

# Social, emotional and mental wellbeing in primary and secondary education

## Evidence review K: Expert testimony

*NICE guideline NG223*

*Expert testimony underpinning recommendations 1.1.1, 1.1.2, 1.1.3, 1.1.4, 1.1.7, 1.1.8, 1.1.19, 1.2.8, 1.3.1 – 1.3.4 and research recommendations*

*July 2022*

*Final*

*These evidence reviews were developed  
by developed by the Public Health  
Guidelines team*



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# Contents

A. Introduction .....	5
B. Methods .....	5
C Summaries of testimony.....	6
Essex County Council Trauma Perceptive Practice (TPP) training .....	6
Overview of CYP MH Community Transformation and the impact of the Pandemic .....	10
Pupil views on their experiences of COVID-19 .....	15
Child and adolescent mental health in the context of COVID-19.....	21
The Learning, Disability and Autism Programme and the impact of COVID-19 pandemic on SEND and neurodiverse pupils .....	27
Facilitating and supporting partnership between mental health and education.....	31
Implementing Trauma Informed Education .....	37
A Whole-School Approach to Wellbeing .....	44

## A. Introduction

Expert testimony is an important source of evidence for guidelines. Experts may be called upon when evidence from published literature is insufficient, where there are gaps in published evidence meaning that review questions may not be fully answered or, where information on context or current practice is needed to inform recommendations.

## B. Methods

During initial meetings, the Committee were asked to discuss the development plans and to suggest areas that might benefit from expert testimony. Colloquial evidence from expert testimony was used to complement the scientific evidence or provide missing information on context. The committee discussed the options and suggested experts based on their knowledge of the area and the information they needed. They agreed on a list of individuals that they asked the NICE team to approach as potential providers of testimony. In all cases this evidence was provided orally by an expert and was discussed and considered by the committee. Section C provides the experts written summary of the testimony they provided. A summary of the areas identified is provided below.

### Topics covered

Evidence gaps across specific review areas were flagged to the committee and discussed. The committee identified areas which they felt were inadequately covered by literature and were important in the current context. Specifically, the committee agreed that expert testimony based on current practice, resource impact and context was needed to inform recommendations within the following areas:

- Trauma informed approaches to social, emotional and mental wellbeing
- The NHS transformation programme for children and young peoples mental health, and the impact of the COVID pandemic on children and young peoples mental health.
- Children and young peoples views on education during the pandemic.
- The impact of COVID-19 on children and young peoples development.
- The needs of neurodiverse children and young people and children and young people with SEND and the effects of the pandemic on them.
- Facilitating and supporting partnership between mental health and education
- Implementing trauma-aware education, including the realities and practicalities of using more inclusive, whole-school approaches.
- Whole-school relational approaches in education.

## C Summaries of testimony

### Essex County Council Trauma Perceptive Practice (TPP) training

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<b>Guideline title:</b>	Social, emotional and mental wellbeing in primary and secondary education
<b>Guideline Committee:</b>	PHAC C
<b>Subject of expert testimony:</b>	Essex County Council Trauma Perceptive Practice (TPP) training
<b>Evidence gaps or uncertainties:</b>	Trauma informed approaches
<b>This expert testimony informed the following recommendations: 1.1.4 and 1.1.19</b>	
<b>Section B: Expert to complete</b>	
<b>Summary testimony:</b>	

Trauma Perceptive Practice (TPP) makes up the core universal good practice for social, emotional and mental health (SEMH) in all Essex education (0–25 years). It is free to all Essex schools/settings and adopts a sustainable Train the Trainer model.

The rationale for the introduction of TPP comes from increasing evidence that has improved understanding surrounding physiological, emotional and psychological development of children and the way that trauma and neglect impact on normal developmental processes. Educators have reported feeling under-equipped to support children with SEMH needs.

TPP is a whole school approach to understanding behaviour and supporting emotional wellbeing. It has a core set of values that underpin the programme which are compassion and kindness, hope, connection and belonging. These values will support a culture mindset shift that informs educators policy and practice. The training explores the key components that support healthy human development; therefore, the training is good for all children and young people.

