

Social and emotional wellbeing in primary and secondary education

Consultation on draft scope Stakeholder comments table

26 April 2019 – 28 May 2019

Stakeholder	Page no.	Line no.	Comments	Developer's response
British Association for Counselling and Psychotherapy (BACP)	11	23-26	<p>3.1 School-based counselling is a proven intervention for children and young people experiencing early psychological distress. New economic analysis from an independent trial (ALIGN), coupled with analysis of data received from counselling services, highlights that school counselling is also a cost-effective early intervention (Beecham, Pearce, Sewell & Osman, 2018).</p> <p>The BACP commissioned ALIGN trial by the London School of Economics and the Metanoia Institute into the cost-effectiveness of such provision, looked at two groups of students, one who received school-based counselling compared to another placed on a waiting list. The study, which covered 64 students across three schools, highlighted the cost effectiveness of counselling compared with CAMHS and pastoral care. The study showed that by the end of the trial the costs for those children who remained on the waiting list were higher than those who received counselling. This takes into account the need for GP appointments, access to pastoral care and other support within the school, as well as access to community services and emergency services.</p> <p>In addition to the above, following a data collection exercise around school-based counselling services, BACP developed the following cost estimate of delivering school counselling nationally in all England's state-funded secondary schools and academies.</p> <p>Based on such data, a typical secondary school might employ a counsellor for two days per week at a cost of approximately £14,500 per annum with a counsellor</p>	Thank you for your comment and for providing references research. We will consider these during the development stage of the guideline.

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			<p>undertaking approximately 332 counselling sessions per academic year. School counsellors may also deliver additional counselling outside the school term and lead on small group work interventions.</p> <p>Data from school based counselling services in Wales indicates that each client has on average five sessions of school counselling, whilst estimates have shown that that over a school year 10% of the school population are seen by a counselling service. Using this information to sufficiently cover need, we recommend that 50 counselling sessions should be available per 100 pupils – around 2.25 million counselling sessions in England per school year. These findings fit with a more targeted approach to the provision of counselling for children and young people from key stage 1 to 5 highlighted in this draft report.</p>	
British Association for Counselling and Psychotherapy (BACP)	11	27-29	<p>3.2 Are targeted approaches to promote social and emotional well-being acceptable to those receiving them and to those delivering them?</p> <p>BACP advocates for universally available school based counselling provision as a way of combating stigma and ensuring easier access. The previously mentioned ALIGN research also found that it is valued by pupils and school staff alike, and is seen as being able to bring about improvements in wellbeing and educational attainment.</p>	Thank you for your comment and for providing references research. We will consider these during the development stage of the guideline.

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			<p>BACP have a wealth of case study examples from primary and secondary schools which also highlights the above, stressing the importance of early intervention and that counselling changes lives. One example being the story of Liam (2019) and the positive outcomes he experienced: https://www.bacp.co.uk/news/news-from-bacp/2019/13-may-my-school-counselling-sessions-saved-me-they-completely-changed-my-life/</p> <p>Research carried out by Mick Cooper (2009) indicates that head teachers found counselling an invaluable resource in schools, due to the professional training of counsellors, the time that they could give to young people, their expertise, their ability to provide a confidential service and their independence from the core business of the school.</p> <p>In addition to the above, 90% of teachers reported that counselling had a positive impact upon concentration, willingness to participate in class and increased motivation for young people to attend school. Furthermore, young people who receive school based counselling express positive views about it, citing changes in how they're seen by others, improvements at school, increased confidence, increased happiness, improved relationships (both family and friends) and improved behaviour (Lynass, Pykhtina & Cooper, 2012).</p>	

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			More recent research suggests that students feel less stigmatised when the content of targeted approaches in schools emphasise relational aspects and practical coping with everyday situations, such as talking, listening and problem-solving (Gronholm, Nye & Michelson, 2018), which are some of the core elements of school based humanistic counselling.	
British Association for Counselling and Psychotherapy (BACP)	11	30-32	<p>3.3 What are the barriers and facilitators to the use of targeted approaches to promote social and emotional well-being in children and young people</p> <p>Facilitators for targeted, on site, counselling provision include waiting lists for early intervention being considerably shorter than waiting times for other health related services. BACP data analysis showed that the average waiting time for school counselling is approximately two to three weeks, often less and rarely more than four weeks.</p> <p>In 2017-2018, more than 500 children needing access to Tier 3 CAMHS waited over a year to start their treatment and half of all children needing treatment waited more than 18 weeks following their initial assessment (Young Minds, 2018)</p> <p>School-based counselling is perceived by children and pastoral care staff as a highly accessible, non-stigmatising and effective form of early intervention. Services are easy to navigate, and young people don't</p>	Thank you for comment. This is useful information that we will carry forward for discussions during guideline development.

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			<p>have to tell their story time and time again to different professionals (Cooper, 2009).</p> <p>Research indicates that children and young people require accessible, on site services so they do not have to continually re-tell their story, yet there is a disparity in schools across England and access to provision can become a postcode lottery.</p> <p>BACP welcome the inclusion of targeted counselling provision within these guidelines and note that current research indicates that 61% of schools currently offer counselling, with 82% of secondary schools providing access to external counselling support. However, funding is not secure or ring-fenced. Schools who fund their own provision or source out counselling with higher numbers of pupils qualifying for Pupil Premium funding, for example, have slightly more flexibility though budgets are still stretched and cannot always be relied upon to pay for additional services.</p> <p>Funding for school based counselling therefore needs to be secured.</p>	
British Association for Counselling and Psychotherapy (BACP)	General	General	BACP welcomes this comprehensive document and is fully supportive of this timely update, we particularly welcome the inclusion of targeted social and emotional support such as play therapy, counselling and individual/small group interventions to improve self-	Thank you for comment. This is useful information that we will carry forward for discussions during guideline development.

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			<p>esteem, resilience and coping strategies set in the context of a whole school approach.</p> <p>We continue to advocate for universal school counselling services for all young people in secondary education in England and highlight findings from the Welsh school-based counselling experience that found around 10% of students access such provision, indicating the possible numbers for targeted counselling support in schools in England.</p>	
British Association for Counselling and Psychotherapy (BACP)	General	General	<p>The delivery of school-based counselling varies from direct employment by the school to the commissioning of counselling services employing a number of counsellors and working across many schools. The costs associated with these delivery methods vary greatly, mostly due to the management costs associated with outsourcing.</p> <p>Taking these variables into account we estimate that the cost to deliver a single session of school counselling is between £34 and £47. Therefore, the total cost of a child accessing an average of five counselling sessions would be between £171 and £233; that compares with an average cost of £240 per contact in Tier 1 -3 CAMHS, according to a report by the NHS Benchmarking Network (December, 2013).</p> <p>Building upon these findings, the Children's Commissioner's Report (2017) estimate that the cost of</p>	Thank you for comment. This is useful information that we will carry forward for discussion during guideline development.

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			<p>providing 6 counselling or group CBT sessions was at a cost of £229 per child, quoting the more recent figure of £2,338 for the average cost of a referral for community CAMHs.</p> <p>The Department of Health estimate that a targeted therapeutic intervention delivered in a school costs about £229 but derives an average lifetime benefit of £7,2525. This is cost benefit ratio of 32 (Children's Commissioner's Report, 2017)</p> <p>Current calculations based on placing a counsellor in each one of England's secondary schools/academies for two-days a week, brings in a cost of approximately £47.5m per annum. Whilst we believe that this is a reliable costing per school to employ a counsellor two-days a week, due to the varying size of secondary schools and the potential counselling need identified we add a note of caution to that calculation. We estimate figures will be similar for primary schools.</p>	
British Association for Counselling and Psychotherapy (BACP)	General	General	<p>BACP have a ready-to-go workforce of therapeutic counsellors who are available to work in both primary and secondary education settings, working within recognised standards of good practice including a core competencies framework inclusive of the different age groups. https://www.bacp.co.uk/events-and-resources/ethics-and-standards/competences-and-curricula/</p>	<p>Thank you for comment. This is useful information that we will carry forward for discussion during guideline development.</p>

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			<p>BACP calls upon schools to ensure that counsellors and/or service providers are a member of a recognised professional body and suggests this is indicated within these guidelines to ensure professional standards.</p> <p>https://www.bacp.co.uk/media/5863/bacp-cyp-competence-framework.pdf</p>	
CCAA incorporating JIA Matters	2-3	26,26 / 1-3	<p>Children with long term medical conditions can find their wellbeing is adversely affected by being penalised for unavoidable absences. The impact on the family is also serious with threats of fines and visits from social services causing fear and insecurity in a family that is already dealing with a chronically ill child. These children are also adversely impacted by their inability to receive attendance awards – something that is becoming increasingly common in schools. Children with long term medical conditions will never achieve the high attendance levels needed. Their overall mental health and well being is already affected by feelings of being 'different' and this public and shaming focus on attendance only exacerbates the issue. They are not being given an equal opportunity.</p>	<p>Thank you for your comment. We have added some text to section 2 of the Equality impact assessment document that highlights children with long term medical conditions as a group for special consideration.</p>
CCAA incorporating JIA Matters	4	6	<p>Schools need to pay close attention to the potential mental health fragility of students with long term medical conditions and take this into account when planning for whole class teaching. Students may already be under</p>	<p>Thank you for your comment. We have added a section to the Equality Impact Assessment document (section 2.1) describing the issues that children and young people with long term conditions may experience. We will also carry</p>

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			CAMHS or clinical psychology and the curriculum plans need to consider their needs.	forward the information you have provided us for discussion during the guideline development process.
CCAA incorporating JIA Matters	5	general	Any mental health leads in schools need to be made aware of any children in school who have long term health conditions so that they are on the radar. Many of these long term conditions can be invisible and therefore they need remembering.	Thank you for your comment. We have added some text to section 2 of the Equality impact assessment document that highlights children with long term conditions as a group for special consideration in this guideline.
CCAA incorporating JIA Matters	8	23	When children with long term medical conditions transition between schools at any stage, consideration must be given to their needs. Often this falls on the shoulders of the family to be the go-between but it would be preferable if there was a proper process.	Thank you for your comment. We have now added some text under 'transition' to clarify that it can cover developmental transitions, life transitions and educational transitions(Section 3.3). We have also added children and young people with long term conditions to section 2 of the equality impact assessment document as a group that needs specific consideration.
CCAA incorporating JIA Matters	11	3	The 'whole school approach' is great but if a child has ongoing issues already the approach can make them feel self conscious (as if they are being talked about) Care must be taken to ensure the approach does not highlight or alienate individuals.	Thank you for comment. This is useful information for informing our review protocols where we consider unintended consequences.
CCAA incorporating JIA Matters	11	27	Such approaches are only as good as the individuals delivering them. They should be taught by properly trained experts. They should also be sure to avoid any stigma attached to attending such sessions – if children are aware that a 'special' group is being taken aside for something they can be cruel unless it is handled sensitively. Also sometimes children who miss a lot of school because of a long term medical condition already	Thank you for your comment. In conducting this review, we aim to identify evidence to answer this question. The useful information you have provided will help to inform the discussions around this during guideline development.

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			feel they miss out – if they are then further removed from class for special sessions this can lead to very little time with their peer group.	
CCAA incorporating JIA Matters	12	6	A barrier to identifying some children at risk here is that they are very adept at covering up their problems and just getting on with things at school because their goal is to appear 'normal'. Parents frequently report the 'melt downs' 'fatigue' etc at home when the child has appeared fine at school all day.	Thank you for your comment. In conducting this review, we aim to identify evidence to answer this question. The useful information you have provided will help to inform the discussions around this during guideline development.
CCAA incorporating JIA Matters	14	2	Parental attitudes to interventions is complex. Any child with long term medical health condition/s is likely to already be having multiple interventions for the various aspects of their healthcare. Schools need to tread carefully to ensure anything planned for these children is done with full consultation of their parents/carers and that it does not conflict with any messages the child is receiving from other professionals.	Thank you for your comment. In conducting this review, we aim to identify evidence to answer this question. The useful information you have provided will help to inform the discussions around this during guideline development.
Child Bereavement UK	2	23	The number of children bereaved of a parent, sibling or significant other in the UK each year is unknown. National statistics, whilst collecting data on the number of children affected by divorce, do not gather data on the number affected by the death of a parent. However, some statistics gathered in research studies indicate it may be higher than previously thought. Parsons (2011) reported that by the age of 16 years, 4.7 % or around 1 in 20 young people will have experienced the death of one or both of their parents (Parsons, 2011). Harrison and Harrington (2001) reported a survey showing that	Thank you for your comment. We have added some information to section 2 of the Equality Impact Assessment for bereaved children based on the data you have provided.

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			78% 11-16 year olds said that they had been bereaved of a close relative or friend. Using mortality statistics, census data and other sources, the Childhood Bereavement Network (CBN) estimate that around 41,000 children in the UK are bereaved of a parent each year and that many of these report having experienced subsequent bullying and isolation.	
Child Bereavement UK	2	25	Whilst grief is not of itself a mental health issue, it does increase a child or young person's vulnerability to a number of negative outcomes, both in the immediacy and in later life. CBN suggest that approximately one third of bereaved children will reach clinical levels of emotional/behavioural difficulties in the two years following a parent's death. Other areas for which there is clear, robust research evidence illustrating the negative impact of childhood bereavement are children's academic performance, their educational attainment and their subsequent employment (CBN 2015).	Thank you for your comment. We have added some text to section 2 of the Equality impact assessment document that highlights bereaved children as a group for special consideration.
Child Bereavement UK	2	28	As stated above, the Childhood Bereavement Network (CBN) estimate that around 41,000 children in the UK are bereaved of a parent each year and that many of these report having experienced subsequent bullying and isolation. A study by Cain and LaFreniere (2015) found that 20% of parentally bereaved children were taunted about their bereavement.	Thank you for your comment. We have added some information to section 2 of the Equality Impact Assessment for bereaved children document based on the data you have provided.
Child Bereavement UK	3	1	Children with SEND are also more vulnerable to a range of negative outcomes, including those related to bereavement. Children with SEND are more likely to	Thank you for your comment. We have added some text to section 2 of the Equality impact assessment document that

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			experience the death of a peer than other children as mortality rates are higher among those with disabilities and complex health needs.	highlights bereaved children, and those in special schools, as a group for special consideration.
Child Bereavement UK	3	5	Several studies have shown a higher rate of depression amongst parentally bereaved children and young people compared with those who have not been bereaved both immediately (Harrison and Harrington,2001; Melhem et al, 2008; Brent et al , 2009) and in later life (Parsons, 2011). Others have shown increased risk of anxiety (Fauth et al 2009; Worden 1996) amongst parentally bereaved children, Post Traumatic Stress Disorder (Melhem et al 2008), suicide (Jakobsen and Christiansen 2011; Wilcox et al 2010; Guldin 2015; The University of Manchester's National Confidential Inquiry into Suicide and Homicide by People with Mental Illness 2017) and psychosis (Morgan et al 2006; Abel et al 2014).	Thank you for your comment. We have added some information to section 2 of the Equality Impact Assessment for bereaved children document based on the data you have provided.
Child Bereavement UK	3	25	There are some very simple ways schools can support bereaved children to achieve improved wellbeing e.g. availability of time out in a safe place when feeling distressed, acknowledgement of the death, consideration of the child's choices regarding where to seek support in school. Simple strategies can be put in place to ensure a child feels able to ask the questions they need, to openly express how they feel and to trust the adults around them. Coping with death and bereavement includes dealing with a range of feelings which might include sadness, anger, fear, relief. Being	Thank you for comment. This is useful information that we will carry forward for discussions during guideline development.

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			<p>able to recognise and describe feelings is an important first step to being able to manage them, and to empathise with others. Children may also learn about somatic symptoms and behaviours, and how these are linked to feelings, and about what to do when feelings are difficult or unmanageable. Discussions of normal reactions to grief would increase understanding and increase conversations around this topic. It is important to use honest, clear, concrete language, for all ages in relation to death and dying and not to use euphemisms like 'lost', 'gone to sleep' etc. which can cause confusion and increased anxiety.</p>	
Child Bereavement UK	3	26	<p>Friends often do not know how to respond when a peer is bereaved and the bereaved child themselves often feels isolated. Not including the topic of death, dying and bereavement in the curriculum, misses the opportunity to prepare children for this life event. Children are naturally curious and interested in death and dying and it is often adult anxieties that prevent the discussion of these subjects.</p> <p>Respondents to a 2018 survey gave reasons why they supported the teaching of these topics.</p> <ul style="list-style-type: none"> - Given the numbers of children who will experience bereavement during childhood, there is a strong case for them to learn about some of the common feelings associated with loss. 'Crucial! All children will experience it at some point and they need opportunities to start to explore what it means before they are emotionally 	<p>Thank you for comment. This is useful information that we will carry forward for discussions during guideline development.</p>

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			<p>bound up in it.' (SEND teacher).</p> <ul style="list-style-type: none"> - The general provision of education about loss and bereavement can help to dispel myths and taboos . 'It is very important to help children know what they are experiencing is 'normal' or to help them understand what a bereaved classmate is experiencing' (Parent/carer) -This could reduce the bullying and isolation which bereaved children can experience, and encourage children to seek support for themselves or for friends if they are experiencing a bereavement. 'I taught this as part of social education and my teenage students found it amazingly helpful. It led to better understanding of their peers who had suffered loss, and were easier to help in the learning process' (Secondary school teacher) - Evidence suggests that the majority of children think about death and dying and that 'children have a greater awareness of death than most adults would believe'. - As well as preparing individual pupils for an experience which will sadly almost inevitably happen to them at some point in life, a school which teaches these topics is also likely to be better prepared if there is a death in the school community (eg a pupil, parent or staff member). Schools which have experienced a death in the school community often wish they had been better prepared. Almost half of respondents to a Child Bereavement UK YouGov poll (48%) agreed that topics on death and bereavement should be included in the compulsory primary school syllabus. 	

