

1                   **NATIONAL INSTITUTE FOR HEALTH AND CARE**  
2                   **EXCELLENCE**

3                   **Guideline**

4                   **Social, emotional and mental wellbeing in primary and**  
5                   **secondary education**

6                   **Draft for consultation, January 2022**  
7

**This guideline covers** ways to support social, emotional and mental wellbeing in children and young people in primary or secondary education, key stages 1 to 5, and people with special educational needs and disability up to and including age 25 years in further education colleges. It aims to promote good social, emotional and psychological health to protect children and young people against behavioural and health problems.

This guideline will update NICE guideline PH12 (published March 2008) and NICE guideline PH20 (published September 2009).

**Who is it for?**

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

**What does it include?**

- the recommendations
- recommendations for research

- rationale and impact sections that explain why the committee made the recommendations and how they might affect practice and services
- the guideline context.

Information about how the guideline was developed is on the [guideline's webpage](#). This includes the evidence reviews, the scope, details of the committee and any declarations of interest.

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## 1 Recommendations

[Making decisions using NICE guidelines](#) explains how we use words to show the strength (or certainty) of our recommendations, and has information about prescribing medicines (including off-label use), professional guidelines, standards and laws (including on consent and mental capacity), and safeguarding.

### 2 1.1 Whole-school approach

3 1.1.1 Adopt a [whole-school approach](#) to support positive social, emotional and  
4 mental wellbeing in primary and secondary education.

5 1.1.2 Ensure that the school has a culture and ethos that reinforces [relational](#)  
6 [approaches](#) and recognises the importance of psychological safety. Take  
7 into account that purely [behavioural approaches](#) used in isolation have  
8 limited impact.

9 1.1.3 Review policies and procedures regularly to make sure they are  
10 consistent with relational approaches.

11 1.1.4 Review regularly the school's accessibility plan and approach to  
12 understanding behaviour, taking into account neurodiversity, the value of  
13 trauma-informed approaches and parental co-production.

14 1.1.5 Consider monitoring and evaluating the whole-school approach as part of  
15 a school improvement strategy.

### 16 Supporting the whole-school approach

17 1.1.6 Support the whole-school approach by:

- 18 • having an outward-facing approach to the community and to engaging  
19 with local communities and groups
- 20 • strengthening links to external agencies that can provide additional  
21 support, such as local children's services and relevant voluntary and  
22 community sector organisations

- 1           • having shared principles for engagement between education and
- 2            mental health services, for example agreeing referral pathways
- 3           • promoting the involvement of education providers in wider local
- 4            strategic decision making about children and young people's mental
- 5            health.

6   1.1.7    Ensure that school governance structures support the whole-school

7            approach and that school leadership is actively involved. Make the

8            responsibility for social, emotional and mental wellbeing curriculum

9            content part of the remit of school leadership (including governance).

## 10   **Supporting staff**

11   1.1.8    Ensure that staff have continuing professional development to support

12            both their own wellbeing and the implementation of the school's approach

13            (including training in emotional literacy, trauma, neurodiversity and

14            relational approaches).

15   1.1.9    Signpost staff to quality-assured local and national resources to support

16            their wellbeing in line with the [Department for Education's education staff](#)

17            [wellbeing charter](#).

18   1.1.10   Support staff in their pastoral roles by giving them protected time for

19            supervision and continuing professional development.

20   1.1.11   Make peer supervision available for teachers and other school staff.

21   1.1.12   Ensure that all teachers can recognise children and young people's

22            pastoral needs, and that they understand the wider context of the pupils'

23            lived experiences and how they interact with their environment. Provide

24            them with additional training or support if needed.

25   1.1.13   Ensure that all information held by the school related to the local [early](#)

26            [help](#) offer is kept up to date.

## 1 **Involving families and pupils**

2 1.1.14 Involve parents and carers in designing and implementing the whole-  
3 school approach.

4 1.1.15 Involve children and young people in discussing and agreeing whole-  
5 school approaches and tell them regularly about decisions to give them a  
6 sense of agency. Ensure that the opinions of minority and seldom-heard  
7 children and young people are taken into account.

## 8 **Implementing the whole-school approach**

9 1.1.16 Designate a lead person to determine what is needed to successfully  
10 implement universal curriculum interventions. The lead should also be the  
11 go-to person for advice on the latest educational resources for any  
12 intervention.

13 1.1.17 When implementing whole-school approaches, take into account the core  
14 values that the school culture and practice are built on, and the  
15 [psychological safety](#) of pupils, staff members and leadership. For  
16 example, developing a school culture and ethos in which children and  
17 young people and staff feel safe to make mistakes.

18 1.1.18 Adopt a 'graduated response' (or 'step up–step down') approach to  
19 support (moving between universal and targeted support as relevant) as  
20 an integral part of the whole-school approach alongside broader universal  
21 content. Ensure that staff understand this approach and have the right  
22 support to implement it (see the [recommendations on targeted support](#)).

## 23 **Local support**

24 1.1.19 Local public health departments, and children and young people's mental  
25 health services, should take into account and be responsive to the views  
26 and concerns of schools and colleges in their area about children and  
27 young people's social, emotional and mental wellbeing.

28 1.1.20 Take risk factors for poor social and emotional wellbeing into account  
29 when writing the Joint Strategic Needs Assessment. This should include

1 the contribution that schools can make and take into account schools'  
2 impact on learning and life chances (see the [recommendations on](#)  
3 [identification and risk factors](#)).

4 1.1.21 The local integrated care system and schools should work together to  
5 identify opportunities for joint practice to support the social, emotional and  
6 mental wellbeing of children and young people.