TPP develops educator's knowledge, explores attitudes and develops skills and habits to effectively support all CYP, including those that are most vulnerable. This leads to increased resilience for staff and pupils alike, as well as providing more support for children and young people (CYP) to overcome experiences of trauma. However, TPP is not a 'quick fix' to 'sort out difficult children', nor is it a 'specialist support fix' for mental health issues. The primary focus is on how the adults are the resource, empowering educators to understand how the relationship that they have with their pupils can make the most significant difference in buffering the risks of adversity or supporting recovery from distress and trauma.

The COVID-19 pandemic has required TPP train the trainer to move to online sessions. Additionally, schools have been supported to deliver TPP in both face-to-face and online formats. Safeguarding procedures have also been adapted to support online delivery.

The uptake of terminology from the TPP trainers across different agencies emphasised the importance of having a common understanding and goal with regards to a trauma informed approach to wellbeing in schools.

Feedback from phase 1 of the evaluation included:

- An increase in use of positive language around behaviours.
- A reinforcement of a previous focus on the growth mindset.
- Encouragement of in-depth professional discussion.
- An increase in staff understanding of the importance of self-regulation.

- A clear understanding of trauma-related behaviours, as opposed to ‘bad behaviour’.
- Prompting of a review of trust behaviour policy with a focus on relationships and positive engagement rather than sanctions.

TPP feedback data is sought on an annual basis from sources such as TPP trained schools / settings, SEND Quadrant Teams and School Effectiveness Partners. Surveys to capture feedback from pupils and parents are currently being developed.

### **Discussion**

The committee discussed the positive approaches TPP utilises, such as focussing on the effects of trauma on child behaviour and the importance of staff wellbeing. It was acknowledged that understanding staff are a key resource and getting them on board with the approach is essential for its success. It was also promising to hear that senior leadership and councillors are on board with the TPP approach.

The committee also highlighted the importance of long-term follow-up of outcomes on both staff and CYP. More long-form analysis is already planned; however schools need to be given a decent amount of time using TPP before collecting this data. During this analysis, it is important to capture, not only whether the approach works, but also the environment it is applied in.

### **Take home messages**

- TPP utilises promising new approaches to improve understanding the effects of trauma on CYP behaviour and ensure staff are properly equipped to deal the SEMW needs of CYP. These ideas move away from traditional behaviouralist approaches and policies and emphasise the importance of sharing a common language / terminology across different agencies and partners.

### **References to other work or publications to support your testimony’ (if applicable):**

None

### **Disclosure:**

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## Overview of CYP MH Community Transformation and the impact of the Pandemic

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<b>Guideline title:</b>	Social, emotional and mental wellbeing in primary and secondary education
<b>Guideline Committee:</b>	PHAC C
<b>Subject of expert testimony:</b>	Overview of CYP MH Community Transformation and the impact of the Pandemic
<b>Evidence gaps or uncertainties:</b>	NHS programme and also the impact of the pandemic on CYP's mental health
<b>This expert testimony informed the following recommendations: 1.3.1 – 1.3.4 and research recommendations</b>	
<b>Section B: Expert to complete</b>	
<b>Summary testimony:</b>	

The context of children and young people's (CYP) mental health has changed over recent years. Despite a rising prevalence and awareness of poor CYP mental health (MH), there has been a reduction in youth services and historically low access rates. Failing to support CYP with poor MH early can lead to greater intervention costs down the line.

The aims of the current transformation programme are:

- Build better MH services.
- Improve outcomes and experience.
- Increase access.
- Reduce health inequalities.
- Support prevention, early intervention and the reduction of stigma.
- Invest in the competence and capacity of the workforce.
- Continue to focus on prevention.

Aims of the NHS long-term plan include:

- Biggest headline: By 2023/24 at least an additional 345,000 CYP to be able to access NHS-funded MH services.
- 4-week waiting times.
- Wider commitments e.g. working with youth justice.

An additional £79m funding will be provided in 2021/22 in response to the COVID-19 pandemic, which will help accelerate the rollout of Mental Health Support Teams (MHST).

Services are moving to new models. Community services are moving away from 'Tiers' to deliver a needs-based multi-agency approach and eliminate issues such as poor transition.

MHSTs

- Mental Health Support Teams are being rolled out to cover 15-20% of country by 2023.
- Over 280 MHST in the process of being established by 2018.
- A new role has been created – Education Mental Health Practitioner with curriculum taught across 13 Universities.
- A MHST manual and set of operating principles has been developed.
- The Department of Health and Social Care is commissioning an independent evaluation.

