and private sector establishments.

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

  - happiness, confidence and not feeling depressed (emotional wellbeing)

  - a feeling of autonomy and control over one's life, problem-solving skills, resilience, attentiveness and a sense of involvement with others (psychological wellbeing)

  - the ability to have good relationships with others and to avoid disruptive behaviour, delinquency, violence or bullying (social wellbeing).

National initiatives

This guidance complements existing national initiatives to promote social and emotional wellbeing including:

- Social and Emotional Aspects of Learning (SEAL) programme[5]

- National Healthy Schools Programme (NHSP)[6]

- 'Healthy lives, brighter futures'[7].

The guidance also supports secondary education establishments in meeting their statutory responsibilities to promote social and emotional wellbeing, provide personal, social, health and economic (PSHE) education and provide education on citizenship and community cohesion.

These national initiatives (and the related statutory duties) all put the emphasis on ensuring young people can participate fully in the development of any relevant programmes.

Recommendations

Recommendation 1 Strategic framework

Who is the target population?

Practitioners working with young people in secondary education.

Who should take action?

- Commissioners and providers of services to young people in secondary education including those working in:

    - children's trusts

    - local authorities (in particular, children's services)

    - schools and other secondary education establishments

    - primary care trusts (PCTs)

    - child and adolescent mental health services

    - voluntary agencies.

- Governors.

What action should they take?

- Enable all secondary education establishments to adopt an organisation-wide approach to promoting the social and emotional wellbeing of young people. This should encompass organisation and management issues as well as the curriculum and extra-curriculum provision. The approach should form part of the local children and young people's plan and joint commissioning. It should also be linked to the local area agreement. It should help achieve the Every Child Matters (ECM) Outcome Framework wellbeing objectives and targets (HM Government 2004). It should also contribute towards efforts to gain National Healthy Schools Status (NHSS).

- Encourage the appropriate local authority scrutiny committee to assess the progress made by secondary education establishments in adopting an organisation-wide approach to social and emotional wellbeing.

- Help secondary education establishments to develop the necessary organisational capacity to promote social and emotional wellbeing. This includes leadership and management arrangements, specialist skills and resources.

- Help secondary education establishments to share practical advice on how to promote the social and emotional wellbeing of young people.

- Ensure secondary education establishments have access to the specialist skills, advice and support they require. This may be provided by public, private, voluntary and community

organisations. It may involve working with local authority advisory services, personal, social, health and economic (PSHE) education services, educational psychology and child and adolescent mental health services.

- Ensure policies and arrangements are in place to promote the social and emotional wellbeing of those who work with young people in secondary education.

Recommendation 2 Key principles and conditions

Who is the target population?

Young people in secondary education, their parents and carers.

Who should take action?

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

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

What action should they take?

- Head teachers, governors and teachers should demonstrate a commitment to the social and emotional wellbeing of young people. They should provide leadership in this area by ensuring social and emotional wellbeing features within improvement plans, policies, systems and activities. These should all be monitored and evaluated.

- Foster an ethos that promotes mutual respect, learning and successful relationships among young people and staff. Create a culture of inclusiveness and communication that ensures all young people's concerns can be addressed (including the concerns of those who may be at particular risk of poor mental health).

- Provide a safe environment which nurtures and encourages young people's sense of self-worth and self-efficacy, reduces the threat of bullying and violence and promotes positive behaviours.

- Systematically measure and assess young people's social and emotional wellbeing. Use the outcomes as the basis for planning activities and evaluating their impact (informed by Ofsted guidance on social and emotional wellbeing).

- Ensure young people have access to pastoral care and support, as well as specialist services, so that emotional, social and behavioural problems can be dealt with as soon as they occur. (Specialist services include child and adolescent mental health services.)

Recommendation 3 Curriculum approaches

Who is the target population?

Young people in secondary education, their parents and carers.

Who should take action?

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

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

What action should they take?

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

- Tailor social and emotional skills education to the developmental needs of young people. The curriculum should build on learning in primary education and be sustained throughout their education.

- Reinforce curriculum learning on social and emotional skills and wellbeing by integrating relevant activities into all aspects of secondary education. For example, such skills might be developed through extra-curricular activities, using projects set for homework or via community-based and individual voluntary work.