For a short explanation of why the committee made these recommendations see the [rationale and impact section on whole-school approach](#).

Full details of the evidence and the committee's discussion are in [evidence review A: evidence reviews for whole-school approaches](#).

## 7 **1.2 Universal curriculum content**

8 1.2.1 Ensure that the curriculum for all pupils includes evidence-based  
9 information about social and emotional wellbeing to develop children and  
10 young people's knowledge and skills as part of the whole-school  
11 approach.

12 1.2.2 Take account of the [Department for Education's relationships education,](#)  
13 [relationships and sex education, and health education guidance](#) when  
14 selecting or developing universal curriculum content.

15 1.2.3 Use an approach that builds on children and young people's previous  
16 learning (for example, a [spiral curriculum](#)) when planning and delivering a  
17 curriculum intervention for all pupils.

18 1.2.4 Integrate relevant activities into all aspects of education to reinforce  
19 curriculum lessons about social and emotional skills and wellbeing.

20 1.2.5 Use non-judgemental 'strengths-based' approaches to support children  
21 and young people's social, emotional and mental wellbeing. These are  
22 approaches to improve or develop their:

- 23 • self-worth (for example, self-esteem, empowerment, self-care)

- 1           • skills (for example, problem solving skills, social skills)
- 2           • resilience (for example, coping skills and strategies, perseverance).
- 3   1.2.6    Consider mindfulness as a universal intervention for all children and
- 4           young people. If it is used, teach them how to use it and support them to
- 5           use it.
- 6   1.2.7    Consider including regular rhythmic physical activity in the universal
- 7           curriculum. If it is included, ensure that there is time and space available
- 8           for this.
- 9   1.2.8    Use universal interventions that align with the whole-school approach, for
- 10          example ‘peer-to-peer’ and ‘peer-to-[trusted-adult](#)’ support.

For a short explanation of why the committee made these recommendations see the [rationale and impact section on universal curriculum content](#).

Full details of the evidence and the committee’s discussion are in [evidence reviews B: evidence review for universal curriculum approaches](#); and [C: qualitative evidence synthesis for universal curriculum approaches](#).

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## 12   **1.3        Identifying children and young people at risk of poor**

### 13           **social, emotional and mental wellbeing**

#### 14   **Identification and risk factors**

- 15   1.3.1    When considering whether a child or young person has risk factors (see
- 16           box 1) for poor social, emotional and mental wellbeing, take into account:
- 17           • the number, duration and complexity of risk and protective factors, their
- 18           cumulative effects and interactions between them
- 19           • that the effects of risk and protective factors, or combinations of factors,
- 20           might differ across life stages
- 21           • that they may have unidentified or unmet educational needs, for
- 22           example special educational needs or disabilities that impact on their
- 23           ability to access education.



1 1.3.2 Identify children and young people at risk of poor social, emotional and  
2 mental wellbeing using information from a variety of sources, for example  
3 observation and self-report. Bear in mind that that some children and  
4 young people will internalise their distress and will therefore be more  
5 difficult to identify.

6 **Box 1 Some key risk factors for poor social, emotional and mental wellbeing**

- [Adverse childhood experiences](#)
- Poor relationships with family, other adults and peers
- Chronic illness or poor general health
- Behavioural difficulties
- Changes in behaviour, for example an extended period of low mood
- Self-harm or suicidal ideation
- Educational difficulties
- Poor social connectedness in school
- Taking part in bullying or being bullied
- An inability to concentrate or pay attention

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8 1.3.3 Assess children and young people identified as at risk and decide whether  
9 to monitor their social, emotional and mental wellbeing or to offer them  
10 targeted support (see the recommendations on tools and techniques).

11 1.3.4 When identifying risk in children and young people with disabilities or  
12 special educational needs, ensure that staff understand the graduated  
13 response to need as specified in the [Department of Health and Social  
14 Care and Department for Education's SEND code of practice](#), and that  
15 they can respond with relevant interventions. If necessary, they should  
16 seek input from specialised external agencies.

17 **Tools and techniques**

18 1.3.5 If using a tool or technique to assess young people's social emotional  
19 mental wellbeing, consider using one that is validated (see [Public Health  
20 England's measuring mental wellbeing in children and young people](#)).

1 1.3.6 When selecting a tool or technique to assess social, emotional and mental  
2 wellbeing, take into account:

- 3 • the child or young person's needs
- 4 • the purpose of the assessment
- 5 • how the tool or technique fits with the school culture and ethos
- 6 • contextual factors, such as the child or young person's chronological or  
7 developmental age or ethnicity (bearing in mind that assessment tools  
8 are context specific and vary in quality).

For a short explanation of why the committee made these recommendations see the [rationale and impact section on identifying children and young people at risk of poor social, emotional and mental wellbeing](#).

Full details of the evidence and the committee's discussion are in [evidence reviews D: evidence review for risk factors for poor social, emotional, and mental wellbeing; E: qualitative review for risk factors for poor social, emotional, and mental wellbeing; and F: evidence reviews for risk factors for poor social, emotional, and mental wellbeing](#).

## 9 **1.4 Targeted support**

10 1.4.1 Have clear guidance on how to identify individual children and young  
11 people and groups of people for targeted support based on their specific  
12 needs (see the [section on identifying children and young people at risk of  
13 poor social, emotional and mental wellbeing](#)).

14 1.4.2 Offer targeted individual or group support to children and young people  
15 who have been identified as needing additional social and emotional  
16 support or mental health support. Use trained experienced practitioners  
17 who are competent and who are quality assured to provide the support.

18 1.4.3 Talk to the parents or carers of the child or young person when deciding  
19 whether to offer targeted support to their child. Tell them about any  
20 support that is being proposed and make sure that they understand it.