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			Schools also have a vital role in supporting parents to understand the needs of children across the age range, in relation to death, dying and bereavement. Parents are often anxious about these conversations and avoid the chance to respond to natural curiosity. Child Bereavement UK's resources and literature provides guidance on how to talk with and support children and young people.	
Child Bereavement UK	4	5	Teachers feel they lack the skills and training to know how to respond to bereaved children. A recent Child Bereavement UK study indicated that only around 10% of teachers had any training in talking about bereavement in their initial or professional training, yet over 95% said they would like training in bereavement. Again, this is of particular importance in relation to children with SEND who require a clear understanding of the contextual issues affecting their physical, emotional and behavioural wellbeing.	Thank you for comment. This is useful information that we will carry forward for discussions during guideline development.
Child Bereavement UK	4	23	There is no current requirement for schools to have a bereavement policy. However, there is evidence that having a flexible bereavement policy can reduce anxieties and enable best practice when a death occurs in the school community. At a time when inevitably emotions are high, particularly if it is a teacher who has died, a bereavement policy can identify key roles and responsibilities ensuring that children, parents and staff are all supported appropriately. Whilst the presence of such a policy does not ensure good practice, it is an	Thank you for your comment. This section of the scope is a summary of what policies or legislation our guideline will likely complement. We have not added information regarding bereavement policies for this reason. We will however keep this in mind during discussions with the committee during development.

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			indicator that the issue of bereavement has been considered within school, hopefully generating an informed discussion of the issues.	
Child Bereavement UK	4	30	It is vital that all children are supported to develop an emotional literacy around a wide range of feelings including the response to the death of someone important in their lives. As change, loss, death and bereavement are a normal part of human relationships, there is a strong case for their inclusion as topics within the primary Relationships Education curriculum. The ability to understand, express and share their feelings is vital in terms of emotional well-being. There are many books and resources including lesson plans that can support teachers in developing the confidence to discuss this subject within the curriculum across the age range: www.childbereavementuk.org . Again, these are of particular importance in relation to children with SEND who require a clear understanding of the contextual issues affecting their physical, emotional and behavioural wellbeing.	Thank you for comment. This is useful information that we will carry forward for discussions during guideline development.
Child Bereavement UK	5	3	Training for teachers should include bereavement – the developmental aspects of a child's understanding of the concept of death, likely behaviours manifest following a significant bereavement at different ages and the needs of bereaved children and young people should be included. Most bereaved children will not need specialist services if given appropriate support and	Thank you for your comment. This is useful information to inform our research protocols during the development process.

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			understanding by the adults already within their network. Yet, teachers feel ill-equipped and lacking in confidence in managing bereaved pupils. Some simple basic bereavement training can address this. As previously noted, over 95% of education staff surveyed by Child Bereavement UK indicated that they would like training in understanding and managing child bereavement. Having a well-informed staff team within educational settings would assist both in early identification of need but would also ensure that services were appropriately targeted to needs rather than the resources available.	
Child Bereavement UK	5	12	Child Bereavement UK has responded to the recent Ofsted consultation and argued, given the additional vulnerabilities of this population, the importance of considering the particular needs of bereaved pupils within the focus of pupil wellbeing.	Thank you for your comment. We have added a section to the Equality Impact Assessment document (section 2.1) describing the vulnerabilities children who are bereaved might have.
Child Bereavement UK	5	15	This needs updating as the new Ofsted framework has now been published and includes a requirement for schools to be professionally curious and to look at children's behaviours to be able to satisfy themselves that there are no unmet social /emotional needs driving the behaviours, " <i>Adults understand that children's poor behaviour may be a sign that they are suffering harm or that they have been traumatised</i> " (page 9). Schools will be required to evidence how they do this.	Thank you for your comment. We have now updated this text following the publication of the new Ofsted inspection framework.
Child Bereavement UK	7	6	It is assumed that the needs of these groups will be addressed elsewhere.	Thank you for your comment. These groups are covered in various related NICE guidance.

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Stakeholder	Page no.	Line no.	Comments	Developer's response
Child Bereavement UK	8	1	Bereavement issues are a matter for the whole school, not solely individuals within it, and should be addressed as such. Evidence shows that bereaved children who are nurtured within an understanding and supportive context demonstrate better long-term outcomes.	Thank you for your comment. We will be reviewing evidence on whole school approaches and universal curriculum content that aim to improve social and emotional wellbeing which would include dealing with bereavement. The details of our inclusion criteria will be finalised in the review protocols.
Child Bereavement UK	8	9	It is vital that the curriculum include aspects pertinent to the understanding of death and bereavement for all age groups (see point 7 above), including those with SEND. As children with SEND are more likely to experience the death of a peer than other children, and as they are more vulnerable to negative outcomes following bereavement, their needs must be addressed in a way that considers both intrinsic and extrinsic factors.	Thank you for your comment. We have added some text to section 2 of the Equality impact assessment document that highlights bereaved children, and in particular those in special schools, as a group for special consideration.
Child Bereavement UK	8	15	It must be recognised that bereaved children and young people are at increased risk of poorer short and longer term outcomes, in particular children with SEND.	Thank you for your comment. We have added some text to section 2 of the Equality impact assessment document that highlights bereaved children, and those in special schools, as a group for special consideration.
Child Bereavement UK	8	17	The emphasis here seems to be on the minority of children who will require specialist input from additional personnel. It is important that key professionals within school who have day-to-day contact with bereaved children, are supported and given training to enable them to assist bereaved children confidentially and confidently as the majority of bereaved children can be well supported through simple means within school and by those with whom they already have a positive and trusting relationship. This fits with the spirit of the	Thank you for your comment. We have added some text to section 2 of the Equality impact assessment document that highlights bereaved children as a group for special consideration.

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			guidance which strives for support that is “effective and cost effective”.	
Child Bereavement UK	8	23	It is well documented that bereaved children are particularly vulnerable at times of transition. In particular, the move from primary to secondary education is a time when bereaved children are required to recount their story, inform new teachers of their experience and thus may re-visit their grief and become additionally vulnerable.	Thank you for your comment. We have now added some text under 'transition' to clarify that it can cover developmental transitions, life transitions and educational transitions. (Section 3.3).
Child Bereavement UK	10	15	Economically, prevention is cost effective and some simple training, the implementation of simple strategies and a bereavement-aware environment can go a long way to preventing later problems. There is much research evidence (Wilcox et al 2010, Boswell 1996, Vaswani 2008) demonstrating the increased risk of violent criminal convictions among those parentally bereaved in childhood, and the over representation of the parentally bereaved amongst persistent young offenders. Additionally, early support for all bereaved pupils can reduce the economic burden of later bespoke mental health input.	Thank you for your comment. We will review the references you have provided against our inclusion criteria and include in our reviews if eligible.
Child Bereavement UK	10	26	Bereavement issues are a matter for the whole school, not individuals within it and should be addressed as such. Evidence shows that bereaved children who are nurtured within an understanding and supportive context demonstrate better long-term outcomes. A whole-school	Thank you for your comment. We will be reviewing evidence on whole school approaches and universal curriculum content that aim to improve social and emotional wellbeing which would include dealing with bereavement. The details of our inclusion criteria will be finalised in the review protocols.

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			approach facilitates a collaborative process enabling parents to work with the school in supporting the child.	
Child Bereavement UK	11	5	One key barrier is the lack of teacher training in how to cover death in the curriculum but also in how to understand and manage bereaved pupils. Differences in faith, culture, life experiences all impact on how a child grieves and it is important that different beliefs are accommodated and addressed both within the curriculum when teaching about death, dying and bereavement but also in the management of bereaved pupils.	Thank you for your comment. This is useful information that we can use to inform discussions during the development process.
Child Bereavement UK	11	8	Friends often do not know how to respond when a peer is bereaved and the bereaved child themselves often feels isolated. Not including the topic of death, dying and bereavement in the curriculum, misses the opportunity to prepare children for this life event. Children are naturally curious and interested in death and dying and it is often adult anxieties that prevent the discussion of these subjects. Respondents to a 2018 survey gave reasons why they supported the teaching of these topics. - Given the numbers of children who will experience bereavement during childhood, there is a strong case for them to learn about some of the common feelings associated with loss. 'Crucial! All children will experience it at some point and they need opportunities to start to explore what it means before they are emotionally bound up in it.' (SEND teacher).	Thank you for your comment. This is useful information that we can use to inform discussions during the development process.

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			<p>- The general provision of education about loss and bereavement can help to dispel myths and taboos . 'It is very important to help children know what they are experiencing is 'normal' or to help them understand what a bereaved classmate is experiencing' (Parent/carer)</p> <p>-This could reduce the bullying and isolation which bereaved children can experience, and encourage children to seek support for themselves or for friends if they are experiencing a bereavement. 'I taught this as part of social education and my teenage students found it amazingly helpful. It led to better understanding of their peers who had suffered loss, and were easier to help in the learning process' (Secondary school teacher)</p> <p>- Evidence suggests that the majority of children think about death and dying and that 'children have a greater awareness of death than most adults would believe'.</p> <p>- As well as preparing individual pupils for an experience which will sadly almost inevitably happen to them at some point in life, a school which teaches these topics is also likely to be better prepared if there is a death in the school community (eg a pupil, parent or staff member). Schools which have experienced a death in the school community often wish they had been better prepared. Almost half of respondents to a Child Bereavement UK YouGov poll (48%) agreed that topics on death and bereavement should be included in the compulsory primary school syllabus.</p>	

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			Schools also have a vital role in supporting parents to understand the needs of children across the age range, in relation to death, dying and bereavement. Parents are often anxious about these conversations and avoid the chance to respond to natural curiosity. Child Bereavement UK's resources and literature provides guidance on how to talk with and support children and young people.	
Child Bereavement UK	11	21	As stated, most bereaved children can be well supported in an appropriate bereavement-aware environment, thus reducing the need for expensive mental health consultancy.	Thank you for comment. This is useful information that we will carry forward for discussions during guideline development.
Child Bereavement UK	12	1	As argued above, bereaved children and young people are a vulnerable population whose needs can, for the most part, be simply and cost-effectively addressed within school. Children with SEND are particularly vulnerable and are more likely to experience death of a peer than their mainstream counterparts.	Thank you for your comment. We have added some text to section 2 of the Equality impact assessment document that highlights bereaved children, and those in special schools, as a group for special consideration. The cost-effectiveness of the interventions we identify and evaluate will be assessed where the evidence allows.
Child Bereavement UK	12	8	A minority of bereaved children and young people will need additional mental health support, but the literature identifies the efficacy of appropriate treatment resulting in posttraumatic growth amongst those struggling with prolonged grief disorder (Bartl et al 2017).	Thank you for your comment. We will be reviewing the evidence we identify in our searches. We will also assess the link you have provided against our inclusion criteria and will include if eligible.
Child Bereavement UK	12	17	It is well documented that bereaved children are particularly vulnerable at times of transition. In particular, the move from primary to secondary education is a time when bereaved children are required to recount their story, inform new teachers of their experience and thus	Thank you for your comment. We have now added some text under 'transition' to clarify that it can cover developmental transitions, life transitions and educational transitions. (Section 3.3).

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			may re-visit their grief and become additionally vulnerable.	
Child Bereavement UK	Q1		Re: Cost-effectiveness - As indicated in several comments above, most bereaved children will not need expensive interventions and are best supported by those already within their network with whom they have a safe and trusting relationship. Bereavement is not of itself a mental health issue but is clearly of relevance to wellbeing and can increase vulnerability to a variety of negative outcomes. It is far more cost effective to provide adequate training and support to teaching staff to manage and prevent the poor long term outcomes to which bereaved children are more vulnerable if they are not given adequate support following a bereavement.	Thank you for your comment. We have added a section to the Equality Impact Assessment document (section 2.1) describing the vulnerabilities children who are bereaved might have.
Child Bereavement UK	Q2		Home schooling – Just as teaching staff need support, training and information on how to address death, dying and bereavement in the curriculum and how to support bereaved pupils, parents in the home school setting are also in need of similar support, particularly if those parents are struggling with the bereavement themselves. The evidence shows that outcomes for bereaved children are improved if parents receive the support they need (Morris, Gabert-Quillen, Friebert, Carst, Delahanty (2016) The Indirect Effect of Positive Parenting on the Relationship Between Parent and Sibling Bereavement Outcomes After the Death of a Child, Journal of Pain and Symptom Management, 51 (1), 60-70	Thank you for your comment. We have listed private homes as an excluded setting because it is outside of the Ofsted inspection framework. However, home-schooled children are not excluded and we hope to develop recommendations that may also be relevant to them..

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Stakeholder	Page no.	Line no.	Comments	Developer's response
Harrow Council	1	18	<p>Regarding the definition of social and emotional wellbeing there is a gap in regards to the importance for people's mental health that we derive from being in a supportive, caring, nurturing group.</p> <p>The whole focus of the definition as it stands in the guidance is on the individual and his or her ability to "build strong and positive relationships with others". This is a very partial understanding. Someone could – due to a variety of reasons (nature and nurture) – have very poor abilities to "build strong and positive relationships with others", but their social and emotional wellbeing could be much improved if they were in a supportive, caring, nurturing group. It links with the point we are trying to make elsewhere in this document about the importance of the 'principles' of a good mental health supportive school.</p> <p>It otherwise reinforces the philosophy that exacerbates mental ill-health i.e. that it is the responsibility of the individual to 'do' something, or 'engage' with an intervention, when what that individual really needs is to 'be' in a warm, compassionate and understanding environment. That is the starting point from which they can then 'do' and 'engage'.</p> <p>This might seem like hair-splitting but it is crucial to a true understanding of mental health in its totality.</p>	<p>Thank you for your comment. We have now added some text around schools providing a supportive, caring and nurturing environment to support social and emotional wellbeing (Section 1).</p>

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Stakeholder	Page no.	Line no.	Comments	Developer's response
Harrow Council	9	4	<p>While it is right that suicide is covered by other NICE guidelines what is not covered by these other guidelines is the <u>whole school approach</u> to e.g. the suicide of a pupil or staff member. There is a very helpful document from the Samaritans, for example: https://www.samaritans.org/how-we-can-help/schools/step-step/step-step-resources/responding-suspected-suicide-schools-and-colleges/</p> <p>We believe it should be in scope that these guidelines look at what the best whole school interventions would be in response to a suicide or a killing of a pupil – particularly given the recent increase in murders of young people in London and elsewhere in the country.</p>	<p>Thank you for your comment. The suicide prevention guideline has a series of recommendations on supporting people bereaved of affected by suspected suicide. It states that those affected could be friends, classmates or colleagues. It also includes schools in recommendations for multi-agency response to suicide. If appropriate in the guideline, we will cross-refer to these recommendations.</p>
Harrow Council	10	27	<p>It is very positive that the 'principles' of a whole school approach have been included in the scope. This is because it is important that we have greater clarity on what ethos makes for a good school environment for mental health. By way of example, the benefits of the right 'ethos' come out very strongly in the research by UCL on the effectiveness of the MHFA (Mental Health First Aid) programme: "Interestingly all the 19 North London students felt comfortable in talking about mental health issues probably because the school had been extremely proactive in addressing mental health issues over a sustained period of several years". See page 61 of this report: https://mhfastorage.blob.core.windows.net/mhfastoragec</p>	<p>Thank you for your comment. This is useful information to inform our research protocols during the development process. We will assess the reference you have provided against our inclusion criteria and include if eligible.</p>

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			<p>ontainer/5603f429f9cae811814fe0071b668081/Youth-MHFA-in-Schools-programme-UCL-evaluation-report.pdf?sv=2015-07-08&sr=b&sig=jaCOWwsNMroSgv4Mkhn4tGH14m84wHlVOTrNS6MCTtl%3D&se=2019-05-15T15%3A32%3A31Z&sp=r#page=61.</p> <p>We would underline that it would be useful if we could know if there were distinct <i>principles</i> underpinning a whole school approach like “strengths based rather than a deficit based understanding of behaviour change” or “positive risk-taking” or “whole school understanding that all behaviour is a form of communication” etc.</p> <p><u>However</u>, specific whole school approaches should not get missed. The point about ‘principles’ is an additional point, not necessarily <u>instead</u> of research into whole school approaches overall. For example, the introduction of conflict mediation across a whole school.</p>	
Harrow Council	13	22	<p>There is a risk that your research methodology (depending on how it is constructed) will not pick up the risks / contraindications of certain interventions.</p> <p>Different interventions work or do not work for different groups. CBT (Cognitive Behaviour Therapy and positive psychology approaches are being very heavily promoted but it is not clear when they are not appropriate at a school practitioner level. In terms of adults there is</p>	Thank you for comment. This is useful information for informing our review protocols where we consider unintended consequences and adverse effects.

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			<p>evidence of potentially harmful effects of positive psychology: https://www.theguardian.com/commentisfree/2017/feb/07/positive-psychology-universities-buckingham-martin-seligman. The research brief needs to look not only at what has worked well or not so well but also where it is contraindicated.</p> <p>The BACP's response to the Government green paper on Children and Young People's Mental Health might be a useful starting point for consideration of the backgrounds of young people that "do not fit with [...] CBT interventions" and that pose difficulties in trying to assess the totality of evidence regarding different interventions: https://www.bacp.co.uk/media/2656/bacp-consultation-response-cypmh-green-paper.pdf</p>	
Harrow Council	Examples of innovative approaches		<p>While it is not a novel or innovative approach, it is not widely used and it would be good to see if there was evidence for the benefits of having clinical supervision for teachers.</p> <p>It would also be good to ensure that consideration of the benefits of circle time is included among the whole school approaches. http://research.leedstrinity.ac.uk/files/258880/circle_time_for_Journal_of_Educational_and_Developmental_Psychology.pdf</p>	Thank you for your comment. We use this information to inform our search strategies and review protocols. We will also assess the research link you have provided against our inclusion criteria and include it in our reviews if eligible.

