



Social, emotional and mental wellbeing in primary and secondary education

NICE guideline

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Who is it for?

- Education professionals
- Health and social care practitioners
- Commissioners and providers
- Professionals who work in the wider public, private, voluntary and community sectors
- Young people and the families and carers of children and young people
- Members of the public

Context

Primary and secondary schools help children and young people learn social, emotional and mental skills through both the taught and the wider curriculum (such as activities outside the classroom). Schools can provide the supportive, caring and nurturing environment that supports positive social, emotional and mental wellbeing. They are also important settings in which to identify and provide early intervention for children and young people at increased risk of mental ill health.

Schools have statutory duties to establish environments where children and young people are supported and can fully engage. These duties encourage schools to support personal development, mental health and wellbeing. Many schools follow a whole-school approach to social, emotional and mental wellbeing (see the Department for Education's research and analysis on supporting mental health in schools and colleges). This approach goes beyond learning and teaching to include school culture, ethos and environment. It involves engaging with children and young people, their parents and carers, teacher and school leaders and outside agencies.

Social, emotional and mental wellbeing may be promoted in curriculum subjects such as personal, social, health and economic education and be embedded more broadly through a school's commitment to the spiritual, moral, social and cultural development of their pupils. Key challenges for schools include:

- knowing what approaches improve student outcomes in a specific school setting
- accommodating effective teaching of social, emotional and mental wellbeing in a crowded curriculum.

Schools use various methods to identify children and young people who may benefit from targeted interventions to support their approach to social, emotional and mental wellbeing. This may include information from other practitioners such as a speech and language therapist or special educational needs and disability coordinator.

Recommendations (which relate to PSHE curriculum)	Considerations for reviewing current in-school provision	How does our current approach support this? What more do we need to do or what do we need to do differently?
<p>1.1 Whole-school approach</p> <p>1.1.1 Adopt a whole-school approach to support positive social, emotional and mental wellbeing of staff, children and young people (including people with a neurodiverse condition) in primary and secondary education.</p> <p>1.1.2 Ensure that the school has a culture, ethos and practice that strengthens relational approaches and inclusion, and that recognises the importance of psychological safety.</p>	<p>Is our approach to supporting positive social, emotional and mental wellbeing clear, documented and understood by all?</p> <p>Does it clearly relate to the vision of the school and our stated curriculum intent?</p> <p>To what extent does the approach support both pupils and staff? Is this support clear to all stakeholders?</p> <p>To what extent are the needs of all pupils considered?</p> <p>How are the needs of those with neurodiverse conditions met through the approach?</p> <p>How does our approach strengthen relational approaches?</p> <p>How does it support inclusion?</p> <p>How is the issue of psychological safety handled?</p>	

1.1.3 Review the school's policies and procedures regularly to make sure that they promote social, emotional and mental wellbeing positively and consistently. This should include making them consistent with relational approaches to social, emotional and mental wellbeing.

1.1.4 Review regularly the school's accessibility plan, medical conditions policy and approach to understanding behaviour, taking into account neurodiversity and communication needs. Also take into account the value of trauma-informed approaches and parental co-production.

1.1.5 Consider monitoring and evaluating the impact and effectiveness of the whole-school approach as part of a school improvement strategy.

What is our approach to monitoring our provision to ensure it is meeting current needs and having a positive impact?

Are all staff aware of the value of relational approaches?

To what extent do our current policies take into account neurodiversity and communication needs?

Are staff aware of the trauma-informed approach and parental co-production?

Can this be seen in practice?

To what extent do our chosen approaches match current and changing needs of our school population? How do we know?

Key recommendations to support the whole school approach

Supporting staff

1.1.8 Ensure that staff have continuing professional development to support both their own wellbeing and the implementation of the school's approach. This could include training in emotional literacy, trauma, neurodiversity, communication needs and relational approaches.

1.1.9 Signpost staff to quality-assured local and national resources to support their wellbeing in line with the Department for Education's education staff wellbeing charter.

1.1.10 Support staff in their pastoral roles by providing protected time for supervision and continuing professional development.

1.1.11 Make peer supervision available for teachers and other school staff to enable them to have space and support to discuss issues and reflect on practice.

1.1.12 Ensure that all teachers can recognise children and young people's pastoral needs, and that they understand the wider context of the pupils' lived experiences and how they interact with their environment. Provide them with additional training or support if needed.

How do we ensure all staff are well informed and well trained to deliver our chosen approach?

What specific training has been given in:

- emotional literacy
- trauma
- neurodiversity
- communication needs
- relational approaches

Where do we signpost staff for training?

How do we provided supervision ?

Are all staff given time for relevant CPD?

How do we provided peer supervision and encourage reflection on practice?

How are the needs of individual pupils recognised and noted?

What steps do we take to understand the wider context of our pupils' lived experience?

How do we ensure staff are well trained in this?