- 1 1.4.4 Explain the support to the child or young person and involve them in  
2 decisions about the support offered to them, including when and where it  
3 is offered.
- 4 1.4.5 Take into account the range of individual needs and risks when putting  
5 together a group for targeted group support, including the developmental  
6 age and cultural background of the pupils it is being delivered to.
- 7 1.4.6 Promote a range of targeted support, including peer-to-peer support, that  
8 allows children and young people to express difficult feelings.
- 9 1.4.7 Aim to minimise the risk of any unintended adverse consequences and  
10 stigma and take care not to reinforce bullying by singling people out for  
11 support.

For a short explanation of why the committee made these recommendations see the [rationale and impact section on targeted support](#).

Full details of the evidence and the committee's discussion are in [evidence reviews G: evidence review for targeted social and emotional support; and H: evidence review for targeted mental health support](#).

## 12 **1.5 Support with school-related transitions and other life** 13 **changes**

### 14 **All transitions and life changes**

- 15 1.5.1 Train staff to recognise the wide-ranging impacts of transitions and life  
16 changes on children and young people's social, emotional and mental  
17 wellbeing, taking into account that they may differ between individuals, for  
18 example by cultural background, age and gender. This includes  
19 recognising both planned (for example, moving between schools or  
20 classes) and unanticipated life changes.

### 21 **Transitions between schools and classes or leaving education**

- 22 1.5.2 Plan and offer tailored interventions to prepare children and young people  
23 for educational transitions. This includes:

- 1           • Establishing a relationship with the child or young person and their  
2           parent or carer.
- 3           • Gathering the child or young person’s views about their transition.
- 4           • Supporting the child or young person to feel ready for the transition, for  
5           example understanding how they will get to and from the new school.
- 6           • Sharing with the new class or school and staff information about the  
7           child or young person that will help them. The information should be  
8           positive and not set out to victimise or stigmatise them. Share  
9           information in line with [Caldicott principles](#).

10           Follow these principles for any managed moves (in which a child or young  
11           person is placed in a new school by the local authority or by school-to-  
12           school voluntary agreement).

13   1.5.3    Support the child or young person at the time of the educational transition  
14           to cope with the loss of important relationships caused by the transition.

15   1.5.4    Enhance children and young people’s sense of belonging in the new  
16           school or class, for example by organising a peer mentor or buddy for  
17           them (see [recommendations 1.2.8](#) and [1.4.6](#)).

### 18   **After transitions between schools**

19   1.5.5    Check on an ongoing basis to see whether the child or young person is  
20           settling in and thriving after moving to a new school. Offer them tailored  
21           support if necessary. Check more regularly if the child or young person is  
22           at a higher risk of poor social, emotional and mental wellbeing.

23   1.5.6    Promote peer mentoring between a child or young person entering a new  
24           school and a peer who has training in mentoring (see recommendations  
25           1.2.8 and 1.4.6).

### 26   **Significant life changes**

27   1.5.7    Address needs identified by children or young people (or their parents or  
28           carers) going through significant life changes. This should involve the

1 special educational needs and disabilities coordinator (SENCo) or  
2 designated safeguarding lead and other agencies if necessary.

For a short explanation of why the committee made these recommendations see the [rationale and impact section on transitions](#).

Full details of the evidence and the committee's discussion are in [evidence review I: evidence reviews for interventions to support children and young people during periods of transition](#).

### 3 **Terms used in this guideline**

4 This section defines terms that have been used in a particular way for this guideline.  
5 For other definitions see the [NICE glossary](#) and the [Think Local Act Personal Care  
6 and Support Jargon Buster](#).

### 7 **Adverse childhood experiences**

8 Highly stressful, and potentially traumatic, events or situations that occur during  
9 childhood or adolescence. They can be a single event, or prolonged threats to, and  
10 breaches of, the child or young person's safety, security, trust or bodily integrity.

### 11 **Behavioural approaches**

12 An approach to classroom or school management that focuses on establishing clear  
13 expectations for appropriate behaviour, monitoring behaviour, and then reinforcing  
14 appropriate behaviour and redirecting or sanctioning inappropriate behaviour.

### 15 **Early help**

16 Providing support as soon as a problem emerges, at any point in a child's life, as set  
17 out in [Ofsted's early help: whose responsibility?](#)

### 18 **Psychological safety**

19 The belief that one is in a safe place and will not be punished or humiliated for  
20 speaking up with ideas, questions, concerns or mistakes.

## 1 **Relational approaches**

2 Approaches that emphasise connection, belonging and the teaching of effective  
3 conflict resolution skills. These approaches assume that behaviour is a means of  
4 communication and that behaviour that challenges can be a sign of unmet emotional  
5 needs. Relational approaches approach behaviour with curiosity rather than  
6 judgement. They are grounded in psychological theory, and support children to build  
7 their self-regulation skills. They take account of context and the child or young  
8 person's lived experiences.

## 9 **Spiral curriculum**

10 A course of study in which pupils study the same topics in ever-increasing  
11 complexity throughout their time at school to reinforce previous lessons.

## 12 **Trusted adult**

13 Adults that children and young people can turn to in times of worry, stress or crisis.

## 14 **Whole-school approach**

15 A whole-school approach defines the entire school community as a single unit and  
16 involves coordinated action between 3 interrelated components:

- 17 • curriculum, teaching and learning
- 18 • school ethos and environment
- 19 • family and community partnership.

20 The 8 principles to promoting a whole-school and college approach to mental health  
21 and wellbeing are set out in [Public Health England's guidance on promoting children  
22 and young people's mental health and wellbeing](#).