Recommendation 4 Working with parents and families

Who is the target population?

Parents, carers and other members of the family of young people in secondary education.

Who should take action?

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

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

What action should they take?

- Work in partnership with parents, carers and other family members to promote young people's social and emotional wellbeing.

- To help reinforce young people's learning from the curriculum, help parents and carers develop their parenting skills. This may involve providing information or offering small, group-based programmes run by appropriately trained health or education practitioners.

- Ensure parents, carers and other family members living in disadvantaged circumstances are given the support they need to participate fully in activities to promote social and emotional wellbeing. This should include support to participate fully in any parenting sessions (for example, by offering a range of times for the sessions or providing help with transport and childcare). This might involve liaison with family support agencies.

Recommendation 5 Working in partnership with young people

Who is the target population?

Young people in secondary education, their parents and carers.

Who should take action?

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

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

What action should they take?

- Develop partnerships between young people and staff to formulate, implement and evaluate organisation-wide approaches to promoting social and emotional wellbeing.

- Introduce a variety of mechanisms to ensure all young people have the opportunity to contribute to decisions that may impact on their social and emotional wellbeing.

- Provide young people with opportunities to build relationships, particularly those who may find it difficult to seek support when they need it. This could involve developing a peer education or peer mediation approach. Note, young people who act as peer supporters need training and the support of staff and other professionals.

- Provide young people with clear and consistent information about the opportunities available for them to discuss personal issues and emotional concerns. Any support offered should take account of local community and education policies and protocols regarding confidentiality. Make young people aware of their rights on confidentiality.

- Involve young people in the creation, delivery and evaluation of training and continuing professional development activities in relation to social and emotional wellbeing.

Recommendation 6 Training and continuing professional development

Who is the target population?

- Practitioners working with young people in secondary education.

- Governors.

Who should take action?

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

- Head teachers in secondary education.

- Organisations concerned with the training and continuing professional development of those working in secondary education.

What action should they take?

- Integrate social and emotional wellbeing within the training and continuing professional development of practitioners and governors involved in secondary education.

- Ensure practitioners have the knowledge, understanding and skills they need to develop young people's social and emotional wellbeing. Training may cover:

    - listening and facilitating skills and the ability to be non-judgemental

    - how to manage behaviours effectively, based on an understanding of the underlying issues

    - identifying and responding to the needs of young people who may be experiencing emotional and behavioural difficulties

    - how to access pastoral care based in secondary education or specialist services provided by other agencies, such as child and adolescent mental health services

    - the issues in relation to different medical conditions (such as diabetes, asthma and epilepsy) to ensure young people with these conditions are not bullied, inappropriately excluded from school activities or experience any undue emotional distress

    - opportunities to reflect upon and develop their own social and emotional skills and awareness.

[1] Adi et al. (2007) Systematic review of the effectiveness of interventions to promote mental wellbeing in children in primary education. London: NICE.

[2] Colman et al. (2009) Outcomes of conduct problems in adolescence: 40 year follow-up of national cohort. BMJ 338: a2981.

[3] Graham and Power (2003) Childhood disadvantage and adult health: a lifecourse framework. London: Health Development Agency.

[4] 'Whole-school' is commonly used to refer to organisation-wide approaches in schools.

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

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

[7] Department of Health and Department for Children, Schools and Families (2009) Healthy lives, brighter futures – the strategy for children and young people's health. London: Department of Health.

2 Public health need and practice

There is a lack of data to assess the positive dimensions of young people's social and emotional wellbeing. Rather, the information available puts an emphasis on measures of poor social and emotional wellbeing, as illustrated below.

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

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

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

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

Children and young people who are exposed to difficult situations such as bullying or racism, or who are coping with socially disadvantaged circumstances are at higher risk of experiencing emotional and behavioural difficulties. They may include:

- looked after children

- those who have experienced adverse life events (such as bereavement or parental separation)

- those who have been exposed to abuse or violence

- those with chronic health problems (such as diabetes and asthma) and disabilities.

3   Considerations

The Public Health Interventions Advisory Committee (PHIAC) took account of a number of factors and issues when developing the recommendations.

3.1   Secondary education establishments have a clear role to play in promoting social and emotional wellbeing within a broader national strategy. Other elements of this strategy will include, for example, the development of policies and partnerships to improve the social and economic circumstances of young people living in disadvantaged circumstances.