Involving families and pupils

1.1.14 Involve parents and carers in designing and implementing the whole-school approach.

1.1.15 Involve children and young people in discussing and agreeing whole-school approaches and communicate with them regularly about decisions, so they understand how their views inform practice. Take into account the opinions of all members of the school community. This may mean making adjustments to address neurodiversity and communication needs.

Implementing the whole-school approach

1.1.16 Designate a lead person to determine what is needed to successfully implement universal curriculum interventions. The lead should also be the go-to person for advice on the most appropriate educational resources for any intervention. The lead person should be someone in a leadership post who has strategic responsibilities and oversight of social, emotional and mental wellbeing across the school.

1.1.17 When implementing whole-school approaches, take into account the core values that the school culture and practice are built on, and the psychological safety of pupils, staff members and leadership. For example, this could involve developing a school culture and ethos in which children, young people and staff feel safe to make and learn from mistakes.

How do we inform and involve parents in our approach to supporting social, emotional and mental wellbeing?

How do we gather pupil voice?

What do we do with this information?

Is responsibility for this area a clear part of the leader's job description?

Do they have sufficient knowledge, understanding, authority and support to carry out this role?

How do we ensure psychological safety?

<p>1.1.18 Adopt a 'graduated response' (or 'step up-step down') approach to support (moving between universal and targeted support as relevant) as an integral part of the whole-school approach alongside broader universal approaches. Ensure that staff understand this approach and have the right support to implement it (see the recommendations on targeted support).</p>	<p>Is our approach to step-up, step-down clear?</p> <p>Is it understood by all staff?</p> <p>Does it work?</p>	
<p>1.1 Universal curriculum content</p> <p>1.2.1 Ensure that the curriculum for all pupils includes evidence-based, culturally appropriate information about social, emotional and mental wellbeing to develop children and young people's knowledge and skills as part of the whole-school approach.</p> <p>1.2.2 Take account of the Department for Education's relationships education, relationships and sex education, and health education guidance when selecting or developing universal curriculum content.</p>	<p>To what extent is our approach evidence-based and culturally appropriate?</p> <p>To what extent does our approach meet the government guidance on RSHE?</p>	

1.2.3 Use an approach that builds on children and young people's previous learning (for example, a spiral curriculum) when planning and delivering a curriculum intervention for all pupils.

1.2.4 Integrate relevant activities into all aspects of education to reinforce the curriculum offer about social, emotional and mental wellbeing and skills.

1.2.5 Use non-judgemental 'strengths-based' approaches to support children and young people's social, emotional and mental wellbeing. These are approaches to improve or develop their:

- self-worth (for example, self-esteem, empowerment, self-care)
- skills (for example, problem solving skills, social skills, communication skills)
- resilience (for example, coping skills and strategies, perseverance).

1.2.6 Use universal interventions that align with the whole-school approach, for example 'child-(or young person) to-trusted-adult' support.

How does our approach build on prior learning and experience?

To what extent is our approach cross-curricular?

How do we ensure our approach is non-judgemental and strengths-based?

How does it support;

- **Self-worth**
- **Skills**
- **Resilience?**

What are our intervention strategies?

1.2.7 Consider universal interventions informed by mindfulness or cognitive behavioural approaches (including trauma-focused cognitive behavioural approaches) for all children and young people. These should be delivered by trained staff who can teach children and young people how to use the approach and support them when they do.

To what extent are staff involved in intervention trained to give this support?

1.2.8 Consider including regular rhythmic physical activity in the universal curriculum. If it is included, ensure that there is time and space available for this.

How do we include rhythmic physical activity in our universal curriculum?

1.3 Identifying children and young people at risk of poor social, emotional and mental wellbeing

Identification and risk factors

1.3.1 When considering whether a child or young person has risk factors for poor social, emotional and mental wellbeing, take into account:

- the number, duration and complexity of risk and protective factors, their cumulative effects and interactions between them
- that the effects of risk and protective factors, or combinations of factors, might differ across life stages
- that they may have unidentified or unmet educational needs, for example special educational needs or disabilities that impact on their ability to access education.

For a list of risk and protective factors, see table 1 in the Department for Education's mental health and behaviour in schools guidance. Be aware that the list is not exhaustive.

1.3.2 Base the identification of children and young people at risk of poor social, emotional and mental wellbeing on information from a variety of sources, for example observation, self-report and consideration of their early life experiences. Be aware that some children and young people will internalise their distress and will therefore be more difficult to identify.

How do we assess and document risk factors?

Is this in line with DFE guidance?

[Promoting and supporting mental health and wellbeing in schools and colleges - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/promoting-and-supporting-mental-health-and-wellbeing-in-schools-and-colleges)

How do we gather information and identify need?