## 23 **Recommendations for research**

24 The guideline committee has made the following recommendations for research.

## 1 Key recommendations for research

### 2 1 Early signs of poor social, emotional and mental wellbeing

3 What are the early signs of social and emotional wellbeing issues in children and  
4 young people who are internalising it?

5 a) What early factors predict poor social and emotional wellbeing?

6 b) How do children and young people with poor social and emotional wellbeing  
7 describe their feelings before developing it?

For a short explanation of why the committee made this recommendation see the [rationale section on identifying children and young people at risk of poor social, emotional and mental wellbeing](#).

Full details of the evidence and the committee's discussion are in [evidence reviews D: evidence review for risk factors for poor social, emotional, and mental wellbeing; E: qualitative review for risk factors for poor social, emotional, and mental wellbeing; and F: evidence reviews for risk factors for poor social, emotional, and mental wellbeing](#).

### 8 2 Identifying children and young people at risk of poor social, emotional 9 and mental wellbeing

10 What are the barriers and facilitators to identifying children and young people at risk  
11 of poor social, emotional and mental wellbeing at school?

For a short explanation of why the committee made this recommendation see the [rationale section on identifying children and young people at risk of poor social, emotional and mental wellbeing](#).

Full details of the evidence and the committee's discussion are in [evidence reviews D: evidence review for risk factors for poor social, emotional, and mental wellbeing; E: qualitative review for risk factors for poor social, emotional, and](#)

[mental wellbeing; and F: evidence reviews for risk factors for poor social, emotional, and mental wellbeing.](#)

### 1 **3 Targeted support**

- 2 What is the effectiveness of targeted group or individual interventions for children  
3 who have been identified as needing additional mental health support, and does it  
4 vary by ethnicity and socioeconomic status?

For a short explanation of why the committee made this recommendation see the [rationale section on targeted support](#).

Full details of the evidence and the committee's discussion are in [evidence reviews G: evidence review for targeted social and emotional support; and H: evidence review for targeted mental health support](#).

### 5 **4 Long-term impact of targeted support**

- 6 What is the long-term impact of targeted group or individual interventions for children  
7 who have been identified as needing additional mental health support?

For a short explanation of why the committee made this recommendation see the [rationale section on targeted support](#).

Full details of the evidence and the committee's discussion are in [evidence reviews G: evidence review for targeted social and emotional support; and H: evidence review for targeted mental health support](#).

### 8 **5 Impact of COVID-19**

- 9 What is the medium- to long-term impact of the COVID-19 pandemic on children and  
10 young people's social and emotional wellbeing?

For a short explanation of why the committee made this recommendation see the [rationale section on identifying children and young people at risk of poor social, emotional and mental wellbeing](#).



Full details of the evidence and the committee's discussion are in [evidence reviews D: evidence review for risk factors for poor social, emotional, and mental wellbeing](#); [E: qualitative review for risk factors for poor social, emotional, and mental wellbeing](#); and [F: evidence reviews for risk factors for poor social, emotional, and mental wellbeing](#).

## 1 Other recommendations for research

### 2 Children and young people with special educational needs

- 3 Are children and young people with special educational needs at higher risk of poor  
4 social and emotional wellbeing?

For a short explanation of why the committee made this recommendation see the [rationale section on identifying children and young people at risk of poor social, emotional and mental wellbeing](#).

Full details of the evidence and the committee's discussion are in [evidence reviews D: evidence review for risk factors for poor social, emotional, and mental wellbeing](#); [E: qualitative review for risk factors for poor social, emotional, and mental wellbeing](#); and [F: evidence reviews for risk factors for poor social, emotional, and mental wellbeing](#).

### 5 Intersecting social and personal factors

- 6 What is the role of intersecting social and personal factors in developing poor social  
7 and emotional wellbeing?

For a short explanation of why the committee made this recommendation see the [rationale section on identifying children and young people at risk of poor social, emotional and mental wellbeing](#).

Full details of the evidence and the committee's discussion are in [evidence reviews D: evidence review for risk factors for poor social, emotional, and mental wellbeing](#); [E: qualitative review for risk factors for poor social, emotional, and](#)

[mental wellbeing; and F: evidence reviews for risk factors for poor social, emotional, and mental wellbeing.](#)

## 1 **Harms and unintended consequences**

- 2 What are the possible harms and unintended consequences of targeted group or
- 3 individual interventions for children who have been identified as needing additional
- 4 mental health support?

For a short explanation of why the committee made this recommendation see the [rationale section on targeted support](#).

Full details of the evidence and the committee's discussion are in [evidence reviews G: evidence review for targeted social and emotional support; and H: evidence review for targeted mental health support](#).

## 5 **Targeted support**

- 6 What are parents' and carers views on targeted group or individual interventions for
- 7 children who have been identified as needing additional mental health support?

For a short explanation of why the committee made this recommendation see the [rationale section on targeted support](#).

Full details of the evidence and the committee's discussion are in [evidence reviews G: evidence review for targeted social and emotional support; and H: evidence review for targeted mental health support](#).

## 8 **Views on transitions to secondary school**

- 9 What are the views and experiences of children about moving to secondary school?

For a short explanation of why the committee made this recommendation see the [rationale section on support with school-related transitions and other life changes](#).

Full details of the evidence and the committee's discussion are in [evidence review I: evidence reviews for interventions to support children and young people during periods of transition](#).

## 1 **Support for transitions**

- 2 What do young people, including those from underserved populations, find useful to
- 3 support life transitions in the context of their education?

For a short explanation of why the committee made this recommendation see the [rationale section on support with school-related transitions and other life changes](#).

Full details of the evidence and the committee's discussion are in [evidence review I: evidence reviews for interventions to support children and young people during periods of transition](#).