3.2   Good social skills, positive relationships and resilience can protect young people against low self-esteem and problematic behaviour (and other risks to mental health). It can also help them to benefit from educational opportunities.

3.3   Despite the limitations of the evidence, PHIAC considers that a number of principles for good practice have been established in progressive secondary education establishments. In particular, strong leadership and good management and organisation appear to be prerequisites for successful interventions.

3.4   PHIAC adopted an holistic approach to promoting social and emotional wellbeing within secondary education establishments. This emphasises the importance of a supportive and secure environment. It also emphasises an ethos that avoids stigma and discrimination in relation to mental health and social and emotional difficulties. The approach supports students with special needs, including those with long-term health conditions and disabilities.

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

3.6   Many schools and other secondary education establishments already have well-established systems and processes for promoting the social and emotional wellbeing of their students, based on a whole-school approach. However, others have made less progress. PHIAC considers that the recommendations will address this inequity in provision.

3.7   It is important that this guidance is implemented in a way that recognises local circumstances.

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

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

3.10   This guidance does not consider:

- the effectiveness of interventions in relation to educational attainment

- interventions that address the relationship between social and emotional wellbeing and factors such as physical activity levels and nutrition

- clinical interventions for established mental illness.

4 Implementation

NICE guidance can help:

- Children's services, social care and NHS organisations meet the requirements of the Department of Communities and Local Government's 'The new performance framework for local authorities and local authority partnerships'.

- Schools evaluate their progress towards the outcomes set out in 'Every child matters' (HM Government 2004). It can also help them meet their statutory responsibility to promote the 'wellbeing' of students – an obligation which is subject to the inspection process.

- NHS organisations, social care and children's services meet the requirements of the DH's 'Operating framework for 2008/09' and 'Operational plans 2008/09–2010/11'.

- Local NHS organisations, local authorities and other local public sector partners benefit from any identified cost savings, disinvestment opportunities or opportunities for re-directing resources.

- Provide a focus for multi-sector partnerships for health, such as local strategic partnerships.

NICE has developed tools to help organisations put this guidance into practice.

5 Recommendations for research

PHIAC recommends that the following research questions should be addressed. It notes that 'effectiveness' in this context relates not only to the size of the effect, but also to cost effectiveness, duration of effect and harmful or negative effects.

- How effective and cost effective are the different components of an organisation-wide approach to promoting the social and emotional wellbeing of young people? (This includes activities to prevent negative behaviours such as bullying.) Specifically:

    - What effect do organisation-wide approaches have on health, educational attainment and crime rates in both the short and long term?

    - How should these outcomes be measured?

- What elements of leadership and management are most effective at promoting social and emotional wellbeing using an organisation-wide approach? What competencies are required for effective leadership?

- What methods and techniques enable secondary education establishments to work effectively with parents and carers to promote the social and emotional wellbeing of young people?

- How does the type of professional and the setting impact on the effectiveness of organisation-wide approaches to promoting young people's emotional and social wellbeing? (This includes activities to prevent bullying.)

- What is the prevalence of the different aspects of emotional and social wellbeing among young people in secondary education establishments in England?

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

6 Updating the recommendations

This guidance will be updated as needed. Information on the progress of any update will be posted online.

7   Related NICE guidance

Published

Promoting physical activity for children and young people. NICE public health guidance 17 (2009).

Attention deficit hyperactivity disorder (ADHD). NICE clinical guideline 72 (2008).

Social and emotional wellbeing in primary education. NICE public health guidance 12 (2008).

School-based interventions on alcohol. NICE public health guidance 7 (2007).

Interventions to reduce substance misuse among vulnerable young people. NICE public health guidance 4 (2007).

Parent-training/education programmes in the management of children with conduct disorders. NICE technology appraisal 102 (2006).

Attention deficit hyperactivity disorder (ADHD) – methylphenidate, atomoxetine and dexamfetamine. NICE technology appraisal 98 (2006).

Depression and anxiety: computerised cognitive behaviour therapy. NICE technology appraisal 97 (2006).

Bipolar disorder. NICE clinical guideline 38 (2006).

Obsessive compulsive disorder. NICE clinical guideline 31 (2005).