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Maharishi Foundation	1	10	I attended the Scoping Workshop held in March 2019 and gave comments orally during the discussions. These written comments confirm and elaborate the points made then.	Thank you for your comment.
Maharishi Foundation	3 8 10	19 1 26	<p>Whole school approach</p> <p>We fully support the 'whole school approach' and would extend the concept to include the teachers and staff in applying Transcendental Meditation as an intervention to promote social and emotional well-being in schools. Interventions aimed at the well-being of students need to be integrated with those for the well-being of teachers, among whom stress and professional burnout are rising. If the teachers, staff and students are all participating in the same programme, a strong basis is created for beneficial effects on the whole school culture and environment.</p> <p>It is important to point out that participation for all involved is completely voluntary and those not participating can engage in 'quiet time' activities during the periods when TM is being practised.</p>	Thank you for your comment. We will be looking at teacher wellbeing in our questions on barriers and facilitators. We are also updating another guideline that will cover wellbeing in the workplace. These is Mental wellbeing at work PH22. We will also use the information you have provided on intervention to help inform our searches and will evaluate through our evidence reviews.
Maharishi Foundation	4 11	3 5	<p>'how to accommodate effective teaching of social and emotional well-being within an already crowded curriculum'</p> <p>To fit in two periods of TM morning and afternoon requires some flexibility in the school timetable. We</p>	Thank you for your comment. We will use the information you have provided to help inform our review protocols. Interventions identified that meet our inclusion criteria will be evaluated in our reviews and presented to the committee.

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			<p>need to look to other countries in Europe and explore new approaches.</p> <p>In the EU projects mentioned above, we have found that in Portugal, schools have recently been given local flexibility in the timetable up to 25% for programmes that meet particular needs of students as determined by the school principal. This has proved very helpful in fitting in the QT/TM periods into the school timetable. Teachers have found that investing 10 minutes twice a day has been very worthwhile in improving the students' experience of learning and in improving academic results.</p>	
Maharishi Foundation	5	12	<p>Updating the schools' inspection framework This is an interesting development and underlines the value of the proposed QT/TM intervention as reflected in the 2017 Ofsted report on the Maharishi School quoted above.</p> <p>Furthermore, the inclusion of the schools' leadership and management also ties in with the need to include teachers and staff when applying QT/TM as an intervention to improve social and emotional well-being (please refer to point 5 above).</p>	Thank you for your comment. We have now updated this text following the publication of the new Ofsted inspection framework.
Maharishi Foundation	6	18 - general	<p>Groups that will be covered Simply focussing on the students without also including the teachers and staff is likely to limit the effectiveness</p>	Thank you for your comment. We will be looking at teacher wellbeing in our questions on barriers and facilitators. We

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			of interventions and appears to be at odds with a truly 'whole school approach'. At the workshop in March, this point was made and the panel said that teachers should refer to the NICE guidelines on mental health at work. But there are unique circumstances that apply only to the teaching and school environment. Improving the social and emotional well-being of teachers will have a significant impact on the well-being of students. The two elements need to be integrated and the QT/TM programme is a good example of an intervention which promotes the well-being of both.	are also updating another guideline that will cover wellbeing in the workplace. This is Mental wellbeing at work PH22.
Maharishi Foundation	7	14	Settings As free schools are included in the settings to be covered by these guidelines, we would strongly recommend that the guideline panel visit the Maharishi Free School in Lancashire and see for themselves the value of the proposed intervention for the whole school.	Thank you for your offer. We will keep this in mind when discussing the evidence with the committee.
Maharishi Foundation	8	8	Universal approaches Because the QT/TM intervention produces a wide range of benefits, it is very suitable as a universal approach. It is simple and easy to implement in a school and involves a short course of instruction taught by a qualified teacher of Transcendental Meditation. Once learnt, it can be practised morning and afternoon in a classroom setting.	Thank you for your comment. We will use the information you have provided to help inform our review protocols. Interventions identified that meet our inclusion criteria will be evaluated in our reviews and presented to the committee.
Maharishi Foundation	11	10	Effective and cost-effective	Thank you for your comment. We will use the information you have provided to help inform our review protocols. Interventions identified that meet our inclusion criteria will

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			<p>The research findings on students, teachers, and staff indicate possible cost benefits of implementing the QT/TM programme into schools. Reduced student absenteeism and drop-out rates and improved academic performance show the potential for substantial cost savings to society. Reduced teacher stress and burnout may also translate into cost savings in terms of decreased absenteeism, improved job performance, and reduced health expenditure. Researchers have already shown substantial cost benefits in terms of health, especially in the area of cardiovascular health.</p> <p>The costs of implementing the programme are modest, requiring one teacher of Transcendental Meditation for each cohort of 200 students during the initial phase of implementing the programme. School teachers and assistants may then be trained as teachers of Transcendental Meditation so that each school becomes self-sufficient after two years.</p>	<p>be evaluated in our reviews and presented to the committee.</p>
Maharishi Foundation	13	1	<p>Main outcomes</p> <p>Within the extensive range of research on Transcendental Meditation, positive findings are indicated for all the main outcomes listed in section 3.6.</p> <p>A detailed analysis of the research in relation to the main outcomes will be provided for the consultation on the guidelines.</p>	<p>Thank you for your comment. We will use the information you have provided to help inform our review protocols. We will review the references you have provided and if they meet our inclusion criteria they will be evaluated as part of our reviews and presented to the committee.</p>

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			(see summary of scientific research below)	
Maharishi Foundation	General	General	<p><i>"The school's work to promote pupils' personal development and welfare is outstanding. The promotion of pupils' spiritual and personal development is at the core of what this school does so well. Maharishi Free School pupils are good thinkers. They reflect on their world and try to see the world through other people's eyes. This enables pupils to better understand their own experiences and those of others. Pupils are tolerant, considerate and empathetic. They are able to consider the impact of their actions on other people and on nature. They are ambitious, articulate, confident and engage very well with adults.</i></p> <p><i>Pupils know how to look after themselves physically, mentally and emotionally. Although not immune to stress, these pupils generally cope well with it because they are taught to understand the effect that circumstances have on them and on other people. Pupils are taught how to manage difficult situations.</i></p> <p><i>Pupils say that they are happy in school and this view is endorsed by parents and teachers.</i></p> <p><i>Behaviour</i> <i>The behaviour of pupils is outstanding. Pupils are shown how to behave well by adults in the school, who model</i></p>	Thank you for your comment. We will use the information you have provided to help inform our review protocols. Interventions identified that meet our inclusion criteria will be evaluated in our reviews and presented to the committee.

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			<p><i>what they expect of pupils. Pupils and staff are respectful, considerate and caring. The school's consciousness-based interdisciplinary studies help pupils to understand themselves very well and also the points of view of others. This helps pupils show levels of empathy and understanding beyond their age. Pupils' excellent attitudes to behaviour ensure that the harmonious and cohesive culture pervades all parts of the school. Within the pupil body there are many pupils who come from a diverse range of social and cultural backgrounds. Older pupils are becoming aware of their own sexual orientation. All pupils say that they are safe and happy in the school. Pupils that inspectors spoke to said that there was no bullying within the school. Inspectors found that this would be entirely consistent with the school's culture.</i></p> <p><i>Pupils' attitudes to their learning are also excellent. They focus well in class and show enthusiasm. They cooperate very well in pairs and in groups. When required to, pupils work independently and concentrate well. There is no disruption to learning in class. Pupils are both very proud of, and pleased to be part of, the Maharishi Free School community."</i></p> <p>Recently, the European Union has funded two large projects applying the 'Quiet Time with Transcendental Meditation' (QT/TM) programme in a number of schools in six countries (UK, Belgium, The Netherlands, Italy,</p>	

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			<p>Portugal and Sweden). Known as the 'EUROPE' and 'FRIENDS' projects, they are part of the Erasmus+ programme for innovation in education. The evaluation of both projects (conducted by a team of academics from three universities) has shown positive effects on a range of measures including resilience, personal development, social inclusion, and tolerance. For the teachers, there have been reductions in stress, anxiety and symptoms of burnout, and improvements in positivity and creativity. The first project is now complete and the results will be published soon, while the second project is still in progress with another 8 months to run. Once the findings have been published, we will forward them to NICE.</p> <p>Worldwide, there are hundreds of thousands of students attending schools where the QT/TM programme has been applied successfully. In the USA and Latin America, our sister organization, the David Lynch Foundation, has pioneered many school projects. A large randomized controlled study has been conducted using the QT/TM programme to reduce youth violence by the University of Chicago Crime Lab, the results of which are due to be published shortly.</p> <p>In India, the Maharishi Vidya Mandir Schools organisation incorporates Transcendental Meditation in</p>	

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			the curriculum and comprises 169 schools in 118 cities with 100,000 students.	
Maharishi Foundation	General	General	<p>For further information:</p> <p>Transcendental Meditation: website: tm.org/uk</p> <p>Summary of scientific research: https://uk.tm.org/documents/12132/0/TM+Research+Summary+-+Chalmers+16+September+2017.pdf/3eb00a12-8b18-4f6d-8d42-aa81a51db51a</p> <p>Maharishi Free School website: maharishischool.com</p> <p>EU funded EUROPE Project website: europe-project.org</p> <p>EU funded FRIENDS Project website: friends-project.eu</p>	Thank you for your comment. We will use the information you have provided to help inform our review protocols. We will review the references you have provided and if they meet our inclusion criteria they will be evaluated as part of our reviews and presented to the committee.
Mental Health Nurse Academics UK	13	23-26	Not sure that just satisfaction and adherence are the only outcomes to assess evidence of interventions acceptability in terms of wellbeing outcomes – e.g. transition	Thank you for your comment. We will consider the outcomes further when writing the protocols for our evidence reviews during the development process.
Mental Health Nurse Academics UK	14	2	Not much in terms of interventions related specifically to working with parents and carers Noted attitude as a barrier but no review of interventions with this groups from a school's perspective	Thank you for your comment. We will be considering interventions that include parents/carers and families as part of the whole school approach.
Mental Health Nurse Academics UK	14	4-10	Vulnerable children: To include socioeconomic factors and disadvantage?	Thank you for your comment. We have added some text to the Equality impact assessment that discusses socio-

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			This would better reflect the new 2019 Ofsted inspection handbook point 194	economic factors and the risk of poorer social and emotional wellbeing factors. Our question on risk factors will aim to help identify the risk and protective factors around social and emotional wellbeing outcomes.
Mental Health Nurse Academics UK	General	General	Limited discussion about the importance of participation in art, music, sport and cultural opportunities – all linked to mental health and wellbeing forms part of the Ofsted inspection handbook 2019 point150 Was also at a conference two weeks ago about children's mental wellbeing and Ofsted presented siting how important this aspect will become in their inspections and connecting the evidenced to rationalise this	Thank you for your comment. We have left this as broad statement about social and emotional learning being covered in the taught and wider curriculum but will discuss with the committee what will be included in the reviews.
Mental Health Nurse Academics UK	General	General	Consideration of compassion development in children and young people to support mental wellbeing and resilience	Thank your comment. This is useful information that we can use to inform our review protocols.
Mental Health Nurse Academics UK	General	General	No mention of being able to respect and understand diversity – thinking about the literature related to poorer mental health for LGBTQ young people	Thank you for your comment We will use this information to inform our protocols during the development process.
Mind	1-2	18-28; 1-17	Definitions: social and emotional wellbeing We agree that it is helpful for the guidance to distinguish between mental wellbeing and mental health problems, and to understand what schools' roles are in relation to both. At the moment, we note that there is little focus on mental health in the language of the guidelines. The	Thank you for your comment. We have now edited the text in the scope to include more reference to mental wellbeing and mental health including a definition. We will use this information to inform our protocols during the development process. (Section 1).

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			<p>scope of the guidelines would be strengthened, therefore, by including:</p> <ul style="list-style-type: none"> • the term 'mental health', an explanation of what this means and that everybody has mental health • an explanation of mental wellbeing and mental health problems • more content on mental health and mental health problems throughout <p>We are supportive of efforts to improve the social and emotional wellbeing of children and young people, and we also want to see such efforts tackling mental health stigma. One in eight children and young people have a diagnosable mental health problem (NHS Digital, 2018). 90% of those have experienced stigma and discrimination, according to Time to Change (Mind and Rethink Mental Illness' anti-stigma campaign). We also know that stigma and discrimination has an impact on school life, with 40% of young people with experience of a mental health problem saying that stigma would stop them from going to school.</p> <p>Ending mental health stigma and normalising mental health must be a key priority. Including and referring to mental health throughout the guidelines would bolster the framing of the guidance, and better support schools to fulfil their role in supporting social and emotional</p>	

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			wellbeing, preventing mental health problems and identifying children and young people who need support.	
Mind	3	4-12	<p>Key facts and figures: mental health</p> <p>We agree that it is useful to include key facts and figures about mental health to set out the scope of the guidance. We propose that the following figure is included to emphasise the importance of early intervention and provision of mental health support in childhood and adolescence:</p> <p>Over half of mental health problems in adult life start by the age of 14 and 75 per cent by the age of 24 (NHS England, 2016).</p>	Thank you for your comment. We have now added the statistic about half of mental health disorders established by age 14. (Section 1)
Mind	3; 8	19-24; 1-6	<p>Key areas that will be covered: Whole School Approach</p> <p>We welcome the strong focus on the importance of schools taking a whole school approach to social and emotional wellbeing. We agree that a whole school approach must go beyond teaching and learning and be embedded in school life, including in the culture, ethos and environment. In addition, we would emphasise the important role that senior leadership plays in driving a strategic, truly whole school approach. In our programme, we have found that buy in and support at senior leadership level is vital to the success of a whole school approach to mental health and wellbeing.</p> <p>We define a whole school approach as being about everyone involved in school life: pupils, the entire school</p>	Thank you for your comment. We will carry forward your suggested definition of a whole school approach to mental health for discussion during the development process.

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			<p>workforce and parents/carers. We were pleased to see many of the same groups listed in the definition given in the scope of the guidance. Our approach includes teachers, senior leaders and the wider workforce too. Promoting good mental health and wellbeing to all is a core principle of an effective mental health, and that should include the wider school workforce too. For that reason, we recommend that the definition of the whole school approach incorporates the wider school workforce, in addition to those already listed.</p> <p>We would also want to see a greater emphasis on mental health, as well as wellbeing, in the forthcoming guidance. We see a whole school approach to mental health as:</p> <ul style="list-style-type: none"> • promoting good mental health and wellbeing to everyone • supporting everyone in the school community who has a mental health problem • identifying things that contribute to poor mental health and wellbeing and creating solutions that keep everyone well • including and accepting everyone, including by respecting diversity and promoting equality • creating and maintaining the right systems and partnerships <p>We also note the references to outside agencies in the definition of the whole school approach, which is much</p>	

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			<p>needed. We agree that partnership working is key to a successful whole school approach, but note the challenges in implementation. As the guidance is developed, we recommend that this greater clarity is provided on which outside agencies should be engaged and their role in supporting a whole school approach.</p> <p>There are also a number of elements from the previous pieces of guidance, which are important to a whole school approach and should be included in this guidance too, including:</p> <ul style="list-style-type: none"> • the importance of schools' policies and procedures • culture and safe environment • pastoral support and care <p>youth voice</p>	
Mind	4	20-25	<p>Policy, legislation, regulation & commissioning: Update on legislative requirements to publish policies</p> <p>When the Relationships Education, Relationships and Sex Education and Health Education (England) Regulations 2019 come into force from 1 September 2020, there will be a legislative requirement on schools to keep a written statement on relationships education (primary) and relationships and sex education (secondary). The policy will also need to be published on</p>	<p>Thank you for your comment we have now added some text to the "Policy, legislation, regulation and commissioning" section regarding this forthcoming change in legislation.</p>

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			the school's website and a written copy be provided to anyone who requests it.	
Mind	4-5	13-31; 1-20	<p>Policy, legislation, regulation & commissioning: Equality Act and Public Sector Equality Duty In addition to the legislation already listed in the guideline scope, we recommend adding the Equality Act 2010.</p> <p>Content on the Equality Act should include:</p> <ul style="list-style-type: none"> • its role in protecting pupils or applicant prospective pupils with protected characteristics from discrimination, harassment and victimisation, including disabled pupils (Section 6(1) Equality Act 2010). A mental health problem can be considered a disability, if the impairment has a substantial and long term adverse effect of someone's ability to carry out normal day-to-day activities. • the duty to provide reasonable adjustments to disabled pupils <ul style="list-style-type: none"> ○ the duty to make reasonable adjustments is anticipatory i.e. schools should think in advance about what reasonable adjustments disabled pupils might mean 	Thank you for your comment. We have not added the Equality Act 2010 to this section because throughout the guideline development process at NICE we carry out an equality impact assessment. This approach ensures that NICE considers equality in relation to groups sharing characteristics protected by the Equality Act 2010 and identifies other health inequalities arising from other definable characteristics.

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			<ul style="list-style-type: none"> that in some cases, the Equality Act allows disabled pupils to be treated more favourably than non-disabled pupils the requirement for all school policies to be compliant with the school's duties under the Equality Act 2010 <p>the Public Sector Equality Duty (PSED), which requires schools to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations across all protected characteristics</p>	
Mind	5;	21-31; 1-7	<p>Who the guideline is for We agree with the proposed scope for who the guidelines apply to, and were particularly pleased to see the role of school leadership teams, governors and Multi-Academy Trust leadership teams included in the list.</p> <p>We propose, however, that the guidance would benefit from greater clarity on what responsibility should sit with the different stakeholders.</p> <p>Schools and colleges can have a significant impact on pupil mental health and wellbeing, and as such can play a really important role in providing support. Schools and colleges can promote good mental health and wellbeing to everyone; identify those who might need help; provide certain types of support to pupils and staff with a mental</p>	Thank you for comment. This is useful information that we will carry forward for discussion during guideline development. Responsibility of different stakeholders will be discussed in relation to the evidence identified and the expertise of the committee.