## 4 **Rationale and impact**

- 5 These sections briefly explain why the committee made the recommendations and
- 6 how they might affect practice or services.

## 7 **Whole-school approach**

- 8 [Recommendations 1.1.1 to 1.1.21](#)

## 9 **Why the committee made the recommendations**

- 10 The committee discussed evidence on implementing a whole-school approach for
- 11 preventing poor social, emotional and mental wellbeing, and supporting children and
- 12 young people at risk of it, and those identified with it. The quantitative studies
- 13 included various whole-school approaches with different combinations of
- 14 components and various aims, although the strongest evidence was about bullying.
- 15 They showed some benefit and no harms or adverse consequences. The qualitative
- 16 evidence showed that pupils and teachers valued whole-school approaches and
- 17 believed that they had a positive effect on school culture. Overall, the committee
- 18 agreed that there was some evidence to support the effectiveness of whole-school
- 19 approaches. There was evidence about the acceptability of whole-school

1 approaches and what made them more or less likely to work, and the committee had  
2 more confidence in the findings from these studies than the quantitative ones. They  
3 agreed that this evidence was supported by their expertise and experience and by  
4 the testimony of invited expert witnesses. Therefore, they were confident making  
5 strong recommendations.

6 The committee heard expert testimony about relational approaches being more  
7 effective than purely behavioural approaches for managing social, emotional and  
8 mental wellbeing in children and young people. Together with this and their own  
9 experience and expertise, they agreed that embedding a relational approach in the  
10 overall culture and ethos of the school is the basis of a successful whole-school  
11 approach, and this needs to be reflected consistently in school policies and  
12 procedures. They agreed that policies should be reviewed regularly to ensure this.  
13 Although they were not able to set a specific timeframe for review because there was  
14 no evidence, they agreed that annually would be reasonable.

15 Additionally, having heard expert testimony about trauma-informed approaches in  
16 schools, the committee encouraged a shift towards these approaches to manage  
17 behaviour.

18 The committee regarded the whole-school approach as a framework that other  
19 interventions can slot into. They noted that interventions such as targeted support  
20 have a better chance of success if schools actively engage with local agencies.

21 They agreed that, to be effective, a whole-school approach needed monitoring and  
22 evaluating to make sure the approach was working.

### 23 **Supporting the whole-school approach**

24 The committee agreed that school leader support and governance was crucial for a  
25 whole-school approach to work and that the whole-school approach needed ongoing  
26 engagement with school staff, parents and carers, and the wider community. An  
27 effective whole-school approach would also lead to improved integration with  
28 external agencies, including mental health services and local public health  
29 departments. This is essential to ensure that schools can play an active role in

1 decision making on the local transformation plan for children and young people's  
2 mental health.

3 They agreed on the importance of collaboration between schools and other services  
4 that were not school based but that had an impact on children and young peoples'  
5 social, emotional and mental wellbeing. They noted that, in their experience, schools  
6 did not always have mechanisms in place for working with key local services.

### 7 **Supporting staff**

8 The committee discussed the key role of staff in the whole-school approach. They  
9 agreed that staff needed to feel supported in their own wellbeing to be able to create  
10 an environment that fostered wellbeing in children and young people. Ways to do  
11 this include continuing professional development and formal and informal support.

12 Staff need to be able to recognise the pastoral needs of the children and young  
13 people they work with, and to understand how these are influenced by their wider life  
14 experiences. This can help them to relate better to the child or young person, and to  
15 other people who may be involved in their care. Understanding behaviour as a  
16 means of communication could help with this. They identified that staff need time  
17 and support for pastoral training and to engage with local children and young  
18 people's mental health services.

19 The committee noted that there are national and local resources that staff can use to  
20 help them manage their own wellbeing. The resources can also help staff keep up to  
21 date with local agencies that could help with children and young people's mental  
22 health through the early help offer.

### 23 **Involving families and pupils**

24 The evidence supported the committee's view that communication between schools  
25 and parents, carers and families is important. Focus group research identified  
26 several important ways of successfully implementing whole-school approaches.  
27 Based on the findings of the focus groups, the committee recognised the importance  
28 of involving children and young people and capturing their views when agreeing on  
29 approaches, including views from minority and seldom-heard groups.

1 Focus group research also identified the importance of effective communication  
2 between school staff and children and young people. The committee recognised the  
3 need for excellent communication channels between these groups when  
4 implementing universal interventions. Finally, the committee highlighted the  
5 importance of taking into account children and young people's views, curriculum  
6 space and resourcing, teacher understanding of the interventions and parental  
7 engagement for the successful implementation of universal interventions. These  
8 factors were identified from the evidence base and the committee's own  
9 experiences.

### 10 **Implementing the whole-school approach**

11 The committee discussed the challenges in implementing a whole-school approach.  
12 Based on the expert testimony they had heard and on their own expertise and  
13 experience in setting up, supporting and evaluating whole-school approaches, they  
14 agreed that there were certain key things they could recommend that would make  
15 the implementation smoother. This included the importance of creating a school  
16 environment that was a safe space for both teachers and children and young people  
17 and where they would not be punished or penalised for mistakes or for speaking up.  
18 Also, after hearing from experts, the committee highlighted the significance of core  
19 values and strong leadership when implementing a relational whole-school  
20 approach.

21 They agreed that if the universal curriculum was managed and planned by 1 person  
22 it would be better coordinated across the school and could be kept up to date more  
23 easily. This coordination could also lead to a more streamlined approach to moving  
24 children and young people into and out of targeted interventions (a graduated or  
25 'step up–step down' approach) when universal content was not meeting their social,  
26 emotional and mental wellbeing needs.