Depression in children and young people. NICE clinical guideline 28 (2005).

Self-harm. NICE clinical guideline 16 (2004).

Eating disorders. NICE clinical guideline 9 (2004).

Under development

Personal, social and health education focusing on sex and relationships and alcohol education. NICE public health guidance [Suspended].

8   References

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

Collishaw S, Maughan B, Goodman R et al. (2004) Time trends in adolescent mental health. Journal of Child Psychology and Psychiatry 45 (8): 1350–60

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

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

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

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

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

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

Public Health Interventions Advisory Committee

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

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

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

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

Professor K K Cheng Professor of Epidemiology, University of Birmingham

Ms Joanne Cooke Programme Manager, South Yorkshire Collaboration in Applied Research Health and Care. Honorary Senior Research Fellow, School of Health and Related Research (ScHARR)

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

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

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

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

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

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

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

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

Dr Stephen Morris Professor of Health Economics, Department of Epidemiology and Public Health, University College London

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

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

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

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

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

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

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

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Dr Stephen Walters Reader, Medical Statistics, University of Sheffield

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Expert co-optees to PHIAC:

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

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

Katherine Weare Professor, School of Education, University of Southampton

Expert testimony to PHIAC:

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Neil Humphrey Senior Lecturer, University of Manchester

Linda Jackson Management Consultant, Department of Health

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Lead Analyst

Nichole Taske
Analyst

James Jagroo
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Lesley Owen
Technical Adviser (Health Economics)

External contractors

Reviewers: effectiveness reviews

'Systematic review of the effectiveness of universal interventions which aim to promote emotional and social wellbeing in secondary schools' was carried out by The University of Sheffield School of Health and Related Research (ScHARR). The principal authors were: Lindsay Blank, Sue Baxter, Louise Guillaume, Liddy Goyder and Jim Chilcott.

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

Reviewers: mapping review

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

Reviewers: economic analysis

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

Fieldwork

The fieldwork 'Social and emotional wellbeing in secondary education' was carried out by GHK Consulting Ltd and 'NICE guidance on promoting the social and emotional wellbeing of young people in secondary education – consultation with young people' was carried out by The National Youth Agency.

Appendix B: Summary of the methods used to develop this guidance

Introduction

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

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

All supporting documents are listed in appendix E and are available online.

Guidance development

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

1. Draft scope released for consultation

2. Stakeholder meeting about the draft scope

3. Stakeholder comments used to revise the scope

4. Final scope and responses to comments published on website

5. Evidence review(s) and economic analysis undertaken

6. Evidence and economic analysis released for consultation

7. Comments and additional material submitted by stakeholders

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

9. Evidence and economic analysis submitted to PHIAC

10. PHIAC produces draft recommendations

11. Draft guidance released for consultation and for field testing

12. PHIAC amends recommendations

13. Final guidance published on website

14. Responses to comments published on website

Key questions

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

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

The subsidiary questions were:

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

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

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

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

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

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

7. What is the role of governors and parents?

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

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

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

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

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

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

Reviewing the evidence of effectiveness

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

Identifying the evidence

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

- ASSIA(Applied Social Science Index and Abstracts)

- CINAHL (Cumulative Index of Nursing and Allied Health Literature)

- Cochrance Clinical Trials

- Cochrane Databases of Systematic Reviews

- DARE (Database of Abstracts of Reviews of Effectiveness)

- EconLit

- EMBASE (Excerpta Medica)

- ERIC (Education Resources Information Centre)

- Medline

- Medline in Process

- NHS EED (Economic Evaluation Database)

- PsycINFO

- Science Citation Index

- Social Sciences Citation Index.

A search of the following website was also conducted:

- The Web of Knowledge

The aim was to identify publications by key authors and those relating to specific interventions and programmes identified during the initial search. The programmes included Social and Emotional Aspects of Learning (SEAL), Social Emotional and Behavioural Skills (SEBS), School-wide positive behavioural support and Belly Busters (bully prevention).

Selection criteria

Studies were included in the effectiveness review if they:

- featured young people aged 11–19 (including those with disabilities and other special needs)

- were conducted in education settings (including state, independent, special school settings and pupil referral units)

- described generic or whole-school interventions (including policies, systems and structures and the school's physical environment)

- examined the school's links with parents and the community

- examined the development and support given to teachers and other staff to ensure they can promote student – and their own - emotional and social wellbeing

- were published from 1990 onwards.

