

Social and Emotional Wellbeing in Primary and Secondary Education
Stakeholder workshop
26th March 2019

Area of scope	Questions	Stakeholder responses
<p>1 Why the update is needed? (Definition)</p>	<p>1. We have provided a definition of SEW in the scope as used in PH20</p> <p>a) Is this definition up to date</p> <p>b) Should we explicitly include mental health</p>	<p>Group 1: Consider Academic, Social & Emotional Learning, (SEAL definition) as the guideline needs to make connection with educational achievement. Some examples to consider are “Wellbeing Now”- MIND “Trailblazer”</p> <p>Group 2: Wellbeing is not the absence of problems. It’s about flourishing. Anxiety and self-harm are also important. It seems odd to have a guideline about <i>not</i> having a mental health problem. The group highlighted it can be difficult to identify anxiety and could focus on ‘psychological distress’. There are no screening programs and information / data is usually gathered through soft intelligence and informal discussions.</p> <p>The group suggested that the definition should be more positive and aspirational.</p> <p>Group 3: Having a definition about “what it is not” seems strange (e.g. not feeling depressed”- fundamentally flawed there is the expectation with this that we have to be happy all the time.</p>

		<p>As regards mental health the groups considered that we could incorporate “feeling understood” rather than ‘not feeling depressed’. Wellbeing definition separated into ‘functioning’ and feeling components- would it be worth in looking into the definition using these terms?</p>
<p>3.3 Activities, services or aspects of care (Key areas that will be covered)</p>	<p>The scope currently focuses on the promotion of good social and emotional wellbeing in the first instance and then preventing poor mental health</p> <ul style="list-style-type: none"> a) Is this an appropriate approach? b) Where does cyberbullying and safe and appropriate use of social media fit? 	<p>Group 1</p> <p>The group agreed with this focus and noted that prevention of bullying was key rather than dealing with the consequences.</p> <p>Group 2: Preventative work & resilience is important as once children are no longer engaged in the education system it is very difficult to get them back. The group suggested that we need to identify children and young people who need more support and to ensure we do enough for those who are chronically disengaged.</p> <p>The group noted that the term ‘bullying’ is contentious and suggested “Managing Social Relationships” instead as schools are avoiding the term bullying</p> <p>Group 3: Agree on the approach. Cyberbullying and social media need regulating and understanding. No evidence that regulation is effective. The group noted that many schools use social media or apps (e.g. Whatsapp) to share news, provide information about events and career development.</p>

		Many children who are cyber-bullied are also bullied in real life. DOH child survey on mental health found a link between cyberbullying and mental health but there is still an evidence gap that needs to be highlighted.
3.1 Who is the focus? (Groups that will be covered)	<p>The scope focussed on the individual (in education Key stages 1 to 5) and young people with SEND in further education rather than on the physical setting.</p> <p>a) Do you agree with this approach?</p> <p>b) Will this mean that some groups may not be included or would need specific consideration (for example, children excluded from school either temporarily or permanently)</p> <p>c) Are there any sub-groups that should be identified for special consideration?</p> <p>Are there any equity issues that need to be considered?</p>	<p>Group 1: Focus on those who are excluded, bereaved children as they are vulnerable and may have issues with emotional stability and family dynamics. Other groups of interest include those from military families, immigrant families, home educated, Lesbian, Gay, Bisexual, Transgender (LGBT), Special Educational Needs and Disabilities (SEND) (often summer born) and child carers.</p> <p>Group 2: The groups that will be covered list could be seen as stigmatizing and excluding people. There is a danger of having a specific list. Group advice was to change the way the list is presented so that it's not read as exhaustive but rather providing examples. The group also noted that peer to peer education, and apps and guidance are important. Also highlighted there's a large literature on social media and self-esteem.</p> <p>Group 3: Population: Key stages 1-5: range chosen because other age groups (pre-school or early years) are covered in other guidance.</p>
1 Why the guideline is needed and general context	Are there any current contextual, policy or practice drivers/barriers that need to be considered?	Group 1: Key contextual issue is to ensure buy in from schools.

	<p>Are there any additional key issues around commissioning of these education or interventions that should be included?</p>	<p>Group 2: The guideline will have to take into account if schools have enough time to carry out interventions. Are there appropriate spaces in schools? Is teacher capacity an issue as many are tired, overworked or may be experiencing burn-out.</p> <p>Group 3: School policy and procedures and impact of wellbeing. Look at “healthy eating week” and unintended consequences in vulnerable kids and eating disorders, unintended consequences of exam pressure</p>
3.2 Settings	<p>Looking at the list of settings, are there any missing?</p>	<p>Group 1: Agree that the focus should be on the individual rather than the setting and noted that engagement with parents was needed.</p> <p>Group 2: Noted that mental health inpatient units for children and young people also provide education</p> <p>Group 3: Queried if the whole-school approach includes forest schools. There is a need to think if there are any groups that may be excluded from whole-school approach and how the whole school approach will cover these groups.</p>
3.5 Key issues and draft questions	<p>Looking at our key issues and questions, are there any missing?</p> <p>a) Are there any important areas here that would be crucial? If so why?</p>	<p>Group 1: Group agreed with key issues. Thought that the whole school approach is important. Should focus on integration and wellbeing as part of whole experience.</p> <p>Group 2: Where are external counsellors coming from as England needs school-based counselling. The scope</p>