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			<p>health problem; and build the external partnerships needed to best support children and young people. Schools and colleges can also play a central role in building pupils' awareness and understanding about their own mental health and wellbeing, especially with the introduction of the new health education curriculum.</p> <p>Not only can school and college staff be among the first to notice if pupils are experiencing a problem with their mental health, but teachers are often one of the first people that children and young people talk to if they are worried about their mental health (NHS Digital, 2018).</p> <p>Schools and colleges, however, cannot be expected to address children and young people's mental health by themselves nor fulfil the role of external support agencies, including mental health services. Schools are only one part of the system that supports the mental health and wellbeing of children and young people. We are deeply concerned at how fragmented and disjointed this system is. This was a key issue raised by the Care Quality Commission in their recent review of children and young people's mental health services, <i>Are we listening?</i> (2018).</p> <p>We hope that these challenges and questions will be further considered in the development of these guideline. We see a real need for NICE to provide</p>	

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			greater clarity about the roles of different organisations in delivering support for social and emotional wellbeing in schools. We recommend that the final guidelines provide greater clarity on roles and responsibilities, whilst also supporting and ensuring joined-up multi-agency working.	
Mind	6	18-21	<p>Who is the focus: groups that will be covered We welcome the proposal that the guidelines will cover primary and secondary education, including Key Stage 5.</p> <p>We are concerned that there is currently no dedicated approach to young people's mental health and wellbeing in the further education sector at a national, policy level. The 'Transforming children and young people's mental health provision' green paper proposals do not adequately distinguish between schools and colleges. The new health education curriculum is only mandatory in primary and secondary schools (not sixth forms, 16-19 academies or Further Education colleges).</p> <p>Key stage 5 is important period in the lives of many young people, especially considering the number of transitions that can occur – whether within education, into employment, or between services.</p>	Thank you for comment. This is useful information that we will carry forward for discussion during guideline development.

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Mind	7	19-20	<p>Settings: settings that will be covered In addition to the inclusion of primary schools, secondary school and further education colleges, we are pleased that young offender institutions and secure children's homes are included within the scope of the guidelines.</p> <p>We are deeply concerned at the experiences of children and young people in the secure estate, including those in secure training centres. Secure training centres hold 21% of all children in custody (Children's Rights Alliance for England, 2019). We recommend that the list of settings is reviewed and extended to include secure training centres, to ensure that the guidelines cover all settings in the secure estate. As the UK government is currently piloting secure schools, we also recommend that these are included in the list of settings.</p> <p>In 2017, HM Inspectorate of Prisons could not classify any Secure Training Centre or Youth Offending Institute as safe enough to hold children. Whilst a new Youth Custody Service will become responsible for the operational running of the children and young people's estate, we remain very concerned about the physical and psychological impact that detention is having. The number of self-harm incidents has seen an increase of 40% to nearly 1,800 incidents in 2017/2018 (Youth Justice Statistics 2017/18 England and Wales).</p>	Thank you for your comment. We have now added secure training centres and secure schools to the list of setting as suggested.

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			We hope that children and young people in the secure youth estate will receive further consideration as the guidelines are developed. Considering the specific issues in the secure youth estate, we also ask whether additional guidance is required to ensure that these guidelines will be fully implemented and benefit those in the youth secure estate.	
Mind	7-8	24-27; 1-25	<p>Key areas that will be covered: Transitions We welcome the focus on transitions in the guidelines. We know that change can be difficult and have an impact on mental health and wellbeing.</p> <p>Whilst the transition from primary to secondary school rightly receives attention as a key transition for children and young people, many of them will experience other changes during their school lives. These might be related to their education, such as summer holidays, changing schools or going onto further/higher education. Many children and young people will experience other changes in their lives too, from their parents separating or a sibling being born, to joining the world of work.</p> <p>We recommend that transitions is looked at more holistically, and not limited to the move from primary to secondary school (and the move to further education for pupils with SEND).</p>	Thank you for your comment. We have now added some text under 'transition' to clarify that it can cover developmental transitions, life transitions and educational transitions. (Section 3.3).
Mind	7-8	24-27; 1-25	<p>Key areas that will be covered: Curriculum as part of a universal approach</p>	Thank you for your comment. We have now moved the line about identifying vulnerable children to the whole school

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			<p>Whilst we welcome the focus on identifying vulnerable children and young people in the guideline's scope, we ask whether this is clear enough under 'Curriculum'? We suggest that this section would be better served by focusing on universal approaches, including a strong curriculum on mental health and wellbeing.</p> <p>Identifying children and young people who may have a mental health problem is an important role that schools can play in supporting the mental health and wellbeing of their pupils. We would want this to be a key part of these guidelines.</p>	<p>approach section. We have also added a review question that will aim to look at screening and assessment approaches for identifying vulnerable children.</p>
Mind	7-8	24-27; 1-25	<p>Key areas that will be covered: Curriculum</p> <p>We agree that schools should be teaching about social and emotional wellbeing and delivering classroom-based interventions. We welcomed the UK government's decision to make health education mandatory for schools in England, and were pleased to see a strong focus on mental wellbeing in the curriculum. The young people we spoke to about the proposal all recommended that mental health and wellbeing be taught in schools, and emphasised the potential that mandatory health education has in tackling stigma.</p> <p>Any education on mental health and wellbeing must prioritise seeking help and support. We want everyone being taught health education in school to know that it is always ok to ask for help, even if they aren't sure if they're experiencing a specific mental health problem.</p>	<p>Thank you for your comment. This is useful information that we will use when developing our review protocols.</p>

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			<p>The young people we spoke to about the health education proposals all highlighted the need to learn about when and how to get support. They also said that health education had to “offer solutions [and support] so people feel reassured instead of scared”. This should be included in the scope of the guidelines, to complement the focus on identifying children and young people who might need support.</p> <p>To help pupils know where and how to access support, teachers and schools must also be aware of what support services are available, including within school, local services and community support. For this reason, we recommend that schools identify at a leadership level how they will support pupils as part of their whole school approach to mental health.</p> <p>Having also recommended that bereavement and loss were included in the new curriculums, we are pleased to see this included in these guidelines.</p> <p>We would also recommend that loneliness and tackling mental health stigma are included in the scope of these guidelines under curriculum.</p>	
Mind	8	17-21	<p>Key areas that will be covered: targeted approaches We welcome the focus on both universal and targeted approaches to social and emotional wellbeing in the guidance. Our whole school approach programme</p>	Thank you for your comment. We will be discussing the terminology used in the guideline throughout the development process. We will forward your findings to the committee to inform this discussion.

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			<p>similarly includes both universal and targeted interventions.</p> <p>From our experience of piloting the whole school approach programme in schools, we have found that the terms 'universal' and 'targeted' have not been well understood, including by schools. We define these terms in terms of access, ie universal is open access, whereas targeted interventions are for a specific group of pupils, which may be defined by need, age etc.</p> <p>In the development of these guidelines, we suggest that it would be helpful to consider these terms further and provide definitions or further information to ensure that they are understood by those implementing the guidelines.</p>	
Mind	9	2	<p>Areas that will not be covered: anxiety and depression</p> <p>We agree that schools should not seek to treat depression or anxiety, especially in the context of this guidance which is focused on social and emotional wellbeing. We would be interested to understand why treating depression and anxiety are listed as areas that will not be covered, rather than other mental health diagnoses?</p> <p>In general, however, we would define schools' role as promoting mental health awareness; tackling stigma and</p>	<p>Thank you for your comment. We have now added text to clarify that we are not covering treatment of diagnosed mental health conditions. (Section 3.3). We have also added that the whole-school approach provides an environment that promotes positive mental wellbeing.</p>

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			discrimination; working to prevent mental health problems; identifying those struggling; and providing appropriate support pupils with mental health problems.	
Mind	11-12	3-4; 14-16; 27-29; 12-14; 15-16	<p>Key issues and draft questions: experiences and views of children and young people</p> <p>As above, we recommend that children and young people are involved in the process of developing these guidelines (Comment 4). Therefore, we particularly welcome the draft questions focused on children and young people's experiences and views.</p> <p>Regarding the draft question on the acceptability of targeted approaches to the recipients, it will be interesting to not only understand whether the approach or intervention is acceptable, but also to explore the acceptability of the intervention in relation to:</p> <ul style="list-style-type: none"> • how those receiving the approach were identified – and what is or isn't acceptable as a process for identifying targeted groups of young people (from the perspective of young people themselves) • how the interventions were delivered and by whom • whether those receiving them would have preferred to do so in a school/education setting or not. 	<p>Thank you for your comment. We are discussing ways to engage children and young people during the guideline development process.</p> <p>The information you have provided is also very useful for informing our review protocols.</p>

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			<p>We would also encourage questions to be asked about confidentiality when looking at targeted interventions in schools. We know that many children and young people are concerned about confidentiality and privacy, particularly for in-school interventions. This could include questions about confidentiality in the identification process, attendance of interventions, and generally how information is shared within the school about who is accessing an intervention.</p> <p>All of the above would apply to both targeted social and/or emotional support (3) and targeted mental health support (5).</p>	
Mind	13-14	1-29; 1-10	<p>Main outcomes In addition to the social and emotional wellbeing outcomes listed in the outcomes framework, we would also recommend the following outcomes be included for consideration:</p> <ul style="list-style-type: none"> • Mental wellbeing • Coping skills • Understanding and awareness of mental health • Ability to discuss mental health • Perceived social support (ie measured via social capital) • Help seeking behaviour • Reduction of mental health stigma 	Thank you for your comment. This level of detail will be considered when drafting our review protocols during the development process.
Mind	Equality impact	Equality impact	Equality Impact Assessment	Thank you for your comment. We will be considering equality throughout the guideline development process in

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	assessment	assessment	<p>We welcome the strong focus on exclusions in the equality impact assessment. We agree that this is an important issue for consideration, and note with concern the number of pupils with mental health problems who have been 'off-rolled' or excluded from school.</p> <p>We would encourage a more comprehensive consideration of the impact on equality as this process continues, particularly in relation to mental health and wellbeing.</p> <p>For example, we know that there are inequalities in referral routes to mental health services for young people. Black young people and mixed-race young people were more than twice as likely to be referred to mental health services through social care and/or youth justice, than through primary care, compared to white British young people. Education was also one of the key referral routes considered in the study (Edbrooke-Childs & Patalay (2019), 'Ethnic Differences in Referral Routes to Youth Mental Health Services', <i>Journal of the American Academy of Child & Adolescent Psychiatry</i> 58:3).</p>	<p>line with the NICE manual and will use our equality impact assessment (EIA) document to help identify and work on areas where an issue has been highlighted.. We have also added the inequality around referrals from the reference you have provided to the EIA document.</p>
Mind	General	General	<p>We're Mind, the mental health charity for England and Wales. We believe no one should have to face a mental health problem alone. We provide advice and support to empower anyone experiencing a mental health problem.</p>	<p>Thank you for your comment.</p>

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			<p>We campaign to improve services, raise awareness and promote understanding.</p> <p>We welcome the review of NICE guidance on social and emotional wellbeing in primary and secondary education, and the opportunity to comment on the scope of the revised guideline.</p> <p>Children and young have told us they place huge value on their mental health and wellbeing, and want it to be given the same importance as academic success. Many want to receive support for their mental health and wellbeing in school. We also know that schools want to do more, but need help to implement it.</p>	
Mind	General	General	<p>Scope: Whole school approach to mental health and wellbeing</p> <p>We welcome the focus on 'whole school approaches' to social and emotional wellbeing in the proposed scope. We agree that supporting mental health and wellbeing works best when it is done at a strategic level and embedded throughout school life – through a whole school approach. Such an approach promotes better mental health and wellbeing, and seeks to support the mental health of everyone involved in school life: pupils, the entire school workforce, parents and the wider community.</p>	Thank you for your offer. This information will be useful to us throughout the development process.

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			<p>We've found unanimous support for a whole school approach to mental health from all sections of the school community. In their review of children and young people's mental health services (2018), the CQC recommended that schools be encouraged to take a whole school approach. It is also a key policy priority for the Department for Education.</p> <p>We also know that the current evidence on what works in schools is mixed and limited, which is why we're developing our own approach in secondary schools.</p> <p>We're piloting a 'whole school approach' programme, which aims to support the mental health of everyone involved in school life: pupils, the entire school workforce and parents/carers. A full evaluation is expected in the Autumn, which we will be happy to share with NICE.</p>	
Mind	General	General	<p>Scope: Home schooling</p> <p>We are concerned that children being home-educated are often some of the most vulnerable, including those with mental health problems. The number of children being home schooled has risen in recent years, with a BBC investigation reporting a 40% increase in three years (BBC, Home schooling in the UK increases 40% over three years, 26 April 2018).</p> <p>Considering this, we would strongly recommend that the guidelines include home schooling as a setting. To</p>	<p>Thank you for your comment. We have listed private homes as an excluded setting because it is outside of the Ofsted inspection framework. However, home-schooled children are not excluded, and we hope to develop recommendations that may also be relevant to them.</p>

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			understand how home schooling could be included as a setting, we would suggest further consultation with local authorities, parents/carers, children and young people being home-educated, and other key stakeholders.	
Mind	General	General	<p>Development of the guidelines: co-production with children & young people</p> <p>We welcome the different opportunities for stakeholders to feed into the development of the guidelines, from submitting comments on the scope to applying for membership of guidelines committees.</p> <p>We are concerned however that the process does not give adequate opportunity for children and young people to participate in the development of the guidelines. We recommend a co-production approach, in line with NICE's commitment to involving people with lived experience in the development of guidance. In line with NICE's approach, we agree that those most directly affected by guidance and recommendations should be involved, and that this must include children and young people.</p> <p>We understand from the scoping workshop that children and young people are not invited to sit on the advisory committee. If it is not possible for children and young people to sit on the committee, we recommend that a parallel advisory board or steering group of children and young people is recruited to advise on the development</p>	Thank you for your comment. We agree that it is important to seek the views of children and young people and will plan to do this throughout the development of the guideline.

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			of the guidelines. Alongside this we encourage NICE to look at what other opportunities children and young people will have to participate in this process.	
Mind	General	General	<p>Scope: Current practice & the Transforming children & young people's mental health agenda</p> <p>The current scope of the guidance recognises the important role that schools can play in supporting their pupils' mental health and wellbeing, from mental health awareness to early identification. The scoping document names some of the challenges that schools face when it comes to pupils' mental health and wellbeing (pg.3-4).</p> <p>The Department for Education and the Department of Health and Social Care have also highlighted the important role that schools play in children and young people's mental health, in their 'Transforming children and young people's mental health provision' green paper.</p> <p>As the guidelines are developed over the next two years, how will learning from the green paper proposals be incorporated into this process? We are particularly interested in any learning from two of the core proposals:</p> <ul style="list-style-type: none"> • Provision of training for a new 'Designated Senior Leads for mental health' role in schools • NHS England's roll-out of Mental Health Support Teams 	Thank you for your comment. The Department for Education, Department of Health and Social Care and NHS England are all registered stakeholders for this guideline so will have an opportunity to comment at consultation. We are aware of the "Transforming children and young people's mental health provision" green paper and will be mindful of this when drafting recommendations.

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			<p>The Mental Health Support Teams are currently being piloted in 25 trailblazers across England, and training for the Designated Senior Leads is being commissioned and rolled out. We understand that all core proposals in the green paper will be evaluated, and learning from the testing of the proposals and best practice will be shared as the work develops.</p> <p>As these proposals are tested and developed, we hope that they will provide key learning about the role of senior leadership in developing a whole school approach to mental health; how schools and services can better work in partnership; how services can support schools in delivering a whole school approach to mental health; and what prevention and early intervention approaches work in school settings.</p> <p>These are important developments relevant to social and emotional wellbeing in education, and we hope that the guidance will be live to these changes. We can also see an important role for this guidance here too, in helping to set out the expectation of joined up multi-agency working and making clear what is the responsibility of schools and teachers, and what sits with local commissioners, NHS services etc.</p> <p>We recommend that NICE works with Department for Education, Department of Health and Social Care and NHS England to ensure that learning from the</p>	

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			'Transforming children and young people's mental health provision' agenda, including the trailblazer pilots, is incorporated into these guidelines.	
Mind	General	General	<p>Scope: parents, carers & families Looking at the two previous pieces of guidance on social and emotional wellbeing in primary and secondary education, there was a strong focus on supporting parents and carers. We would like to see this continued in the revised guidance.</p> <p>We believe that involving parents, carers and families is really important when taking a whole school approach to mental health. In our work, we've heard that parents are supportive of their children's school taking a whole school to mental health. They want to understand mental health and wellbeing, to have access to tools and resources, and know where to access support. They told us that they want to feel more confident when it comes to their child's mental health and wellbeing.</p> <p>We also know that school staff want to engage with parents and carers, but need the tools and support to do so more effectively. In our whole school approach to mental health, we are developing and testing approaches and tools for secondary education providers to help them engage with parents and carers, as well as resources for parents on their family's mental health and wellbeing.</p>	Thank you for your comment. We will be considering interventions that include parents/carers and families as part of the whole school approach.

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NSPCC	7	1-5	Specific consideration should also be given to children in contact with the social care system, for example the child in need category in England or international equivalent. The child in need category will overlap significantly with children who are absent or excluded, but will not be fully captured by it. It is important that we understand if socio-emotional wellbeing programmes (targeted or universal) and whole-school approaches have common or specific effects for vulnerable children, as distinct from the general child population.	Thank you for your comment. We think that children in contact with the social care system will be covered by the groups we have identified in the Equality impact assessment document. We also expect the questions on risk factors will cover these children.
NSPCC	8	23-25	It would be helpful to apply a broad definition of transition, i.e. key child development transitions such as puberty, as well as educational transitions such as the move from primary to secondary schools.	Thank you for your comment. We have now added some text under 'transition' to clarify that it can cover developmental transitions, life transitions and educational transitions. (Section 3.3).
NSPCC	11	5-7	It would be helpful to specifically examine whether whole-school approaches to promote social and emotional wellbeing positively affect teacher wellbeing (rather than just impact on CYP) and whether this is a facilitator.	Thank you for your comment. We will be looking at teacher wellbeing in our questions on barriers and facilitators. We are also updating one other guideline that cover wellbeing in the workplace. This is Mental wellbeing at work PH22.
NSPCC	13	14-18	Expand the outcome variables to understand whether programmes have any impact on incidence of peer-on-peer abuse or sexual harassment in schools	Thank you for your comment. This level of detail will be considered when drafting our review protocols during the development process.
NSPCC	13	19-22	Expand the outcome variables to examine whether targeted or universal programmes affect incidence of child disclosures of maltreatment to school staff.	Thank you for your comment. This level of detail will be considered when drafting our review protocols during the development process.