### 27 **Local support**

28 The committee discussed how the whole-school approach can be influenced by the  
29 wider local and national context. They agreed that local authorities, especially local  
30 public health agencies and children and young people's mental health services, had  
31 a responsibility to respond to broader needs that schools identified and engage with

1 schools and colleges. Local authorities also needed to consider the risk factors for  
2 poor social, emotional and mental wellbeing when gathering and analysing health  
3 data and planning the local response, for example through the Joint Strategic Needs  
4 Assessment.

### 5 **How the recommendations might affect practice**

6 The recommendations reinforce current best practice. They are based on existing  
7 processes that most, if not all, schools should be following. Therefore, implementing  
8 them should not generally need extra resources. However, the committee  
9 recognised that school staff may need more protected time to engage with pupils  
10 and local agencies and to undertake relevant training. This could be delivered as  
11 part of a school's ongoing continuing professional development, for example in inset  
12 days.

13 [Return to recommendations.](#)

### 14 **Universal curriculum content**

15 [Recommendations 1.2.1 to 1.2.8](#)

### 16 **Why the committee made the recommendations**

17 The committee looked at a substantial amount of evidence about the effectiveness of  
18 universal curriculum-content interventions to improve social, emotional and mental  
19 wellbeing in primary and secondary education. Although they noted that a lot of the  
20 evidence was limited in terms of the confidence they could have in its findings, it  
21 supported their experience that universal curriculum-content interventions help  
22 promote the skills needed for good social, emotional and mental wellbeing and with  
23 statutory guidance about what should be covered in the universal curriculum. They  
24 also considered a smaller amount of qualitative data of mixed quality. Because the  
25 qualitative evidence was from only a few studies and its findings were not useful for  
26 making recommendations, it was used only to contextualise the recommendations  
27 rather than provide a basis for them.

28 They agreed that lessons from universal curriculum content should be cumulative  
29 and should be integrated into other school subjects and activities to consolidate  
30 children and young people's understanding.

1 The committee agreed that using a 'strengths-based' approach to support children  
2 and young people's social, emotional and mental wellbeing would help to remove the  
3 fear of failure and would bring a focus on providing skills that children and young  
4 people would be able to use in the future.

5 Some evidence also showed that mindfulness interventions had benefits for social  
6 and emotional skills in both primary and secondary school children and young  
7 people, and for academic outcomes in secondary school pupils. Evidence from  
8 expert testimony highlighted the value of regular rhythmic physical activity, such as  
9 running, bouncing or cross-training, in helping children and young people manage  
10 their social, emotional and mental wellbeing. They agreed that these interventions  
11 would be most useful in schools where there was a good fit with the whole-school  
12 approach.

13 The committee discussed how universal approaches fit in with the recommended  
14 whole-school relational approach and agreed that they should complement each  
15 other and that coordinating that was a job for a senior leader.

16 Social connectedness was highlighted by the committee as a key factor for good  
17 social, emotional and mental wellbeing in children and young people in the context of  
18 the COVID-19 pandemic. The committee agreed that this encouraged the use of  
19 support by both peers and [trusted adults](#).

## 20 **How the recommendations might affect practice**

21 The recommendations reinforce current best practice because they are based on  
22 existing processes that schools should generally be following, such as using a spiral  
23 curriculum and promoting the spiritual, moral, cultural, mental and physical  
24 development of pupils. There may be an impact on financial resources and day-to-  
25 day staffing for the training and peer support needed to deliver these interventions,  
26 but this may be partly covered as part of the staff's continuing professional  
27 development programme.

28 Additional time may be needed to establish good communication channels between  
29 the staff and pupils, to help pupils and the Trusted adult develop their relationship  
30 and to train teachers on the benefits of interventions.



1 [Return to recommendations](#)

2 **Identifying children and young people at risk of poor social,**  
3 **emotional and mental wellbeing**

4 [Recommendations 1.3.1 to 1.3.6](#)

5 **Why the committee made the recommendations**

6 **Identification and risk factors**

7 The committee looked at a substantial amount of quantitative evidence on several  
8 potential risk factors for poor social, emotional and mental wellbeing in primary and  
9 secondary education. They agreed that most of the evidence was of reasonable  
10 quality. They recognised that many of the individual risk factors could indicate other  
11 underlying causes such as unidentified or unmet educational needs. They also  
12 considered qualitative evidence from a single study. However, they did not believe  
13 that this evidence was strong enough to base recommendations on it.

14 They also highlighted that the cumulative effect and interactions of multiple risk and  
15 protective factors were a much better indicator of poor social, emotional and mental  
16 wellbeing than single factors, and that the presence of a single risk factor did not in  
17 itself indicate poor social, emotional and mental wellbeing. They agreed that  
18 assessment needed to be based on both the number and the complexity of the risk  
19 factors, and that evidence needed to be gathered from a wide variety of sources.  
20 They agreed that it was unclear how interactions between various social and  
21 personal factors contributed to that cumulative effect (see [other recommendations](#)  
22 [for research](#)).

23 Evidence also showed that adverse childhood experiences are a key factor  
24 associated with increased prevalence of poor social, emotional and mental  
25 wellbeing. The committee agreed that although the presence of 1 or 2 adverse  
26 childhood events should not be seen as a pre-determined risk for poor social,  
27 emotional and mental wellbeing, it was a sign that assessment was needed to  
28 decide whether to intervene or to monitor the child or young person's wellbeing. The  
29 committee recognised that children and young people with neurodiverse conditions  
30 (such as autism or attention deficit hyperactivity disorder) and those with special

1 educational needs or disabilities were key populations. Therefore, it was important to  
2 take their individual needs into account and to engage with relevant agencies. They  
3 noted a lack of evidence about whether children and young people with special  
4 educational needs were at higher risk of poor social, emotional and mental wellbeing  
5 and made a research recommendation about this (see other recommendations for  
6 research).