Studies were excluded if they:

- focused on young people who were not in full-time education

- covered targeted interventions focused on specific groups/types of risk, conditions or behaviours (for example, young people already showing signs of depression or disruptive behaviour)

- looked at wider community-based activities

- described strategies which primarily aim to prevent self-harm and suicide

- included young people under 11 or over 19

- were not published in English

- were undertaken in a developing country.

Quality appraisal

Included papers were assessed for methodological rigour and quality using the NICE methodology checklist, as set out in the NICE technical manual 'Methods for the development of NICE public health guidance' (see appendix E). Each study was graded (++, +, −) to reflect the risk of potential bias arising from its design and execution using the NICE methodology (revised to reflect the nature of research in a school setting).

Study quality

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

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

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

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

A. Intervention has been delivered in UK settings.

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

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

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

Summarising the evidence and making evidence statements

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

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

Economic analysis

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

Review of economic evaluations

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

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

Cost-effectiveness analysis

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

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

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

Fieldwork

Fieldwork was carried out to evaluate how relevant and useful NICE's recommendations are for practitioners and how feasible it would be to put them into practice.

The fieldwork comprised two components:

- A study to ascertain the views of practitioners working with young people in secondary education, undertaken by GHK Consulting Ltd. A sample of practitioners, working in 10 local authority areas (weighted with respect to deprivation) participated. They included teachers (including those in senior positions), support staff, governors, counsellors, those working in local authority children's services, PCTs and the voluntary sector).

- A consultation with young people aged 11–20, undertaken by the National Youth Agency. Participants included students who had just started secondary school and those who were about to leave, as well as a number of students who had been excluded. The full reports are available online.

How PHIAC formulated the recommendations

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

- whether there was sufficient evidence (in terms of quantity, quality and applicability) to form a judgement

- whether, on balance, the evidence demonstrates that the intervention is effective, ineffective or equivocal

- where there is an effect, the typical size of effect.

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

- Strength (quality and quantity) of evidence of effectiveness and its applicability to the populations/settings referred to in the scope.

- Effect size and potential impact on the target population's health.

- Impact on inequalities in health between different groups of the population.

- Cost effectiveness (for the NHS and other public sector organisations).

- Balance of risks and benefits.

- Ease of implementation and any anticipated changes in practice.

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

The draft guidance, including the recommendations, was released for consultation in March 2009. At its meeting in April 2009, PHIAC amended the guidance in light of comments from stakeholders, experts and the fieldwork. The guidance was signed off by the NICE Guidance Executive in September 2009.

Appendix C: The evidence

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

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

The review is available online. Where a recommendation is not directly taken from the evidence statements, but is inferred from the evidence, this is indicated by **IDE** (inference derived from the evidence) below.

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

Recommendation 2: AE; IDE

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

Recommendation 4: evidence statements 1b, 5; AE

Recommendation 5: evidence statements 1a, 3a, 3b; IDE

Recommendation 6: evidence statements 1a, 1b; AE

Evidence statement 1a

We identified strong evidence from three good quality papers (two [+] randomised controlled trials [RCT] and one [+] controlled before-and-after [CBA] study) of effective interventions to support curriculum approaches to whole-school interventions, which aim to promote pro-social behaviours and skills. The three interventions included here were conducted in the USA and Canada in populations with some similarity to the UK, and therefore can be considered to be potentially applicable in English schools.

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

Evidence statement 1b

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

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

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

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

Evidence statement 3a

We identified three papers of varying quality and study design to support the role of young people as peer educators/mediators in interventions to promote pro-social behaviours and skills (one [+] RCT ; one [+] CBA and one [-] interrupted time series [ITS]. The first two of these studies were conducted in the USA, the third in Australia, they may therefore have some applicability in English schools.

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

Evidence statement 3b

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

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

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

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

Evidence statement 5

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

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

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

Additional evidence

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

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

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

Cost-effectiveness evidence

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

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

The primary perspective used was the QALY. However it should be noted that this has limited currency in sectors outside the NHS, such as education and criminal justice, which will also incur costs and benefits from the interventions.