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NSPCC	General	General	Whether there is any evidence that school-based universal and targeted programmes have increased effectiveness if complemented by out-of-school socio-emotional wellbeing supports (for example, programmes like Childline)	Thank you for your comment. We will consider out of school approaches if it forms part of a whole school approach.
nurtureuk	1 2	26-28 1 – 3	This can be read as not reflecting the fact that interventions designed to improve wellbeing can improve an individual's academic achievement. For example Reynolds, MacKay and Kearney, ('Nurture groups: a large-scale, controlled study of effects on development and academic attainment', 2009) found that nurture groups significantly improved academic achievement in just one school year for children who attended them compared to children who did not.	Thank you for your comment. There is some text in the scope which says that social and emotional competencies can be positively associated with educational achievement (Section 1). As part of the reviewing process we will be looking at the interventions and their effect on academic achievement. If the reference you have provided meets our inclusion criteria, we will evaluate it in our review.
nurtureuk	2	8 - 10	We agree that schools are a key environment for work to improve mental health. We note that positive teacher wellbeing is key to supporting positive relationships with pupils.	Thank you for your comment. We will be looking at teacher wellbeing in our questions on barriers and facilitators. We are also updating one other guideline that will cover wellbeing in the workplace. This is Mental wellbeing at work PH22.
nurtureuk	2	25-27	The Scottish Violence Reduction Unit notes that Adverse Childhood Experiences also increase the risk of someone being involved in violence in the last year by 7 times. Given the government is currently consulting on tackling serious violence as a public health concern we would welcome mention to the fact ACE's do not just harm the individual but have wider social impacts.	Thank you for your comment. We will be looking at this in our review question on risk factors. We will review the evidence we identify and will assess the references you have provided against our inclusion criteria and will include them if eligible.

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nurtureuk	3	19	The quality and commitment of these schools to whole-school approaches can vary. This is one of the reasons why we adopted the National Nurturing School Programme, in which staff are supported and trained directly by experienced consultants.	Thank you for comment. This is useful information that we will carry forward for discussion during guideline development.
nurtureuk	4	5	Nurtureuk launched our 'Now You See Us' report in May 2019 into using the Boxall Profile to assess the social, emotional and mental health of all children in primary schools. This was initially considered a time-consuming task by teachers, but by the end of the trial 92% schools who successfully completed the trial would recommend it to others. Teachers reported the assessment was particularly useful to support whole-class interventions and that it empowered them by informing them about the best interventions. By the end of the trial the number of pupils assessed as having no abnormal social emotional or mental health needs had risen by 23%. Importantly, one of the key determinants of successfully assessing all pupils was school leadership teams commitment, rather than the resources the schools had. This indicates that to improve the social, emotional and mental health of pupils, schools need to be encouraged to prioritise mental health and wellbeing and recognise the impact that this has on academic results.	Thank you for your comment. We have now added a review question to the scope that will be looking at screening and assessment tools. It will aim to look at how useful the tools are for the school and how they should be used. The review question on barriers and facilitators for identifying children at risk will likely identify the importance of school leadership team commitment.
nurtureuk	8	15	We would welcome a full and comprehensive definition of "vulnerable children". A definition based on CAMHS support would be insufficient. For example, teachers	Thank you for your comment. Our review question on risk factors will help to identify which children will be most at risk. We will aim to use our finding to provide a clearer

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			<p>report that even children they regard as having severe needs are not qualifying for CAMHS support because the threshold is extremely high. These are children we and teachers would regard as vulnerable but clearly, they have not been able to access support.</p> <p>In our view, this scope also misses the important role of assessing children's social emotional and mental health. Currently, the majority of mental health screening is carried out on an ad-hoc basis but according to DfE (Supporting Mental Health in Schools and Colleges: Quantitative Survey, 2017) the Boxall Profile is the most used tool by schools which carry out universal and targeted screening for mental health issues.</p> <p>Stressing 'vulnerable' children implies there could be little value in knowing the less severe needs of children in school who's social emotional and mental health needs is still useful to teachers and helps inform whole-school and whole-class strategies. Using assessment through tools like the Boxall Profile to devise strategies recognises that not all pupils, classes or schools are the same. Teachers tell us using the Boxall Profile in this way empowers them and helps give them the confidence to adopt strategies they know will work.</p>	<p>definition.</p> <p>We have now added a review question to the scope that will be looking at screening and assessment tools.</p>
nurtureuk	8	18	We note that identification of needs is key to refer pupils for targeted approaches. Even when a pupil is presenting with obvious signs of social, emotional and	Thank you for your comment. We have now added a review question to the scope that will be looking at screening and assessment tools.

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			<p>mental health need, proper tools like the Boxall Profile can be useful to allow teachers to reflect and consider all aspects of the child's behaviour and not just those which are the most obviously disruptive or distressing.</p> <p>Nurture groups can be an effective tool in improving the mental health of pupils over two years after the end of an intervention ('The effectiveness and rationale of the 'nurture group' approach', O'Connor, Tina and John Colwell, 2002) and have been shown to improve academic attainment within just one school year (Reynolds, MacKay and Kearney, 'Nurture groups: a large-scale, controlled study of effects on development and academic attainment', 2009). They have also been shown to improve behaviour significantly, while 77.7% of children who entered nurture groups as part of one trial were exhibiting difficult behaviour, this reduced to just 20.6 (Queen's University of Belfast Study, 2016, 'The Impact and Cost effectiveness of Nurture Groups in Primary Schools in Northern Ireland').</p> <p>These interventions were also praised by the Timpson review of school exclusion published in May 2019. It highlighted nurture groups saying: "they support children who have not had strong early nurturing experiences, by providing a safe and structured environment where children are encouraged to develop positive and trusting relationships with both teachers and other pupils" and</p>	

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			<p>that "Done well, as I have seen during this review, they can be an effective approach in reducing children's social, emotional and behavioural difficulties while strengthening their academic performance." (Timpson Review, 2019, p. 70).</p> <p>We therefore welcome note that these targeted interventions do not just improve social emotional wellbeing but have knock-on impacts on attainment and behaviour.</p>	
nurtureuk	11	17	We would welcome particular examination of whether assessing the social emotional wellbeing of pupils on a consistent and universal basis facilitates whole-school, curriculum-based and targeted interventions.	Thank you for your comment. We have now added a review question to the scope that will be looking at screening and assessment tools.
nurtureuk	12	3	We do not believe attention to risk factors, by itself is sufficient to identify children and young people who are at risk of or have poor social emotional wellbeing. Whilst we understand the need to examine risk factors, we have found that tools like nurture groups, Boxall Profile and whole-school nurturing approaches can be useful in schools with widely different demographic intakes. For example, whilst schools on the 'Now You See Us' trial had slightly higher than average intake of pupils on free school meals indicating high deprivation, Ofsted has cited examples of nurture groups being used effectively in school with a low Pupil Premium intake, indicating low deprivation (Ofsted, 'The Pupil Premium: How Schools	Thank you for your comment. We have now added a review question to the scope that will be looking at screening and assessment tools.

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			<p>are spending the funding successfully to maximise achievement', 2012).</p> <p>This is why we favour the use of the Boxall Profile by class teachers to gain a better understanding of the needs in their school. The 'Now You See Us' report from nurtureuk showed that needs even varied within the same school from cohort to cohort. To help them fully understand the social emotional and mental wellbeing of pupils, teachers should be directly assessing their pupils, not simply relying on an awareness of risk factors.</p>	
nurtureuk	13	15	<p>We welcome the acknowledgement that attainment is linked to wellbeing. This is borne out by our experience of nurture groups which boost mental health and attainment.</p> <p>We would like attention to be paid to timing and sequencing of these outcomes. For example, cost-effective educational benefits may not be visible shortly after an intervention. Investigating this criteria should focus on actual outcomes, not just perceived potential outcomes. For example, targeted interventions which involve considerable amount of time out of class should not be penalised if they are evidenced as improving educational attainment through test results or other effective measures of outcomes.</p>	<p>Thank you for your comment. This level of detail will be considered when drafting our review protocols during the development process.</p>

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nurtureuk	General	General	<p>We welcome that outcomes against which interventions will be judged includes social emotional functioning and academic attainment and recognises the link between wellbeing, behaviour and attainment.</p> <p>We hope the guidelines are explicit in recognising the link between wellbeing, behaviour and attainment from the beginning. The notes from the consultation workshop in April note the importance of buy-in from teachers, in our experience linking these three will help secure buy-in. School leadership teams may see the three as separate and relatively unconnected and if prioritising results may neglect social emotional wellbeing. We believe this is an approach which is harmful to both, as a teacher from Marsh Green School in Wigan told us:</p> <p><i>"If pupils don't feel happy and safe within school, they won't learn anyway, so you can all carry on teaching till your heart's content but they won't take it in if they don't feel happy, secure and their basic needs aren't being met."</i></p>	Thank you for comment. This is useful information that we will carry forward for discussions during guideline development.
Partnership for Children	3	14-18	Reference Ofsted's new inspection framework – personal development emphasis	Thank you for your comment. We have referenced the new Ofsted inspection framework in the Policy, legislation, regulation and commissioning section. We have also added "personal development" to the text in section 1.
Partnership for Children	8	1	Reference to PHE 2015 report on whole school approach	Thank you for your comment. We have now referenced the PHE 2015 report in the whole school approach section. (Section 3.3)

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Partnership for Children	8	1	Whole school approach should also include staff development and staff health and wellbeing	Thank you for your comment. We will be looking at teacher wellbeing in our questions on barriers and facilitators. We are also updating another guideline that will cover wellbeing in the workplace. This is Mental wellbeing at work PH22.
Partnership for Children	9	2	Areas that will not be covered: should refer to any/all mental health problems or complex needs, not just depression/anxiety	Thank you for your comment. We have now added text to clarify that we are not covering treatment of diagnosed mental health conditions. (Section 3.3)
Partnership for Children	13	1	Main outcomes – include detail about type of evidence and how it will be assessed e.g. qualitative, randomised, UK only? & type of measurements e.g. teacher, parent or child report	Thank you for your comment. This level of detail will be considered when drafting our review protocols during the development process.
Partnership for Children	13	1	Main outcomes – when searching for evidence, consider if interventions are recognised by other organisations e.g. CASEL, EIF, EEF etc.	Thank you for your comment. The information you have provided is very useful for informing our review protocols.
Partnership for Children	13	4	Other social and emotional wellbeing outcomes to include: emotional literacy and coping skills	Thank you for your comment. We will consider the outcomes you have suggested when writing the protocols for our evidence reviews during the development process.
Partnership for Children	13	14	Other school outcomes to include: behaviour, class climate and bullying	Thank you for your comment. We will consider the outcomes you have suggested when writing the protocols for our evidence reviews during the development process.
Partnership for Children	13	25	Other acceptability outcomes to include: engagement of children	Thank you for your comment. We will consider the outcomes you have suggested when writing the protocols for our evidence reviews during the development process.
Partnership for Children	13	28	Include cost effectiveness?	Thank you for your comment. We have now added "Economic outcomes" to our list of main outcomes.

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Partnership for Children	General	General	Example of interventions to be included in this guidance: Partnership for Children's Skills for life programmes – Zippy's Friends and Apple's Friends	Thank you for your comment. We will use the information you have provided to help inform our review protocols. Interventions identified that meet our inclusion criteria will be evaluated in our reviews and presented to the committee.
Partnership for Children	General	General	The guidelines should include how schools can measure the impact of social and emotional wellbeing interventions themselves – advice around outcome measurements	Thank you for your comment. This will form part our discussions with the committee on the evidence during the development process.
Royal College of General Practitioners	2	25	There is a substantial evidence base for the impact of adverse childhood events on adult mental and physical health including: Felitti https://www.sciencedirect.com/science/article/pii/S0749379798000178 Blackburn and Darwen Study https://www.blackburn.gov.uk/Pages/aces.aspx	Thank you for your comment. We will be looking at this in our review question on risk factors. We will review the evidence we identify and will assess the references you have provided against our inclusion criteria and will include them if eligible.
Royal College of General Practitioners	3	22	Improving school environments should aim to reduce numbers of unsafe spaces see Dr Firmin's research https://contextualsafeguarding.org.uk/about/what-is-contextual-safeguarding	Thank you for your comment. We will consider this useful information you have provided when developing protocols for our reviews during the development process.
Royal College of General Practitioners	4	23	There are also no legislative requirements for schools to disclose incidents of physical and/or sexual violence on school premises	Thank you for your comment and the information you have provided. This section of the scope is a summary of what policies or legislation our guideline will likely complement. We have not added information regarding the disclosure of incidents of physical and/or sexual violence on school

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				premises for this reason. . We will however keep this in mind during discussions with the committee during development.
Royal College of General Practitioners	5	8	It would be good to include the effectiveness of these interventions included in the guideline if possible or a reference to their impact assessment	Thank you for your comment. We will be aiming to conduct reviews on the effectiveness of interventions. These reviews will be published alongside the guideline. The findings of these reviews will be used to inform the committee in drafting recommendations.
Royal College of General Practitioners	5	27	There is no mention of GPs here yet these children are often told by schools to see the GP and, currently, GPs referrals are often needed to access mental health services	Thank you for your comment. We think GPs will be captured under "Practitioners with a health or social care remit ... working with the NHS". (Section 2)
Royal College of General Practitioners	7	19	The mental health needs of children in young offender institutions are likely to be very different from pupils in mainstream schools with higher rates of serious addictions and PTSD	Thank you for your comment. We will be looking at this in our review question on risk factors. We have also identified prisoners and young offenders as a group for special consideration for this guideline in the equality impact assessment document.
Royal College of General Practitioners	7	20	Similarly, children in secure children's homes will have different and greater needs	Thank you for your comment. We will be looking at this in our review question on risk factors. We have also identified prisoners and young offenders as a group for special consideration for this guideline in the equality impact assessment document.
Royal College of General Practitioners	7	23	Some home-schooled children have been withdrawn from school because of alleged mental health problems. Once out of school they may become invisible to services.	Thank you for your comment. Children who are home-schooled will be covered by this guideline. We have also identified specific groups for consideration in the Equality

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				impact assessment document including children and young people with long term conditions.
Royal College of General Practitioners	8	2	Any integrated approach requires robust information sharing agreements, we hope that guidance on information sharing will be given in this guideline	Thank you for comment. This is useful information that we will discuss during guideline development. Information sharing will be discussed in relation to the evidence identified and the expertise of the committee.
Royal College of General Practitioners	8	5	We agree that guidance supporting transition, especially the move from primary to secondary schools is important. Many children in deprived areas find the difference between schools too great to manage easily.	Thank you for your comment. We have now added some text under 'transition' to clarify that it can cover developmental transitions, life transitions and educational transitions. (Section 3.3).
Royal College of General Practitioners	8	7	It may be beneficial to involve Senior 2s (second year 12/13 year olds) in shaping the curriculum content and highlighting areas of difficulty.	Thank you for your comment. We agree that it is important to seek the views of children and young people and will plan to do this throughout the development of the guideline.
Royal College of General Practitioners	8	7	The evidence of approaches is in the “Depression in Children” update 2019 should be considered here for prevention as well as treatment e.g. “Stress Busters” which is an evidence-based UK approach.	Thank you for comment. This is useful information that we can use to inform our searches for evidence during guideline development.
Royal College of General Practitioners	12	11	The committee should consider making a recommendation around regular evaluation of the counselling services provided in schools.	Thank you for your comment. The committee will make recommendations after reviewing the evidence.
Royal College of General Practitioners	12	11	The committee should consider making recommendations around information sharing for referral to a different level of service e.g. psychiatrist. Currently, when a child is brought by a parent or carer to the GP to say that the school counsellor has asked for a referral	Thank you for your comment. The committee will make recommendations after reviewing the evidence.

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			there is often no accompanying information available on what assessment has taken place and the type of care that has already been provided.	
Royal College of General Practitioners	General	General	The RCGP has a toolkit on safeguarding children and young people. This can be found here: https://www.rcgp.org.uk/clinical-and-research/resources/toolkits/the-rcgp-nspcc-safeguarding-children-toolkit-for-general-practice.aspx	Thank you for your comment. We will consider this toolkit when we start the reviewing process for this guideline.
Royal College of General Practitioners	General	General	This update is welcome as GPs are seeing an increasing number of children and young people with mental health problems while schools are reporting that adverse childhood experiences are affecting behaviour, relationships with staff and other children as well as an increased incidence of complex learning disorders, violence, self-harm and abuse of all kinds. Children with mental health conditions attending Emergency Departments may require admission to a psychiatric unit but there may not be suitable beds available. These children often have to be admitted into a general paediatric unit where medical and nursing staff are not necessarily qualified to provide appropriate management.	Thank you for comment. This is useful information that we will carry forward for discussions during guideline development.
Royal College of General Practitioners	General	General	The role of the GP in intervention should be given consideration in this guideline. From the General Practice perspective, the GP is ideally placed to work with local primary schools and their	Thank you for your comment. This is useful information that we will use to inform our committee discussions around referral pathways keeping in mind how varied this might be on a local level.

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			families. The mental health support could be based at the GP practice or primary care networks. This would ensure that support is always available in the same place and would enable continuity of care throughout a person's life. This may be preferable to a psychologist or school nurse who may not be regularly available within the school, if they are dividing their time between up to 6 different schools.	
Royal College of General Practitioners	General	General	The accessibility of initiatives to help children with mental health conditions can be an issue. The multiple local authority initiatives based within school to help these children experience high demand in areas of greatest need. The GPs' role in advocating for children, young people and their families needs further clarification.	Thank you for your comment. This is useful information that we will use to inform our committee discussions around referral pathways keeping in mind how varied this might be on a local level.
Royal College of General Practitioners	General	General	Waiting times for services is an issue, CAMHS has waiting lists of up to a year in many areas. Ideally once needs are identified there shouldn't be a long waiting time for further assessment. It would be great if this guideline can help to address this.	Thank you for your comment. This is useful information that we will use to inform our committee discussions around referral pathways keeping in mind how varied this might be on a local level.
Royal College of Nursing	6 and 7	18 and 6	Groups covered / groups not covered: Do these guidelines need to identify those who refuse to go to school/experiencing anxiety in attending school resulting in intermittent attendance?	Thank you for your comment. This group would be given specific consideration as they are children who will potentially be absent from school for regular periods of time. Children who avoid school for anxiety reasons are also covered in related guidance on Social anxiety disorder: recognition, assessment and treatment CG159.