<p>1.3.3 Assess children and young people identified as at risk and decide whether to monitor their social, emotional and mental wellbeing or to offer them targeted support (see the recommendations on tools and techniques). Take into account any existing assessments, for example from educational psychologists or child and adolescent mental health services.</p> <p>1.3.4 When identifying risk in children and young people with disabilities or special educational needs, ensure that staff understand the graduated response to need as specified in the current Department of Health and Social Care and Department for Education's special educational needs and disability (SEND) code of practice, and that they can respond with relevant interventions. If necessary, they should seek input from specialised external agencies.</p>	<p>How do we assess need and provide support?</p> <p>Are staff clear of the specific needs of children with SEND?</p> <p>SEND code of practice: 0 to 25 years - GOV.UK (www.gov.uk)</p> <p>Do leaders have a clear overview of appropriate external agencies and know how to refer to them?</p>	
<p>1.4 Targeted support</p> <p>1.4.1 Have clear guidance on how to identify individual children and young people and groups of people for targeted support based on their specific needs (see the section on identifying children and young people at risk of poor social, emotional and mental wellbeing).</p>	<p>Are systems for identification of individuals or groups clearly understood by staff? Are they effective?</p>	

1.4.2 Offer targeted individual or group support to children and young people who have been identified as needing additional social, emotional or mental health support. Use trained, experienced practitioners who are competent to provide the support. Any support should be culturally sensitive and take into account possible neurodiversity, communication needs and other needs of the child or young person.

1.4.3 Actively involve the parents or carers of the child or young person when deciding whether to offer targeted support (but think about whether the young person is competent to give their consent or there are reasons not to involve the parents or carers). Discuss with them any support that is being proposed and make sure that they understand it and agree with it.

1.4.4 Explain the targeted support to the child or young person and involve them in decisions about the support offered to them, including when and where it is offered. Where appropriate and possible, obtain their agreement before starting the support.

1.4.5 Take into account the range of individual needs and risks when putting together a group for targeted group support, including the developmental age and cultural background of the pupils it is being delivered to.

What targeted support do we offer? Are staff who deliver it appropriately experienced, trained and supported?

Is the support culturally sensitive and does it take account of neurodiversity and communication needs?

How do we inform and involve parents in targeted support?

How do we ensure pupils understand the support offered?

How do we manage any group support?

<p>1.4.6 Promote a range of targeted support, including peer-to-peer support, that allows children and young people to express difficult feelings and talk about their experiences.</p> <p>1.4.7 Aim to minimise the risk of any unintended adverse consequences and stigma and proactively normalise seeking support. Take care not to reinforce bullying by singling people out for support.</p> <p>1.4.8 Ensure that all targeted support is delivered collaboratively with any other external agencies or services, the professional network around the child or young person and any support that the child or young person is already receiving.</p>	<p>To what extent do we support peer to peer support to allow pupils to express difficult feelings and talk about experiences?</p> <p>What steps do we take to de-stigmatise and normalise support?</p> <p>How do we work together with external agencies?</p>	
<p>1.5 Support with school-related transitions and other life changes</p> <p>1.5.1 Train staff to recognise the wide-ranging impacts of transitions and life changes on children and young people's social, emotional and mental wellbeing, taking into account that they may differ between individuals, for example because of cultural background, age and gender. This includes recognising both planned (for example, moving between schools or classes) and unanticipated life changes, and the different ways that a child or young person typically expresses their mental health problems and responds to trauma.</p>	<p>How do we ensure staff are aware of the impact of life-changes and transitions? How do we ensure awareness of difference between individuals in their reaction to these events?</p>	

Transitions between schools and classes or leaving education

1.5.2 Plan and offer tailored interventions to prepare children and young people for educational transitions and for leaving education completely.

This includes:

- Establishing a relationship with the child or young person and their parent or carer.
- Gathering the child or young person's views about their transition.
- Supporting the child or young person to feel ready for the transition, for example understanding how they will get to and from the new school or job.
- Sharing with the new class or school and staff information about the child or young person that will help them. The information should be positive and not set out to victimise or stigmatise them, and it should be shared in line with the National Data Guardian's Caldicott principles.
- Identifying and communicating with the professional and personal network around the child or young person, if there is one, as part of good transition support.

What systems are in place to support class and school transitions? Are they effective?

After transitions between schools

1.5.5 Check on an ongoing basis to see whether the child or young person is settling in and thriving after moving to a new education setting. Offer them tailored support if necessary. Check more regularly if the child or young person is at a higher risk of poor social, emotional and mental wellbeing.

1.5.6 Promote peer mentoring between a child or young person entering a new education setting and a peer who has training in mentoring (see recommendation 1.4.6).

Significant life changes

1.5.7 Address needs identified by children or young people (or their parents or carers) going through significant life changes, mental health problems or mental illness. This should involve the special educational needs and disabilities coordinator (SENCo) or designated safeguarding lead and other agencies if necessary.

How do we ensure follow up to ensure children are settling and thriving after transition to or from our school?

How do we support peer mentoring for new pupils?

How do we support children through significant life changes?