	<p>b) Are there any areas that are included here that shouldn't be?</p> <p>c) Are there any additional key issues around commissioning of these interventions that should be included?</p>	<p>need to be clearer about what targeted approaches will cover. Some children and young people don't meet the established definition of SEND and they would be missed. (e.g. children with chronic conditions).</p> <p>Whole school approach definition favours people who are able to function "normally". The school inspection framework would need to be changed as this is what schools listen to. Teacher wellbeing/education is missing.</p> <p>Overall culture in school may need to change to allow it to be more creative in approach. Providing a "Rounded Grounded" approach and parental engagement would be useful. Ideally would like recommendations about how education can support health</p> <p>Group 3: There may be good whole school approaches that include parents and teachers views as well as children's news. School policy and procedures and impact of wellbeing (e.g. children who are anxious about 'zero-tolerance' approach) fits into unintended consequences, for example 'Healthy eating week' and unintended consequences in vulnerable kids and eating disorders, or unintended consequences of exam pressure. Falls under "barriers" for universal school approaches? "Positive risk taking" and SEN children- how wellbeing prepares these children. This may lead to the mental capacity act (MCA) being applied to younger</p>
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Main outcomes	<p>8. Are there any important outcomes that are missing, or any that should not be there? behaviour change interventions?</p> <p>What are the most important SEW outcomes?</p> <p>What are the most important educational outcomes?</p>	<p>Group 1: Mention of a personality framework (no further information provided). Key domains- behaviour, social, emotional bullying, absenteeism, academic achievement. These are influenced by setting. Include studies that report SEW outcomes alone, SEW outcomes and academic achievement outcomes but not studies that only report on academic attainment. Noted that some SEW interventions can have positive impact on SEW outcomes but negative impact on educational attainment.</p> <p>Group 2: Looking at Restorative Justice Approach mentioned. A whole school culture to be created covering - Spiritual, Moral, Social, and Cultural development is important. Noted Emotional literacy missing. Currently schools may only have one day for PSHE. National Curriculum is the biggest push for delivering PSHE.</p> <p>Group 3: Outcomes for whole school approach could include staff & parent experiences, school safety, partnerships and family outcomes.</p>

<p>2. Who the guideline is for</p>	<p>Looking at the list of who the guideline is for are there any omissions or any groups included that should be removed?</p>	<p>Group 1: No issues</p> <p>Group 2: Noted that NICE guidelines not visible in education. Would need to engage with relevant stakeholders</p> <p>Group 3: Children who are bereaved may need to be added in the list of groups that will be given specific considerations in the guideline. In the whole school approach, we need to draw out those children who have had trauma.</p>
<p>Research to inform the guidance</p>	<p>Are there any key research studies you aware of that would be relevant to these guidelines and when are they due to be published?</p>	<p>Group 1: Mindfulness is a particular form of meditation, DfE have ongoing trials on mindfulness and bullying (including cyberbullying).</p> <p>Interventions on grief, death & bereavement.</p> <p>Group 2: Potentially relevant research has been conducted by the University of Plymouth. Nature connectedness research group at University of Derby. Group unanimously felt that non-UK studies would provide relevant information to help understand what interventions work.</p> <p>Group 3: Interventions on bullying (see Cochrane review on this topic). Anderson & Sunnerson study from Cambridge on risk factors. "Young minds" focus group work</p>

<p>Equality issues</p>	<p>Are there any equity issues that need to be considered?</p>	<p>Group 2: Indicated that the list should be removed as could be read as exhaustive and lead to exclusion of others</p> <p>Group 3: In terms of evidence, mental health points towards older teenage girls but not entirely comfortable with singling them out. Other sub-groups cited as important: rural/urban, does SEND include those with long-term condition and those with Education Health and Care Plan (EHCP) status do we need to include EHCP/children with long-term health conditions/children with autistic spectrum as a separate group (would fit into SEND but may be included in those with long term conditions). Suggest SEND/neurodevelopmental needs.</p>
<p>Prioritisation</p>	<p>If we identify we have too much to cover within the resource available, which areas should be prioritised over others?</p> <p>Why is that? What are the factors that drive your thinking?</p> <p>Which areas are not a priority?</p>	<p>Group 1: Suggests looking at summer born campaign. Need to understand if these children and young people have the opportunity to get a full education to allow them to reach their potential. There is a legal right to defer entry to education but some may miss foundation year. These children may also encounter issues when transitioning to secondary education..</p> <p>Evidence based approach important. Some things not tested in high quality research</p> <p>Group 2: Clarify how guideline will cover children out of education. ~50K children not in education. Suggest removing questions about children at risk of being</p>

		<p>stigmatized and screening questions. Identifying risk factors may be less important</p> <p>Group 3: Remove questions on screening tools used as none are validated for under 8s and so may need specific question around younger children.</p>
Committee constituency	<p>10. Who do stakeholders think are essential to have representation from on the Public Health Advisory Committee (PHAC) in the development of this guideline and why?</p> <p>A) Which of the listed professionals should be topic experts i.e. attend all meetings or co-opted experts, i.e. attend some meetings?</p> <p>b) Do we need additional topic experts?</p> <p>c) Do we need representation from both primary and secondary education?</p>	<p>Group 1: Input for both primary education and secondary education is essential. Input from an individual who can link education and health.</p> <p>Group 2: Suggest input from following groups: Ofsted, Department for Education, Parents, Devolved Nations, specialist mental health support.</p> <p>Group 3: DfE in relation to their policies and Ofsted, Ofsted representative with implementation responsibilities, representative for 18-25 year olds, Voluntary organizations as co-opted, Individual with psychological training and expertise, separate person for primary and secondary education.</p>