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Royal College of Nursing	9	10	Additional published NICE guidance suggest add ' <u><i>NICE Social anxiety disorder: recognition, assessment and treatment</i></u> ' to the list.	Thank you for your comment. We have now added a link to this guideline under 'Related NICE guidance
Royal College of Nursing	General	General	<p>The Royal College of Nursing (RCN) welcomes proposals to update the NICE Social and emotional wellbeing in primary and secondary education guidelines.</p> <p>The RCN invited colleagues who work in the school nursing service to review the draft document on its behalf. The comments below reflect the views of our reviewers.</p>	Thank you for your comment.
Royal College of Nursing	General	General	School nurses have a key role in supporting primary and secondary school staff to identify and meet the needs of pupils in primary and secondary schools. This includes social and emotional wellbeing issues and needs. The Royal College of Nursing is however, extremely concerned about the decreasing number of school nurses and school health service provision provided across the country.	Thank you for comment. This is useful information that we will carry forward for discussions during guideline development.
Royal College of Paediatrics and Child Health	General	General	The reviewer was happy with the draft scope, although it was mentioned that the setting of home-schooling may need to be reviewed.	Thank you for your comment. We have listed private homes as an excluded setting because it is outside of the Ofsted inspection framework. However, home-schooled children are not excluded and we hope to develop recommendations that may also be relevant to them..
Royal College of Speech and Language Therapists	1	20-23	The scope should include communication skills as fundamental to the inter-related set of cognitive,	Thank you for your comment. We have now added "communication" to our list of competencies. (Section 1).

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			<p>emotional and behavioural competencies that make up social and emotional skills. The Early Intervention Foundation document referenced in the draft scope lists communicating clearly and listening well within relationship skills, but communication skills are also fundamental to the other four domains of social and emotional skills:</p> <ul style="list-style-type: none"> • self awareness - Children and young people with speech, language and communication needs (SLCN) may have difficulties finding the words which describe their own feelings. • self regulation – Language is important for emotional regulation – children with SLCN can find it hard to cope with their emotions and calm themselves. • social awareness – Children and young people with SLCN may struggle to understand jokes, idioms and sarcasm, all of which are important for social interaction. They may also have difficulties understanding the rules of conversation, including how to repair misunderstandings when they occur. • responsible decision making – Language skills are needed to understand our own and other peoples' thoughts and feelings, which are 	

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			<p>necessary for making ethical and constructive choices about our own behaviour.</p> <p>[For more information see the RCSLT factsheet 'Understanding the links between communication and behaviour' – available online: http://bit.ly/2PThsFQ]</p> <p>For the reasons described above, line 23 should be revised to read “an interrelated set of cognitive, <i>linguistic</i>, emotional and behavioural competencies.”</p>	
Royal College of Speech and Language Therapists	2	10	<p>The scope should specify children and young people with speech, language and communication needs (SLCN) as a group at increased risk of mental ill health. This is well-supported by research evidence, for example:</p> <ul style="list-style-type: none"> • Children with language difficulties have an impoverished quality of life in terms of moods and emotions and are more at risk in terms of social acceptance and bullying.¹ • Longitudinal studies of children with identified SLCN demonstrate an elevated risk of social, emotional and behavioural difficulties in adolescence.² • Deficits in pragmatic language (social communication) precede early and late adolescent psychotic experiences and early adolescent depression.³ 	<p>Thank you for your comment. We have added some text to section 2 of the Equality impact assessment document that highlights children with SLCN as a group for special consideration. We will also evaluate the references you have provided and include them in our reviews should they meet our inclusion criteria.</p>

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			<p><u>References</u></p> <p>1) Lindsay G. & Dockrell J. (2012). The relationship between speech, language and communication needs (SLCN) and behavioural, emotional and social difficulties (BESD), Department for Education research report DFE-RR247-BCRP6</p> <p>van den Bedem, N. P., Dockrell, J. E., van Alphen, P. M., Kalicharan, S. V., & Rieffe, C. (2018). Victimization, Bullying, and Emotional Competence: Longitudinal Associations in (Pre)Adolescents With and Without Developmental Language Disorder. <i>Journal of Speech Language and Hearing Research</i>, 61(8): 2028-2024.</p> <p>Lyons, R., & Roulstone, S. (2018). Well-Being and Resilience in Children With Speech and Language Disorders. <i>Journal of Speech, Language, and Hearing Research</i>, 61(2): 324-344</p> <p>Levickis, P., Sciberras, E., McKean, C., Conway, L., Pezic, A., Mensah, F. K., Reilly, S. (2018). Language and social-emotional and behavioural wellbeing from 4 to 7 years: a community-based study. <i>European Child & Adolescent Psychiatry</i>, 27(7): 849–859.</p> <p>Forrest, C. L., Gibson, J. L., Halligan, S. L., & St Clair, M. C. (2018). A longitudinal analysis of early language difficulty and peer problems on later emotional difficulties in adolescence: Evidence from the Millennium Cohort</p>	

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			<p>Study. Autism & Developmental Language Impairments, 3: 1-15.</p> <p>2) Snowling, M.J., Bishop, D.V., Stothard, S.E., Chipchase, B., & Kaplan, C. (2006). Psychosocial outcomes at 15 years of children with a preschool history of speech-language impairment. Journal of Child Psychology and Psychiatry, 47, pp759–765</p> <p>3) Sullivan S.A., Hollen L., Wren Y., Thompson A.D., Lewis G. & Zammit S. (2016) A longitudinal investigation of childhood communication ability and adolescent psychotic experiences in a community sample, Schizophr Res. ;173(1-2):54-61.</p>	
Royal College of Speech and Language Therapists	2	11	Interventions to develop or improve social and emotional wellbeing can also include topics such as narrative skills, conversational skills, dealing with peer pressure and how to communicate in different social situations.	Thank you for your comment. We will use this information to inform our protocols during the development process.
Royal College of Speech and Language Therapists	2	14	The scope should recognise that the ability to manage social relationships is important not only to prevent bullying but also for overall social and emotional wellbeing.	Thank you for your comment. We will use this information to inform our protocols during the development process. ..
Royal College of Speech and Language Therapists	2	18	<p>Under key facts and figures, the scope should include the link between speech, language and communication and social and emotional wellbeing:</p> <p>General wellbeing</p> <ul style="list-style-type: none"> • Verbal cognitive ability appears to be a powerful protective factor against the development of 	Thank you for your comment. We have added some information to section 2 of the Equality Impact Assessment document for children and young people with speech, language and communication difficulties based on the data you have provided.

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			<p>childhood conduct problems (Centre for Mental Health, 2018).</p> <p>Mental health</p> <ul style="list-style-type: none"> Children with a mental disorder are about five times more likely to report having speech or language problems (14.9%) than those without (3.2%). (NHS Digital, 2017). In a meta-analysis of 22 studies, 81% of children with emotional and behavioural disorders were found to have communication needs that had not previously been identified. (Hollo et al, 2014). <p>For more key facts and figures, see RCSLT briefing: Improving mental health outcomes for school age children: evidence of links with speech, language and communication: http://bit.ly/2DSag8K</p>	
Royal College of Speech and Language Therapists	4	7	Some schools also use specialist staff such as healthcare professionals (including speech and language therapists) to identify children that may benefit from targeted interventions.	Thank your comment. We have now edited the text to say that schools may use other professionals such as a speech and language therapist to help identify children who need additional support.
Royal College of Speech and Language Therapists	6	25	Given the increased risk of mental health problems in children and young people with speech, language and communication needs (SLCN) described above, the guidelines should give specific consideration to children and young people with SLCN.	Thank you for your comment. We have added some text to section 2 of the Equality impact assessment document that highlights children with speech, language and communication needs as a group for special consideration.

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			<p>This is particularly important given that:</p> <ul style="list-style-type: none"> • children with SLCN are at increased risk of unrecognised mental health needs • many of the interventions which aim to develop or improve social and emotional wellbeing are verbally delivered and therefore rely heavily on children's language ability, with the subsequent risk of being inaccessible to children with SLCN. <p>The guidelines should also give specific consideration to looked after children and young people involved in the justice system.</p>	
Royal College of Speech and Language Therapists	7	20	<p>Given the fact that that many children in residential care have undetected speech, language and communication needs (SLCN)¹ and secure children's homes will be covered by this scope, it is important that the scope considers the impact of undetected SLCN. These young people are a particularly vulnerable/at risk group (p. 8 point 15)</p> <p><u>References</u></p> <p>1) McCool, S., & Stevens, I. C. (2011). Identifying speech, language and communication needs among children and young people in residential care. <i>International Journal of Language & Communication Disorders</i>, 46(6), 665–674.</p>	<p>Thank you for your comment. We have added some text to section 2 of the Equality impact assessment document that highlights children with speech, language and communications needs as a group for special consideration. We will also assess the references you have provided against the inclusion criteria for our reviews and include them if they are eligible</p>

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			Lum, J. A. G., Powell, M., & Snow, P. C. (2018). The influence of maltreatment history and out-of-home-care on children's language and social skills. <i>Child Abuse & Neglect</i> , 76, 65–74.	
Royal College of Speech and Language Therapists	8	8	Given the evidence that communication skills are a protective factor for social and emotional wellbeing, it would be helpful to consider evidence on universal approaches to supporting speech, language and communication development, and the impact on social and emotional wellbeing.	Thank you for your comment. We will be reviewing evidence interventions to improve social and emotional wellbeing. This could include interventions that focus on communication skills. We will also be looking for evidence for interventions delivered to children with special educational needs and disabilities.
Royal College of Speech and Language Therapists	8	15	The scope should specify which groups of vulnerable children and young people will be considered – to include those listed in NICE guideline PH40: <ul style="list-style-type: none"> • parental drug and alcohol problems • parental mental health problems • family relationship problems, including domestic violence • criminality • are in a single parent family • were born to parents aged under 18 years • were born to parents who have a low educational attainment • were born to parents who are (or were as children) looked after (that is, they have been in the care system) • have physical disabilities 	Thank you for your comment. We have identified specific groups for consideration in the Equality impact assessment document. We are also planning to review the evidence and aim to identify the risk factors and protective factors for social and emotional wellbeing.

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			have speech, language and communication difficulties	
Royal College of Speech and Language Therapists	8	19	<p>Given the links between children's speech, language and communication skills and their social and emotional wellbeing, the scope should include targeted interventions which address communication skills including:</p> <ul style="list-style-type: none"> • narrative skills • conversational skills, • how to communicate in different social situations. • social skills group interventions, for example, Social Use of Language Programme (SULP), Talkabout and Lego Therapy. <p>This would be consistent with communication skills being one of the social and emotional wellbeing outcomes in section 3.6 (p. 13, line 6).</p> <p>The scope should also include differentiated interventions for children and young people with special educational needs and disabilities, including speech, language and communication needs.</p>	Thank you for your comment. We will be reviewing evidence interventions to improve social and emotional wellbeing. This could include interventions that focus on communication skills. We will also be looking for evidence for interventions delivered children with special educational needs and disabilities.
Royal College of Speech and Language Therapists	9	3	<p>The draft scope currently excludes managing disruptive or violent behaviour. We feel this area should be included, as disruptive or violent behaviour is often secondary to an underlying issue such as unsupported special educational needs, including as social, emotional</p>	Thank you for your comment. Management of disruptive or violent behaviour will not be covered in this guideline as it is covered in related guidance: Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges NG11

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			and mental health (SEMH) needs or speech, language and communication needs (SLCN).	and Antisocial behaviour and conduct disorders in children and young people: recognition and management CG158.
Royal College of Speech and Language Therapists	10	23	An additional question should be added to the draft questions on universal approaches, targeted social and/or emotional support, and targeted mental health support: How are approaches differentiated and made accessible for those with special education needs and disabilities (SEND) and/or speech, language and communication needs (SLCN)?	Thank you for your comment. We intend to review the evidence where available on interventions for or adapted for the SEND population. This applies to the review questions.
Royal College of Speech and Language Therapists	13	6	When considering communication skills as an outcome, it will be particularly important to include the following: <ul style="list-style-type: none"> • Pragmatic (social communication) skills, as evidence indicates these have important impacts on the development of positive relationships; see: Chen, J., Justice, L. M., Rhoad-Drogalis, A., Lin, T.-J., & Sawyer, B. (2018). Social Networks of Children With Developmental Language Disorder in Inclusive Preschool Programs. Child Development. Conti-Ramsden, G., Mok, P., Durkin, K., Pickles, A., Toseeb, U., & Botting, N. (2018). Do emotional difficulties and peer problems occur together from childhood to adolescence? The case of children with a 	Thank you for your comment. We will be reviewing the evidence we identify for all our review questions. We will also assess the references you have provided against our inclusion criteria and include if eligible.

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			<p>history of developmental language disorder (DLD). European Child & Adolescent Psychiatry.</p> <ul style="list-style-type: none"> • Narrative skills. Evidence shows that students with poor oral narrative skills also deal with social situations in aggressive, non-verbal ways (Hedberg, 1986) and are more aggressive and used direct action to solve interpersonal problems (Gallagher, 1999). See also: <p>Pearce, P., Johnson, C., Manly, P., & Locke, J. (2014). Use of narratives to assess language disorders in an inpatient pediatric psychiatric population. <i>Clinical Child Psychology and Psychiatry</i>, 19(2): 244–259.</p> <p>Dealy, J., Mudrick, H., & Robinson, J. (2019). Children's narrative story stem responses: Contributions of executive functioning and language proficiency to relationship representations. <i>Social Development</i>, 28(1): 168–185.</p> 	
Royal College of Speech and Language Therapists	General	General	<p>There is strong evidence of the links between children's speech, language and communication skills, and their social and emotional wellbeing.</p> <p>The Early Intervention Foundation (EIF) report that "children's language capabilities are strongly associated with a wide variety of important child outcomes – including... children's social, emotional and behavioural development".¹</p>	Thank you for your comment. We have identified specific groups for consideration in the Equality impact assessment document. We are also planning to review the evidence and aim to identify the risk factors and protective factors for social and emotional wellbeing.

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			<p>This link is recognised in the NICE guideline on social and emotional wellbeing in the early years, which states that “Difficulties with speech, language and communication may contribute significantly to social and emotional wellbeing problems and the resulting behaviour that may ensue”.²</p> <p>This link is evident beyond the early years; in a separate report, the EIF state: “language capabilities remain critical throughout school, affecting not only children’s academic performance, but also their behavioural and emotional wellbeing”.³</p> <p>Given this evidence, the RCSLT recommend that this link is reflected throughout the scope, including through the suggestions detailed below.</p> <p><u>References</u></p> <p>1) Early Intervention Foundation (2018). Key competencies in early cognitive development: Things, people, numbers and words</p> <p>2) NICE (2012). Social and emotional wellbeing: early years. Public health guideline [PH40]</p> <p>3) Early Intervention Foundation (2017). Language As A Child Wellbeing Indicator.</p>	
Summer Born Campaign	1 and General	9 and General	Re: NICE worked with Public Health England to develop this scope	Thank you for your comment. We have added a section to the Equality Impact Assessment document (section 2.1) describing the challenges that Summer born children face.

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			<p>Please see this August 10, 2015 report (published on the official blog of Public Health England), titled 'Ensuring all children have the best start in life'. https://publichealthmatters.blog.gov.uk/2015/08/10/ensuring-all-children-have-the-best-start-in-life/</p> <p>It states that “two in every five children in the capital are not ready for school aged five.” And that “School readiness is a strong indicator of how prepared a child is to succeed in school cognitively, socially and emotionally.”</p> <p>The focus of the article is on better preparedness for children prior to arriving in school, and it links to a government GLD (good level of development) measure “to assess how ‘school ready’ a child is...at the Early Years Foundation Stage (from birth to five years old)”.</p> <p>However, if NICE reviews that link (https://www.gov.uk/early-years-foundation-stage), it is evident that under the heading ‘Assessments’, it reads: “Their class teacher will assess them at the end of the school year when they turn 5.”</p> <p>This means that for summer born* children who enter school one year early, at age 4 (or still age 3 in some areas of the country where the autumn term begins before August 31st), their readiness for school is not only assessed AFTER they have already been in school for</p>	<p>We will also carry forward the information you have provided us for discussion during the guideline development process.</p>

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			<p>one year, but also BEFORE they actually turn 5, which is contrary to the government's own description of its EYFS assessment.</p> <p>In fact the reason that some of those “two in every five children in the capital are not ready for school aged five” is simply because they are barely 4 years old, and would fare better if they entered school at compulsory school age (CSAge), which is the term following a child's 5th birthday. The Public Health England report does not mention this.</p> <p>As such, the Summer Born Campaign (SBC) would like to ensure that the NICE guideline development team is aware of the current legal rights of parents to enrol their children at CSAge, the well evidenced social and emotional wellbeing benefits this additional year of cognitive development offers many summer born children, the adverse effects related to children being forced to start school too early or miss a year of school, the lack of shared information and support for parents in lower socioeconomic groups, the barriers parents are facing in some schools and councils, and the good practice (and positive outcomes) being employed by others.</p> <p>Please also see the parents' comments beneath the</p>	

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			Public Health England report, and the other article links included in this submission. *born between April 1 st and August 31 st	
Summer Born Campaign	4	13	Re: Policy, legislation, regulation and commissioning Suggest including these: School Admissions Code https://www.gov.uk/government/publications/school-admissions-code--2 "Advice on the admission of summer born children" https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/389448/Summer_born_admissions_advice_Dec_2014.pdf	Thank you for your comment. We have not added the School admissions code or the Advice on the admission of summer born children here as they are not policies that directly relate to social and emotional learning or mental health and wellbeing. However, we have added some text to section 2 of the Equality impact assessment highlighting summer born children as a group for special consideration.
Summer Born Campaign	6	22-24	Re: [Who is the focus? Groups that will be covered]... Where there is evidence that allows such analysis, specific groups of children and young people vulnerable to poorer outcomes will be considered such as those listed in the Equality Impact Assessment (EIA). It would be helpful to include "compulsory school age summer born children" or "summer born children entering school at compulsory school age" as a specific group. In the UN Convention on the Rights of the Child -	Thank you for your comment. We have added some text to section 2 of the Equality impact assessment document that highlights summer born children as a group for special consideration.