Fieldwork findings

Fieldwork aimed to test the relevance, usefulness and the feasibility of putting the recommendations into practice. PHIAC considered the findings when developing the final recommendations. For details, go to the fieldwork section in appendix B and online.

Study of practitioners

Overall, the recommendations were positively received by practitioners who felt they reflected much of current practice and policy. The emphasis on multiagency working was welcomed and endorsed.

They also expressed the wish for:

- a more explicit link between social and emotional wellbeing and educational attainment – and its role in preparing young people for adult life

- the guidance to be promoted as part of the Ofsted inspection process

- a more explicit link to existing guidance and policies, particularly the Social and Emotional Aspects of Learning – SEAL and the National Healthy Schools Programmes

- more emphasis on the role of young people, parents and carers in promoting social and emotional wellbeing

- the social and emotional wellbeing of school staff to be promoted

- training (including initial teacher training) and continuing professional development which provides the necessary knowledge and skills on social and emotional wellbeing

- practical examples of whole-school approaches to social and emotional wellbeing.

Consultation with young people

Young people wanted to strengthen their role in all activities to promote social and emotional wellbeing (development, delivery and evaluation). In particular, participants stressed the importance of having a robust system in place to ensure they are properly involved in the decision-making process.

Participants also highlighted the need to have one clear point of contact when seeking help with personal issues at school.

Appendix D: Gaps in the evidence

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

1. There is a lack of UK evidence on the short- and long-term effectiveness of using organisation-wide interventions within secondary education to promote the social and emotional wellbeing of young people.

2. There is a lack of evidence on the differential effect of using different professional groups, as part of an organisation-wide approach, to promote the social and emotional wellbeing of young people in secondary education. These groups may include teachers, head teachers and other practitioners.

3. There is a lack of UK evidence on the cost effectiveness of using organisation-wide interventions to promote the social and emotional wellbeing of young people in secondary education.

4. There is a lack of UK evidence on the links between the social and emotional wellbeing of young people and their emotional and social wellbeing and physical health as adults.

5. There is a lack of evidence on the prevalence of problem behaviours (such as bullying) in English secondary education establishments.

6. There is a lack of UK evidence on whether organisation-wide secondary education interventions to promote social and emotional wellbeing and reduce problem behaviours have an impact on educational attainment and crime rates.

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

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

The Committee made five recommendations for research. These are listed in section 5.

Appendix E: Supporting documents

Supporting documents are available online. These include the following.

- Review of effectiveness:

    - 'Systematic review of the effectiveness of universal interventions which aim to promote emotional and social wellbeing in secondary schools'

    - Case studies to support 'Systematic review of the effectiveness of universal interventions which aim to promote emotional and social wellbeing in secondary schools' (supplementary report).

- 'Mapping review: emotional and social wellbeing of young people in secondary education'.

- Economic analysis: 'Cost-effectiveness of universal interventions which aim to promote emotional and social wellbeing in secondary schools'.

- Fieldwork reports:

    - 'Social and emotional wellbeing in secondary education'

    - 'NICE guidance on promoting the social and emotional wellbeing of young people in secondary education – consultation with young people'.

- A quick reference guide for professionals whose remit includes public health and for interested members of the public.

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

- 'Methods for development of NICE public health guidance (second edition, 2009)'

- 'The NICE public health guidance development process: An overview for stakeholders including public health practitioners, policy makers and the public (second edition, 2009)'.

Changes after publication

February 2012: minor maintenance.

January 2013: minor maintenance.

About this guidance

NICE public health guidance makes recommendations on the promotion of good health and the prevention of ill health.

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

The recommendations from this guidance have been incorporated into a NICE Pathway. Tools to help you put the guidance into practice and information about the evidence it is based on are also available.

Your responsibility

This guidance represents the views of the Institute and was arrived at after careful consideration of the evidence available. Those working in the NHS, local authorities, the wider public, voluntary and community sectors and the private sector should take it into account when carrying out their professional, managerial or voluntary duties.

Implementation of this guidance is the responsibility of local commissioners and/or providers. Commissioners and providers are reminded that it is their responsibility to implement the guidance, in their local context, in light of their duties to avoid unlawful discrimination and to have regard to promoting equality of opportunity. Nothing in this guidance should be interpreted in a way which would be inconsistent with compliance with those duties.

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