7 From their expertise and experience, the committee stated that lack of awareness  
8 and training for staff members was a key barrier to identifying children and young  
9 people at risk. They agreed that staff need to be aware of how poor social, emotional  
10 and mental wellbeing may present so that they are able to identify issues. They also  
11 need to be aware that sometimes these issues can mask unrecognised special  
12 educational needs and it is important to understand how to respond to this. The  
13 committee noted that much of this is set out in statutory guidance.

14 They recognised that further research is needed into how poor social, emotional and  
15 mental wellbeing can be identified in children and young people who internalise their  
16 distress (see [research recommendations 1 and 2](#)). They discussed the impact of the  
17 COVID-19 pandemic on children and young people's social, emotional and mental  
18 wellbeing and agreed that the medium- to long-term effects of this are not yet clear,  
19 but need to be investigated (see [research recommendation 5](#)).

## 20 **Tools and techniques**

21 The committee saw evidence from 1 study about tools for assessing social,  
22 emotional and mental wellbeing in children and young people, but it was not directly  
23 relevant to this guideline. However, they agreed that as a committee they had  
24 substantial expertise and experience in this area. On this basis, although they could  
25 not recommend specific tools because of lack of evidence, they identified important  
26 factors that should be considered when selecting a tool. Staff need to be clear on  
27 what it is they are aiming to assess, because different tools measure different  
28 aspects of wellbeing. Tools are context specific and their appropriateness will be  
29 determined by situational factors, such as the chronological or developmental age of  
30 the child or young person. The committee also agreed that it was preferable to use  
31 validated tools, although they recognised that sometimes that is not possible.

## 1 **How the recommendations might affect practice**

2 School-based professionals routinely undertake many of these tasks and monitor  
3 children and young people's risk factors as part of their pastoral role. However, there  
4 may be an increase in the number of children and young people being observed,  
5 assessed and offered interventions. This may have cost implications if the extra  
6 workload falls on school staff. However, the committee agreed that many of the tasks  
7 will be part of the already planned roll out of the mental health support team and  
8 educational mental health practitioners.

9 Although school-based professionals are likely to have some awareness of poor  
10 social, emotional and mental wellbeing, there may be costs to train staff on  
11 identifying it, and on using trauma-informed approaches.

12 [Return to recommendations](#)

## 13 **Targeted support**

14 [Recommendations 1.4.1 to 1.4.7](#)

## 15 **Why the committee made the recommendations**

16 The committee discussed evidence on delivering targeted support for children and  
17 young people in secondary and further education who have been identified as  
18 needing mental health support (for example, because of symptoms of depression or  
19 anxiety). The committee had low confidence in the findings of the quantitative  
20 evidence, even though there were quite a lot of studies. There was some better  
21 evidence from qualitative studies about the acceptability of targeted support, and the  
22 committee had more confidence in these findings. These studies included individual  
23 or group interventions or counselling that were delivered by school specialists (such  
24 as school counsellors) or external specialists (such as psychologists). Interventions  
25 lasted an average of 8 to 12 weeks. This evidence showed that targeted individual or  
26 group interventions were effective at reducing emotional distress and could also  
27 prevent a first diagnosis of depression. The committee therefore agreed that these  
28 were appropriate for those identified as needing social, emotional and mental health  
29 support. They agreed that although the evidence was from secondary schools, it was  
30 also likely to be relevant to primary settings. They were unable to assess from the

1 evidence the comparative effectiveness of group and individual interventions on  
2 mental health (see [research recommendation 3](#)), nor were they able to assess the  
3 long-term impacts of these interventions (see [research recommendation 4](#)).

4 The studies used varying criteria to determine whether a pupil would need targeted  
5 support – for example, if they had symptoms of depression or anxiety based on  
6 clinical assessment or assessment tools. In practice, pupils are often identified by  
7 their externalising behaviours, and those with internalising behaviours can often be  
8 missed. The committee agreed that it is important to base referrals for targeted  
9 support on individual needs and to have clear guidance about this.

10 The evidence supported the committee's view that communication between schools  
11 and parents, carers and families is important for the success of targeted  
12 interventions. Families and parents or carers can influence their child's social,  
13 emotional and mental health behaviours, so the committee considered that it was  
14 important that the school engages with parents and carers when considering  
15 targeted support. They agreed that further research could clarify what was important  
16 to parents in this regard (see [other recommendations for research](#)).

17 Specialists who provide targeted social, emotional or mental health support may be  
18 employed by the school or be external. The committee agreed that it is the school's  
19 responsibility to ensure that specialists have the relevant training and experience.  
20 They were also aware of existing advice on using counsellors in schools (see [the](#)  
21 [Department for Education's counselling in schools: a blueprint for the future](#)).

22 The committee were clear that for targeted support to be successful the pupil needs  
23 to be engaged and involved. They discussed the importance of getting their  
24 agreement (or that of their families and carers) not only because this is good  
25 practice, but also to help the pupil feel involved in the process.

26 The evidence suggested that when planning targeted support, it is important to  
27 consider any potential unintended consequences. This supported the committee's  
28 view that care needs to be taken to avoid negative labelling or stigmatising pupils  
29 when selecting them for targeted support. For example, if a pupil is known to leave  
30 lessons for a counselling session, classmates or teachers might treat them differently  
31 and they could be at increased risk of bullying. They may become withdrawn or

1 defiant as a result and increase the behaviour that the intervention is intended to  
2 address. The committee agreed that more evidence in this area would allow  
3 recommendations to be refined in the future (see other recommendations for  
4 research).