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			<p>CRC/C/GC/14, the Committee on the Rights of the Children General comment No.14 (2013) on the right of the child to have his or her best interests taken as a primary consideration (art. 3, para. 1)* states:</p> <p>“In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration.”</p> <p>Convention on the Rights of the Child (art. 3, para.1) https://summerbornchildren.files.wordpress.com/2013/03/14-jan-15-summer-born-report-csa-lowered-to-4-through-unfair-and-unlawful-sb-admissions-process.pdf (page 21)</p> <p>Neither the government nor any school head or council administrator has produced research or evidence that demonstrates:</p> <p>1) It is in a child's best interests to miss an entire year of school (be that their foundation Reception class year or any other subsequent year of school). On the contrary (March 2019): Number of parents fined for term-time holidays at record level https://www.theguardian.com/education/2019/mar/21/parents-fined-term-time-holidays-children-missing-school-record-level</p>	

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			<p>2) It is in a summer born child's best interests to enter school one year early, at age 4, against their parents' wishes (there is a significant body of evidence demonstrating poorer social, emotional and academic outcomes for these children).</p> <p>3) It is in a summer born child's best interests to enter Year 1 at CSAge and miss their "critical" (DfE description of) Reception class year.</p> <p>And yet these three things are currently happening in numerous areas of England. Also, the SBC has been told by some admissions authorities that data is not collected on summer born children who enter Year 1 at CSAge without access to Reception class, so their outcomes (and confirmation of whether this was indeed in their best interests) are formally unknown. The SBC however is aware of cases where the outcomes of these have proved damaging for the children involved.</p> <p>Furthermore, the admissions process for summer born children's first entry to school can be completely different to other children. In many areas of England, it starts a whole year earlier than any other child, can involve two rounds of stressful applications instead of one, reduces the statutory number of school preferences that parents of all other children have (since parents can only apply to schools where their 'request' for Reception class entry is agreed to; also, where schools only allows a Year 1</p>	

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			application at CSAge, the class will most likely be full), and CSAge entry to school does not guarantee the same 12 years of education as everyone else.	
Summer Born Campaign	7	1-3	<p>Re: [Specific consideration will be given to] Children and young people who have been absent from school for extended or regular periods of time, for example those with a long-term condition or those that have skipped a year due to their age.</p> <p>The Summer Born Campaign understands from NICE correspondence that the new inclusion of children who “have skipped a year due to their age” is to highlight that they may be at a particular disadvantage, and that the committee will be mindful of this when looking at the evidence and drafting recommendations.</p> <p>However, I'd like to please urge the committee to ensure that any reference to this issue avoids 'normalizing' a skipped year, and implementing recommendations for coping or support strategies for those young children who have experienced or are experiencing it. The research and evidence in this area supports ending this practice (and I would add, threat of it happening, since this makes many parents enrol their child in school at age 4 out of fear).</p> <p>The SBC would welcome a strong recommendation from NICE that is not in a summer born child's best interests</p>	<p>Thank you for your comment. We have now removed the line that says, "children who have skipped a year due to their age". However, we have also added some text to section 2 of the Equality impact assessment document to highlight this group for special consideration. We will also assess the references you have provided against the inclusion criteria for our reviews and include them if they are eligible.</p>

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			<p>to be made to miss a (any) year of school education, especially against their parents' wishes. Summer born children should be permitted to remain in the year group they entered school.</p> <p>As per the 1996 Education Act: "Pupils to be educated in accordance with parents' wishes." (Extract in full can be read on page 7 of this January 2014 report: https://summerbornchildren.files.wordpress.com/2013/03/14-jan-15-summer-born-report-csa-lowered-to-4-through-unfair-and-unlawful-sb-admissions-process.pdf)</p> <p>Also see in the same report: UN Convention on the Rights of the Child - CRC/C/GC/14) The Committee expects States to interpret development as a "holistic concept, embracing the child's physical, mental, spiritual, moral, psychological and social development" (general comment No. 5, para. 12). (page 21)</p> <p>This recommendation would also further support the government's position (2015-present): https://www.gov.uk/government/publications/summer-born-children-nick-gibbs-letter-about-school-admissions "I wanted, therefore, to set out the government's position on the admission of summer born children, and our intention to amend the School Admissions Code to ensure that summer born children do not miss out on an important year of schooling."</p>	

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			<p>That said, a recommendation to help those children who have already been put in this position would be welcome (see #7 on repeating a school year for more details).</p> <p>It's worth bearing in mind that if national or local policies involved any other child (autumn or spring born) being forced to miss a year of school against their parents' wishes, it would be deemed unacceptable, and obvious that this would have a detrimental effect.</p> <p>In fact, this University of Warwick study, published in the Journal of Developmental Medicine and Child Neurology, points out that research to examine the effects of a missed school year would not be ethical (and researchers already know the likely results). (2015 Delayed school entry and academic performance: a natural experiment https://doi.org/10.1111/dmcn.12713 https://onlinelibrary.wiley.com/doi/full/10.1111/dmcn.12713)</p> <p>It would suggest that what is currently happening in parts of England is therefore 'an unnatural experiment': https://summerbornchildren.org/2015/02/19/new-research-suggests-dfes-policy-of-summer-born-children-missing-year-of-school-is-an-unnatural-social-experiment/</p>	

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			<p>The Summer Born Campaign, as representatives of parents, teachers, heads, administrators and early years staff that agree children's social and emotional wellbeing is adversely impacted by a forced early school start and/or missed school year, include these links highlighting support for such recommendations:</p> <p>MPs: https://summerbornchildren.org/2015/05/11/mp-support-for-summer-born-campaign/</p> <p>Prospective Parliamentary Candidates: https://summerbornchildren.org/2015/05/04/prospective-parliamentary-candidates-supporting-summer-born-campaign/</p> <p>Education Professionals: https://summerbornchildren.org/2016/12/20/education-professionals-support-summer-born-campaign/</p> <p>Early years internationally renowned expert Steve Biddulph: https://summerbornchildren.org/2016/11/09/early-years-expert-supports-the-summer-born-campaign/</p> <p>Pre-school Learning Alliance Chief Executive: https://summerbornchildren.org/2014/02/08/pre-school-learning-alliance-adds-its-support-to-our-campaign/</p>	

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			<p>“The harsh reality is that summer born children are at a disadvantage in the current system; evidence clearly shows this. Summer born children are three times more likely to be perceived by their teacher as lagging behind in subjects such as reading, writing and maths, they struggle at sports, are more likely to be bullied, and are less likely to attend university. These disadvantages have an impact on the life chances of these children. Any suggestion that summer-borns will at some point ‘catch up’ is not supported by evidence. There seems to have been a massive move in the last few years to try and push our children into school at a younger and younger age and formalise their education. ...I think that the Department for Education could go a step further and say that there is a statutory requirement to give parents the choice to defer for the year and allow these children to go through the full education system from a point when they are socially, emotionally and developmentally ready.”</p> <p>Early Childhood Action (2012)</p> <p>“There needs to be much greater flexibility in the school entry framework for a number of reasons, including the importance of every child having the necessary time to achieve emotional and social readiness for more formal learning. All children should have the right to have their school starting date deferred at least until the legal date of entry, and without losing any of the rights accorded to other families. Parents also should not be pressurised in</p>	

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			any way to bring forward school commencement before statutory school age." (Pg. 73 https://summerbornchildren.files.wordpress.com/2013/03/14-jan-15-summer-born-report-csa-lowered-to-4-through-unfair-and-unlawful-sb-admissions-process.pdf)	
Summer Born Campaign	10	15-20	<p>Re: Economic aspects - We will take economic aspects into account when making recommendations. We will develop an economic plan that states for each review question (or key area in the scope) whether economic considerations are relevant, and if so whether this is an area that should be prioritised for economic modelling and analysis.</p> <p>Please see January 2017 information in "MP Requests Update on Cost Assessment – Campaign Suggests Useful Links" https://summerbornchildren.org/2017/01/13/mp-requests-update-on-cost-assessment-campaign-suggests-links/?fbclid=IwAR1fRPzsKGu3b5WF_qa3xnZ1ZV9-msW6LuQtn7RkZrmLB4xtkn_MM5sG_Lw</p> <p>There are a total of 15 links, and in particular, we would ask NICE to consider the significant cost of SEN (special educational needs) support for summer born children who enter school at age 4 and struggle (or are made to miss a year later on, and attempt to 'catch up'). There are also longer term societal costs of low academic</p>	Thank you for your comment. We will search for economic evidence and carry out cost-effectiveness reviews based on our review criteria and where the evidence allows.

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			<p>achievement and mental health wellbeing. All these costs would offset additional pre-school costs, but more importantly, there is a question of fairness and equality here too.</p> <p>The government already pays for 5 terms of EYE pre-school placements for autumn born children. Summer born children who start school at age 4 only use 3 terms, while summer born children who start school at CSAge might use 6 terms (just 1 more term than autumn born children). It's important to recognise this in an economics context.</p> <p>*Autumn born entering Reception Class age 4 = 5 terms EYE + 21 terms PSE = 26 total</p> <p>*Spring born entering Reception Class age 4 = 4 terms EYE + 21 terms PSE = 25 total</p> <p>*Summer born entering Reception Class age 4 = 3 terms EYE + 21 terms PSE = 24 total</p> <p>*Summer born entering <u>Reception</u> Class age 5 = 6 terms EYE + 21 terms PSE = 27 total</p> <p>*Summer born entering <u>Year 1</u> Class age 5 = 6 terms EYE + 18 terms PSE = 24 total</p> <p>https://summerbornchildren.org/2013/04/15/is-it-all-about-the-eye-money-money-money/</p> <p>The 15 links above were published in response to this 2017 government statement on the issue:</p>	

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			<p>https://www.theyworkforyou.com/wrans/?id=2016-12-20.58432.h&s=Schools+Admissions#g58432.q0</p> <p>“We are currently undertaking evidence gathering and analysis to estimate the potential costs of providing more flexibility for summer born children. However, it is complex and will depend on how we implement any changes, the level of parental take up and whether those children take up free early education.” (Hansard source HC Deb, 11 January 2017, cW)</p> <p>Also worth noting is the School Minister's concerns regarding cost in his 2015 letter: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/458797/Nick-Gibb-open-letter-summer-born-children-admissions.pdf [On the current complex admissions process:] “It also takes up a disproportionate amount of time for the local authorities and schools concerned. We have already taken some steps to improve the position. We published advice in July 2013 to dispel some of the myths that appeared to hinder admission authorities agreeing to parents' requests. We made it clear, for example, that there are no barriers to prevent these children starting school out of their normal age group, that schools will not miss out on funding, and that children are only assessed when they reach the end of a key stage rather than when they reach a particular age.”</p>	

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			<p>In summary, it is not more costly to support a Reception start at CSAge, as the cost savings for the NHS and DfE in terms of SEN balance out any potential extra time in pre-school (and not all parents use pre-school or their maximum allowance). The cost of not allowing Reception class entry at CSAge for all summer born children whose parents want it (as originally designed in 1967 legislation) is far greater than the cost of any extra Early Years Education funding (costs of SEN, misdiagnosing SEN, repeating Reception class*, poor mental health, pressure on the NHS and its resources, administration costs of unnecessary allocation of school places, lengthy battles and complaints process, both locally and with the LGO).</p> <p>*Cost of DfE's Code Continues (published pre-2015 government support) https://summerbornchildren.org/2015/03/27/cost-of-dfes-code-continues-repeating-reception-is-the-latest-summer-born-sticking-plaster/ This article outlines a number of economic aspects related to summer born children.</p>	
Summer Born Campaign	11	27-29	<p>Re: 3.2 Are targeted approaches to promote social and emotional wellbeing acceptable to those receiving them and to those delivering them?</p> <p>Targeted approaches in the context of summer born children starting school early or missing a school year,</p>	<p>Thank you for your comment. We will be reviewing the evidence we identify for this review question which will also look at acceptability of interventions. We will also assess the references you have provided against the inclusion criteria for our reviews and include them if they are eligible.</p>

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			<p>against their parents' wishes, are not acceptable to those receiving them. We have evidence from significant numbers of parents whose requests for Reception class entry at CSAge is being denied, where the school's head or council administrator insists that additional support, including SEN, will be put in place for their child when they struggle.</p> <p>In many cases, where parents have experienced this support, their young child is missing out on valuable school playtime in order to catch up academically or as punishment for work not complete (or socially immature behaviour). There can also be significantly higher levels of homework for these children. What the parents actually want is an additional year of cognitive development for their child, and uninhibited entry to school at CSAge.</p> <p>Also, in terms of support, many parents who were convinced (or forced) to enrol their summer born child in school at age 4 have contacted the SBC to ask about their child's right to repeat Reception class (or Year 1 or 2). This is because the very issues they were concerned would happen actually happened. The SBC receives descriptions of children becoming angry, withdrawn, apathetic, self-critical, and forming a negative view of school that could persist for many years. A NICE recommendation for children in this situation to be</p>	

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			allowed to repeat a year (subject to class size restrictions) is welcomed. Equally, if their request for CSAge entry to Reception class had been agreed (or in the case of parents who were not aware of this option, information shared with them), these situations would not arise.	
Summer Born Campaign	12	1-4	<p>Re: 4. Risk factors to identify children and young people at risk of poor social and emotional wellbeing [and] 4.1 What are the risk factors associated with poor social and emotional wellbeing?</p> <p>Being a summer born child that entered school one year early (age 4 instead of age 5), against their parents' wishes, or missing a year of school, are risk factors for poor social and emotional wellbeing (see #16 references below).</p>	Thank you for your comment. We will be reviewing the evidence we identify for this review question. We will also assess the references you have provided against the inclusion criteria for our reviews and include them if they are eligible.
Summer Born Campaign	12	17-20	<p>Re: 6. Supporting the emotional and social wellbeing of children and young people during periods of transition [and] 6.1 What are effective and cost-effective interventions to support the emotional and social wellbeing of children undergoing transition between primary and secondary education...?</p> <p>It would be both effective and cost-effective to ensure that children undergoing this transition are able to remain in their educational cohort without threat of or actual removal from their year group, to be placed in the year above them. Parents should not need to make a</p>	<p>Thank you for your comment. We will search for economic evidence and carry out cost-effectiveness reviews based on our review criteria and where the evidence allows.</p> <p>We have now added some text under 'transition' to clarify that it can cover developmental transitions, life transitions and educational transitions. (Section 3.3).</p>

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			<p>special request to the next level school to ask for their child not to miss a year of school.</p> <p>Please note that this is also an issue for summer born children of parents who move house to a new area, military families (https://summerbornchildren.org/2015/03/01/csage-school-start-is-a-battle-many-service-families-cant-fight/), immigrant families, and expats returning to the UK (https://summerbornchildren.org/2015/09/06/returning-expats-told-summer-born-children-must-skip-whole-year-of-school/).</p> <p>These may also be considerations for specific groups in this context?</p> <p>Could NICE consider including 'junior' school here too, as there is a transition for children from infant to junior in many areas of England.</p>	
Summer Born Campaign	12	26-28	<p>Re: 6.3 What are the barriers and facilitators to supporting the emotional and social wellbeing of children and young people during periods of transition?</p> <p>As per comments in #9 above.</p>	<p>Thank you for your comment. We will search for economic evidence and carry out cost-effectiveness reviews based on our review criteria and where the evidence allows.</p> <p>We have now added some text under 'transition' to clarify that it can cover developmental transitions, life transitions and educational transitions. (Section 3.3).</p>

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Summer Born Campaign	13	4	<p>Re: [Main outcomes] Social and emotional wellbeing outcomes</p> <p>The Summer Born Campaign welcomes NICE's inclusion of this list, in the context of school outcomes, particularly since so many studies or reports about summer born children focus on academic attainment alone, and propose test score adjustments for age as a solution to the disproportionate number of summer born children who achieve lower than average results.</p> <p>We suggest including 'Happiness' in this list too (there are a number of validated questionnaires that seek to capture this; e.g. http://mason.gmu.edu/~tkashdan/publications/happy.PDF).</p> <p>There are also child specific questionnaires (e.g. https://dera.ioe.ac.uk/20502/1/The%20Children's%20Happiness%20Scale.pdf).</p>	<p>Thank you for your comment. We will consider the outcomes you have suggested when writing the protocols for our evidence reviews during the development process.</p>
Summer Born Campaign	13	17	<p>Re: [School-related and academic outcomes such as] Absenteeism</p> <p>The SBC would like to again highlight here the danger of normalizing a 'skipped school year due to age'. Since the evidence is overwhelming that missing school is detrimental for children, it cannot be advisable or acceptable for summer born children to be made to miss a year of school or for them (and their parents) to live</p>	<p>Thank you for your comment. We have now removed the line that says, "children who have skipped a year due to their age". However, we have also added some text to section 2 of the Equality impact assessment document to highlight this group for special consideration. We will also review the references you have provided against our inclusion criteria for our reviews and include them if they are eligible.</p>

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			<p>under the pressure of this threat.</p> <p>On this point, the SBC regularly hears from parents of very young children who are extremely stressed and worried, impacting their own mental health wellbeing, while trying to fight for their summer born child's best interests. This creates unnecessary stress and pressure in the family home, including the time parents spend writing lengthy letters, making calls and attending special hearing panels.</p> <p>(RR424 DFES; Malcolm 2003) Absence from School: A study of its causes and effects in seven LEAs. See: https://www.parliament.uk/business/committees/committees-a-z/commons-select/education-committee/dfe-evidence-check-forum/summer-born-children/</p> <p>"Key findings indicate that: Most LEAs and teachers thought that absence led to underachievement; Teachers could not always give children the help they needed to make up lost time; Secondary school teachers believed that academic underachievement would damage children's future job prospects."</p> <p>In particular, note: "Teachers could not always give children the help they needed to make up lost time".</p>	
Summer Born Campaign	13	21-22	Re: Quality of life [and] Unintended consequences	Thank you for your comment. We will be reviewing the evidence we identify for this review question. We will also

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			Please see references below in #16.	assess the references you have provided against the inclusion criteria for our reviews and include them if they are eligible.
Summer Born Campaign	13	27-29	<p>Re: [The main outcomes that may be considered when searching for and assessing the evidence for barriers and facilitators of interventions are] Physical environment (including time)</p> <p>As per comments in #7 above, summer born children's wellbeing can be adversely impacted by loss of social and free play time with their friends (both during and after school).</p> <p>B is for Book, Bored and Below Compulsory School Age (August 2016) https://summerbornchildren.org/2016/08/15/b-is-for-book-bored-and-below-compulsory-school-age/ "...the BBC film showed children who were not yet naturally interested in reading and writing independently...being deprived of precious playtime as punishment for academic failure at just 4 and 5 years-old."</p> <p>Kent: Boy Forced to Miss Year of School with Devastating Consequences and Unnecessary SEN (March 2015) https://summerbornchildren.org/2015/03/26/kent-boy-forced-to-miss-year-of-school-with-devastating-consequences-and-unnecessary-sen/</p>	<p>Thank you for your comment. We will be reviewing the evidence we identify for this review question. We will also assess the references you have provided against the inclusion criteria for our reviews and include them if they are eligible.</p>

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			<p>consequences-and-unnecessary-sen/ Child was moved from Year 1 to Year 2, purely because of his age: "He is now in special needs classes as a measure to help him catch up. We are also sending him for an extra hour's tutorial a week."</p>	
Summer Born Campaign	14	2-3	<p>Re: [The main outcomes that may be considered when searching for and assessing the evidence for barriers and facilitators of interventions are] Attitudes (such as those of teachers, parents, carers and/or pupils)</p> <p>The SBC would like to highlight here the misinformation and attitudes that exist in many schools and councils in relation to summer born children's education and wellbeing.</p> <p>In March 2015, a National Association of Head Teachers (NAHT) guest on the BBC 6 O'Clock news said, "If the child then joins us a year late in Reception, they would still have to leave primary when they're 11, so at some point, they'd have to jump a year and catch that up. If they miss the Reception year and go straight into Year 1, then they've missed those very important early learning experiences." https://summerbornchildren.org/2015/03/04/naht-guest-on-bbc-news-gets-summer-born-fact-so-wrong-it-proves-our-point/ Even then, this was not true according to the DfE, and the SBC was very concerned that school heads were so</p>	<p>Thank you for your comment. We will be reviewing the evidence we identify for this review question. We will also assess the references you have provided against the inclusion criteria for our reviews and include them if they are eligible.</p>

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			<p>accepting of such practice.</p> <p>This is so important. All too often, parents of summer born children know more about the law in relation to admissions and continuing education than some head teachers, while others are completely supportive and some heads even bring the subject of CSAge up in the first instance.</p> <p>NICE might be interested to know that (according to data available in 2015), 99.9% of children in Reception class started at age 4, and 99.6% were full-time, yet a survey cited by the DfE during the Education Committee evidence check found that only 38-55% of parents chose this, and 22-32% wanted to wait until CSAge. http://www.parliament.uk/business/committees/committees-a-z/commons-select/education-committee/dfe-evidence-check-forum/summer-born-children/</p> <p>Also, please see this 2015 article, written by the head teacher of one of the country's leading independent preparatory schools. He recognised his summer born child was struggling after starting school early, at age 4, and was in a position to be able to move him down one year (to the year he would have been in if he started school at CSAge): https://summerbornchildren.org/2015/03/02/leading-independent-preparatory-school-head-supports-</p>	

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			<p>flexibility-for-summer-born-children/?fbclid=IwAR1DXX4E46MNwp1PI8DT4xJYMYs iP3o6Q5pwV5Ciq-tXE_4L8u3XrziQEwI</p> <p>"The effect of the extra year has been unbelievable. It is not that he is suddenly the best at everything – he is not – nor that every challenge he had before has gone, but it is the difference between having the foundations to cope, and not. I feel that we, and the School, have given him a very precious gift that should be available to all children in a similar situation who need it."</p>	
Summer Born Campaign	General	General	<p>Research has shown that summer born children are disproportionately more likely to have social and emotional wellbeing issues in and out of school, and that waiting to start school at CSAge can reduce the likelihood of these problems for many of these children (links included in this submission below). However, the latter is being thwarted by schools and councils that maintain the subjective belief that all children should be educated in their (12 month) chronological age group unless professional evidence of developmental problems at age 3 are presented.</p> <p>As such, a number of the points made in these SBC comments on the guideline are in relation to the social and emotional wellbeing challenges facing summer born children when they are first admitted to school, when they transfer schools later (infant to junior and/or primary to secondary), and when they move house (or immigrate</p>	<p>Thank you for your comment. We have added a section to the Equality Impact Assessment document (section 2.1) describing the challenges that Summer born children face. We will also carry forward the information you have provided us for discussion during the guideline development process.</p>

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			<p>to England), as well as during their time in school (whether this is with an early age 4 or a CSAge 5 start).</p> <p>Namely:</p> <ul style="list-style-type: none"> - access to Reception class at compulsory school age (parents being told their child must enrol early at age 4 or apply for an out of year group entry to Year 1 at age 5) - continuing with an uninterrupted education if they do enter Reception class at CSAge (many parents are threatened with and/or made to move their child up one whole year of school – the SBC has recorded cases of this at infant, junior and even secondary school) - local (school and/or council) admissions policies that affect both local residents and families who move to the area from another part of England that has different rules - having started at CSAge equivalent in another country but upon arrival in the UK, being made to miss a year of education in order to join the 'correct' age group (this includes military families) <p>The information below is provided to the NICE team as a very brief summary of the legal and government background to this current situation:</p> <p>The latest School Admissions Code was published in December 2014, but some significant problems were documented (Confusion and Complaints will Continue -</p>	

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			<p>as new 2014 Code maintains Postcode Lottery for Summer Born Admissions). https://summerbornchildren.files.wordpress.com/2014/12/14-dec-19-sbc-press-release-2014-school-admissions-code.pdf</p> <p>To address some of these issues, the Department for Education published “Advice on the admission of summer born children” alongside the Code, for local authorities, school admission authorities and parents to refer to. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/389448/Summer_born_admissions_advice_Dec_2014.pdf</p> <p>Then in September 2015, Schools Minister Nick Gibb announced in Parliament: “we have therefore now decided that it is necessary to amend the admissions code further to ensure that summer born children can be admitted to Reception at the age of five if this is what their parents wish, and to ensure that those children can remain with that cohort as they progress through school.” https://summerbornchildren.org/2015/09/08/minister-says-school-admissions-code-will-be-amended-and-summer-born-scandal-stopped/</p>	

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			<p>The government published a letter following this announcement (Summer-born children: Nick Gibb's letter about school admissions), which stated: "The Code requires the admission authority to make a decision on the basis of the circumstances of the case and in the best interests of the child. It is clear, however, that this system is flawed, with parents and admission authorities often failing to agree on what is in the child's best interests.</p> <p>https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/458797/Nick-Gibb-open-letter-summer-born-children-admissions.pdf</p> <p>A number of schools and councils in England acted on Nick Gibb MP's instruction (October 2016 update): https://summerbornchildren.org/2016/10/21/admissions-authorities-with-automatic-summer-born-admission-to-reception-class-at-csage/</p> <p>Some had already put these changes in place. For example: Liverpool council (September 2015) https://summerbornchildren.org/2015/09/01/liverpool-city-council-formally-supports-the-summer-born-campaign/)</p> <p>The National Governors' Association (June 2015)</p>	

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			<p>https://summerbornchildren.org/2015/07/21/nga-deserves-praise-for-its-position-on-summer-born-admissions/</p> <p>The result, as expected, was a national postcode lottery for summer born children, which the SBC has been monitoring closely.</p> <p>https://summerbornchildren.org/2016/01/15/postcode-lottery-more-pronounced-than-ever/</p> <p>Almost four years have passed since Mr. Gibb's letter, and while the government maintains its support for summer born children, there has been no further change to legislation. The SBC sincerely hopes that guidance and recommendations from NICE to help ensure 3 key things:</p> <p>1) that no summer born child is coerced or forced into starting school any earlier than CSAge, if CSAge entry is their parents' wish</p> <p>2) that no CSAge starting summer born child is forced to miss a year of school later on (in order to join their 'chronological age cohort'), against their parents' wishes</p> <p>3) that summer born children in all areas of England, from all socioeconomic backgrounds, have the same right to a full school education, with information and support for parents making this school start decision</p>	

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			<p>HC Deb, 20 February 2019, cW https://www.theyworkforyou.com/wrans/?id=2019-02-12.220256.h&s=Summer%20born&fbclid=IwAR0YMRfABa1sLJ3fn3Uaycl1Cy8J7WhN6Mh3VAXHA1SK9bE1WfzFT1HIUnk "The Department is concerned that some summer born children may be missing the reception year at school. The Department remains committed to amending school admissions policy so that summer born children can be admitted to a reception class aged 5, where parents believe this to be in the best interests of their child. The Department is continuing to review the implications of any changes."</p>	
Summer Born Campaign	General	General	<p>List of relevant research and evidence to support SBC comments</p> <p>Jaekel et al, 2015. Delayed school entry and academic performance: a natural experiment (Journal of Developmental Medicine and Child Neurology) https://doi.org/10.1111/dmcn.12713 https://onlinelibrary.wiley.com/doi/full/10.1111/dmcn.12713 This University of Warwick research actually highlights the benefits of waiting until CSAge to start school, even though that is not how it is framed. It also points out that research to examine the effects of a missed school year would not be ethical (and researchers already know the likely results), and yet that is what's</p>	<p>Thank you for your comment. We will be reviewing the evidence we identify for our review questions. We will also assess the references you have provided against the inclusion criteria for our reviews and include them if they are eligible.</p>

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			<p>happening to some summer born children in England. This is certainly impacting their social and emotional wellbeing. See full research summary here: https://summerbornchildren.org/2015/02/19/new-research-suggests-dfes-policy-of-summer-born-children-missing-year-of-school-is-an-unnatural-social-experiment/</p> <p>Dee and Sievertsen, 2018. The Gift of Time? School Starting Age and Mental Health (Health Economics) https://www.nber.org/papers/w21610 2015 Danish Research Highlights Mental Health Benefits of Later School Start https://summerbornchildren.org/2015/10/19/danish-research-highlights-mental-health-benefits-of-later-school-start/</p> <p>Pottegård, 2014. Children's relative age in class and use of medication for ADHD: a Danish Nationwide Study. Lack of relative age effect found "may be due to the high proportion (40%) of relatively young children held back by 1 year in the Danish school system".</p> <p>Goodman, 2003. Child psychiatric disorder and relative age within school year: cross sectional survey of large population sample</p>	

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			<p>“Younger children in a school year were significantly more likely to have higher symptom scores and psychiatric disorder... a more flexible approach to children’s progression through school might reduce the number of children with impairing psychiatric disorders in the general population... around 60,000 cases of child psychiatric disorder might be prevented...</p> <p>“In New Zealand, children spend between 12 months and 24 months in a reception or preparatory class, with progression to the next class being determined by the child’s maturity and academic competence. Similarly, Scottish parents can choose to defer school entry for relatively young children who do not seem ready for school... In England and Wales... children must start school in the academic year during which they will become 5 years old.”</p> <p>Angus, 2004. The relative age effect and the development of self-esteem</p> <p>“To date, relative age research has reported significant and substantial achievement differences within the confines of athletic and academic pursuits. However, with the advent of the study noted above, it now appears that emotional development is also implicated. Here we demonstrate that a relatively young age of entry into the formal educational system is associated with</p>	

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			<p>reduced self-esteem several years later.”</p> <p>Pote, 1996. Reception class structure and the performance of summer-born children in key stage 1 assessments: A small scale study in a London borough (International Journal of Early Childhood) “In terms of equality of opportunity summer born children are not gaining equal access to the curriculum by virtue of their date of birth.”</p> <p>Cleborne, 1981. School Entry Age in a Group of Gifted Children “Since this study was conducted only in grades five through eight and in a state where entry was not allowed until age 6-0, it is reasonable to assume that replication with younger groups of gifted children, or in states which allow entry to first grade prior to age 6-0 in the absence of readiness testing would yield even more dramatic results.” “In the absence of such programs, parents may wish to consider delaying first-grade entrance for those children who would be early entrants and who show signs of immaturity. States and/or school districts which allow entry to first grade prior to age 6-0 might consider revising this requirement upward, at least until and unless screening and testing programs are in place.” “The results of this research actually argue for entry</p>	

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			<p>based on factors other than chronological age for all children, gifted or otherwise.” “It seems likely that the age at entry phenomenon will continue to result in more early-entering children being placed in classes for children with learning problems, while fewer early-entering children are identified as gifted.”</p> <p>Head, 1999. Understanding the Boyes: Issues of Behaviour and Achievement Too early formalisation of learning is known to affect boys more profoundly than girls and the likely consequence is boys' alienation from education and learning.</p> <p>Bedard, 2006. The persistence of early childhood maturity: international evidence of long-run age effects “These findings suggest that retention may partly ameliorate the disadvantage of being relatively young... /n general, the low failure rate countries (England, Iceland, Japan, and Norway) have large relative age effects... countries that employ social promotion (automatic promotion from one grade to the next) and claim to have only one track are implicitly streaming to the extent that the weakest students are allowed to fall progressively farther behind... In particular, there is no evidence of relative age effects in Denmark or Finland. However, one should expect</p>	

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			<p>weak relative age effects in countries where formal curriculum based education begins later because initial age differences will be less important.”</p> <p>Tymms, 2004. Children starting school in Scotland “There was a stronger relationship [between age and measured attainment] in England. That is to be expected, at least to some extent, since the mean age of children starting school was lower than in Scotland and age is a more important factor for younger children than older.”</p> <p>Bernardi, 2014. A Regression Discontinuity Based on Month of Birth (Italy) “Results indicate that students born just before the cutoff date for primary school entry, who are consequently the youngest in the class when starting school, face a larger risk of grade repetition. In line with theoretical predictions of the compensatory advantage model, the risk is much smaller for students born to highly educated parents compared to students whose parents have lower educational attainment.” [Except in England, we rarely employ grade repetition, so a SB child seriously struggling in Year 1 or 2 for example will simply continue with his year group regardless.]</p> <p>Sharp, 1995. What's age got to do with it? A study of patterns of school entry and the impact of season of</p>	

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			<p>birth on school attainment "Data from [KS1 and GCSE] assessments confirm that children who are older in the year-group perform best (although there are some anomalies evident in the month on month trends). It is argued that these findings are due to the differences in age when taking the tests, but may also be influenced by 'age-position effects' and entry policies."</p> <p>2014 Vital Link Between Improving Mental Health, Delaying School Start of Youngest Children and Reducing NHS Costs https://summerbornchildren.org/2014/11/20/vital-link-between-improving-mental-health-delaying-school-start-of-youngest-children-and-reducing-nhs-costs/ - On November 18, 2014 the Royal College of Paediatrics and Child Health (RCPCH) called on politicians to "develop an action plan... focussing on prevention and early intervention to ensure parity of esteem for children and young people" because "1 in 10 children (that's around 3 in every classroom) have a diagnosable mental health condition".</p> <p>- In the same month, the Journal of Child Psychology and Psychiatry just this month published 'Children's relative age in class and use of medication for ADHD: a Danish Nationwide Study' (http://onlinelibrary.wiley.com/doi/10.1111/jcpp.12243/full)</p>	

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			#icpp12243-bib-0004), which suggests a simple and effective action plan for the improvement of summer born children's mental health – allowing the holding back of "relatively young children" for one year.	
Summer Born Campaign	General	General	I would like to thank NICE for providing this opportunity to comment. The social and emotional wellbeing of summer born children who have been forced to start school before their parents deemed them ready, or forced to miss a school year later on, is being impacted every day. The government says it is willing to improve current legislation in due course, there is excellent progress and practice in large parts of the country (these are children and outcomes that can be tracked and reported on), and the SBC hopes that this NICE guidance can help further this support in its draft recommendations.	Thank you for your comment. We have now removed the line that says, "children who have skipped a year due to their age". However, we have also added some text to section 2 of the Equality impact assessment document to highlight this group for special consideration.
The Family School/Anna Freud National Centre for Children and Families	8	17	Family / parent engagement should be listed as a separate 'targeted approach' or be included in the list in line 18. Evidence from the work of The Family School and from the dissemination of the Family School Model in other PRU / AP and mainstream settings shows that targeted Parent Coaching Programmes impact positively on student social and emotional wellbeing; especially when parent coaching curriculum is related to student 'executive functions' (consistent with your main outcomes, page 13 lines 6-13). Other evidence, as cited in your Evidence Summary Appendices, point to the need for parent engagement to be more clearly and	Thank you for your comment. Interventions that involve parents will be reviewed under the question on the whole school approach. The approach includes universal and targeted interventions and parental involvement as key principles.

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			separately defined. Only when separately defined can evidence base for different parent programmes be examined. (Currently part of a Whole School Approach section)	
The Family School/Anna Freud National Centre for Children and Families	Q1		As in Comment 1 – Current DFE funded innovation programme in Parent Coaching as well as Family School AP model is giving a definable model of parent engagement. Parent engagement is cost effective for supporting students emotional wellbeing and promotes sustainable change.	Thank you for your comment. Interventions that involve parents will be reviewed under the question on the whole school approach. The approach includes universal and targeted interventions and parental involvement as key principles.
The Family School/Anna Freud National Centre for Children and Families	Q2		Concerned that home schooling omitted. Home schooled children will lack access to universal classroom based interventions to support emotional wellbeing; will not be referred to new EMHP through the school based Mental Health Lead. Do the new Mental Health Teams (green paper) have responsibility for home schooled children? As a headteacher I was aware of how easy it is for a parent to opt to home school their child even when there is an identified social / emotional wellbeing concern. From the evidence perspective it would have to fall on the LA and their systems for tracking the progress and wellbeing of home schooled CYP? As the government initiative is to base wellbeing services around schools: schools as coordinators of early intervention provision, it seems risky to omit home schooled at this time?	Thank you for your comment. We have listed private homes as an excluded setting because it is outside of the Ofsted inspection framework. However, home-schooled children are not excluded and we hope to develop recommendations that may also be relevant to them..

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