5 The evidence also highlighted that a group intervention may normalise undesirable  
6 behaviours. For example, groups that include pupils who are part of an existing  
7 friendship group known for behaviours that challenge may be difficult to work with.  
8 This is because of the potential for friendship status and ‘membership rights’ in the  
9 group to be a priority for the pupils rather than working to improve their social,  
10 emotional and mental health. The committee agreed that other factors such as  
11 developmental age and cultural background were also important to take into account  
12 when planning the membership of group interventions.

13 Focus group research identified the importance of peer-to-peer support. However,  
14 the committee recognised the need to offer a range of support (including peer-to-  
15 peer support). This was because evidence in the wider literature on peer-to-peer  
16 support indicates that there is a danger that it can perpetuate bullying. Furthermore,  
17 the committee highlighted the importance of environment when delivering targeted  
18 interventions, because children and young people need to feel safe and comfortable  
19 to talk through difficult feelings.

## 20 **How the recommendations might affect practice**

21 The recommendations reinforce current best practice. They are based on existing  
22 processes that all schools should be following, so they are unlikely to have a  
23 resource impact.

24 Time and money may be needed to set up suitable environments for delivering  
25 interventions. Training and time may also be needed to ensure that school staff are  
26 able to monitor children and young people’s wellbeing for signs of adverse reactions  
27 to receiving targeted support.

28 [Return to recommendations](#)

## 1 **Support with school-related transitions and other life changes**

### 2 [Recommendations 1.5.1 to 1.5.7](#)

## 3 **Why the committee made the recommendations**

### 4 **All transitions and life changes**

5 The committee discussed evidence on children and young people who are preparing  
6 for or undergoing a transition. Although there was a reasonable number of studies  
7 about the effectiveness of interventions to make transitions easier, the quality of the  
8 evidence was relatively low. However, the committee agreed with the evidence that  
9 transition interventions gave useful support. They also considered some higher  
10 quality evidence from qualitative studies about the acceptability of these  
11 interventions that helped them to make recommendations.

12 The studies included several types of transitions, including moving to a new school  
13 or going through a life event such as parental divorce, as well as support for children  
14 and young people from a refugee background. Because of the different types of  
15 transition identified, the committee agreed that there was a need for support based  
16 on individual needs. They discussed how to tailor interventions so that they meet the  
17 child or young person's needs and acknowledged that teachers might need  
18 additional training for this.

### 19 **Transitions between schools and classes or leaving education**

20 The evidence suggested that when planning for transitions it is important to consider  
21 any potential unintended consequences. This supported the committee's view that  
22 care needs to be taken to avoid negative labelling or stigmatising pupils, for example  
23 when sharing information with a new school. They discussed the lack of research  
24 about what children and young people themselves find useful during transitions,  
25 especially those from underserved backgrounds (see [other recommendations for](#)  
26 [research](#)).

27 The committee discussed managed moves (in which a child or young person is  
28 placed in a new school by the local authority or by school-to-school voluntary  
29 agreement) and agreed that the principles for these were the same as for general  
30 transitions. The committee did not see any evidence about young people's

1 experiences of school transitions but agreed that future research was needed to fill  
2 this gap (see other recommendations for research).

3 The evidence supported the committee's experience that communication and  
4 engagement between schools and parents, carers and families are important in  
5 managing transitions and life changes. This is also consistent with the committee's  
6 view that engaging with pupils and their parents or carers is an important part of a  
7 whole-school approach.

8 The qualitative evidence on practical supports, such as travel advice, buddy systems  
9 and orientation sessions, was also supported by the committee experience that  
10 these are useful practical steps.

### 11 **After transitions between schools**

12 Based on their expertise, the committee concluded that ongoing monitoring was  
13 beneficial in ensuring the child or young person continues to progress and that the  
14 transition arrangements are effective over the whole of the child or young person's  
15 education. This is especially the case if they are at higher risk of poor social,  
16 emotional and mental wellbeing.

17 Focus group research identified the importance of peer mentoring during transition  
18 periods to promote good social, emotional and mental wellbeing. The committee  
19 agreed with the value of peer mentoring for children and young people entering a  
20 new school, particularly from older pupils who have been appropriately trained as  
21 mentors.

### 22 **Significant life changes**

23 The committee also discussed life transitions in the context of the school  
24 environment and agreed that although these often could not be planned for (for  
25 example, a sudden bereavement), the school had a key role in supporting children  
26 and young people through these events and in arranging external support for the  
27 child or young person if it is needed. This included supporting children and young  
28 people through the loss of key relationships with school staff when they moved  
29 classes or schools.

## 1 **How the recommendations might affect practice or services**

2 The committee agreed that supporting children through transitions to new classes or  
3 schools was part of the general responsibilities of the school. As part of their pastoral  
4 role, teachers and other school staff would be trained to engage with pupils and  
5 identify those who were not thriving. They noted that agencies outside the school  
6 could also provide important services that the school was unable to provide. The  
7 recommendations highlight the value of peer mentoring for pupils transitioning to a  
8 new school. Additional time may be needed to train older pupils how to effectively  
9 mentor new students.

10 [Return to recommendations](#)

## 11 **Context**

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

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

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

- 30
- knowing what approaches improve student outcomes in a specific school setting



- 1 • accommodating effective teaching of social, emotional and mental wellbeing in a  
2 crowded curriculum.

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

## 7 **Finding more information and committee details**

8 To find NICE guidance on related topics, including guidance in development, see the  
9 [NICE webpage on mental health and wellbeing](#).

10 For details of the guideline committee see the [committee member list](#).

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