### Impact of COVID-19 on CYP and families

- Aside from the direct impact of the pandemic, CYP have also been affected indirectly by factors such as loneliness, financial problems, parental MH issues and exposure to domestic violence.
- Social distancing guidance and school closures are likely to have adverse effects on the MH of CYP, along with lack of access to support.
- Some evidence suggests that minorities have experienced higher MH problems and wellbeing concerns.
- The prevalence of MH disorders, in CYP 5–16 years of age, increased from 10.8% in 2017 to 16.0% in 2020. Age and gender remain important factors, with prevalence being higher in women (27.2%); compared to men (13.1%).
- 30.2% of children whose parent experienced psychological distress had a probable mental disorder.
- There has been a 100% increase in urgent treatment cases for eating disorders.

MHSTs have adapted to the pandemic by using digital and remote technology and, in some cases, expanded their services to continue to support CYP experiencing mild to moderate MH issues whilst schools have been shut.

Examples of adaptation are:

- Production of a COVID-19 resource pack for professionals and families.
- Use of podcasts and webinars to raise the profile of MH and support parents with primary school-aged children.
- Virtual peer mentoring scheme for children in Years 6 and 7.
- Clinician-led peer support group for teaching staff.
- Text-messaging service operated by senior staff and qualified Children's Welfare Practitioners.
- School support line.

### Discussion

The committee commented that the challenges rising from the pandemic, such as an increase in mental and eating disorder prevalence was not unexpected. However, the speed at which the MHSTs were able to adapt to the challenges was surprising. Although it was agreed that an extra £79m funding to combat the impact of COVID-19 on the MH of CYP would be useful, it was questioned whether this would be enough. However, the committee were reminded that existing MH funding would also be increasing.

As different schools will operate with different practice models, it was recognised that MHSTs need to be able to adapt to a variety of school practices. MHSTs

should also be trained to identify specific needs that CYP may have, including those with learning difficulties and neurodevelopmental conditions. This is essential to avoid creating further inequalities.

MHSTs are only commissioned to focus on school-aged children. However, the development of a more comprehensive 0–25 years MH service and greater integration of adult and child MH services, remains an ambition of NHS England.

Finally, the committee commented that it would be interesting for the NICE team to see if there is any correlation between schools with an established MHST team and schools chosen in University of Manchester engagement work.

### **Take home messages**

There has been an expected increase in MH concerns within CYP during the pandemic. Extra funding into this area will be essential to effectively combat the effects of COVID-19 on CYP.

MHSTs are being rolled out in schools across the UK, with an aim to cover 15-20% of country by 2023. The adaptability of established MHSTs during school closures has been essential in supporting CYP throughout the pandemic. MHSTs will also be required to adapt to a variety of school practices in order for successful implementation.

Future considerations should be given to how MHSTs can integrate adult and child MH services.

### **References to other work or publications to support your testimony' (if applicable):**

None

### **Disclosure:**

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## Pupil views on their experiences of COVID-19

<b>Section A: Developer to complete</b>	
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<b>Guideline title:</b>	Social, emotional and mental wellbeing in primary and secondary education
<b>Guideline Committee:</b>	PHAC C
<b>Subject of expert testimony:</b>	Pupil views on their experiences of COVID-19
<b>Evidence gaps or uncertainties:</b>	Pupil views on education during the pandemic
<b>This expert testimony informed the following recommendations: 1.3.1 – 1.3.4 and research recommendations</b>	
<b>Section B: Expert to complete</b>	
<b>Summary testimony:</b>	

An online survey was conducted in the Southend area to gather information on pupil experiences of COVID-19. It aimed to determine what pupils were experiencing now and what would help them in the future.

Four key themes emerged from the survey as follows

#### Safety

- Pupils reported feeling stressed, depressed and scared.
- Actions that would help pupils return to school were reported as:
  - Knowing the safety measures in place
  - Reassurance that everything would be okay
  - Implementation of more hygiene products and social distancing measures

#### Relationships

- Seeing and talking to friends helped children cope during their pandemic experience.
- Being able to see and play with friends was also a factor that would help pupils return to school. Knowing someone in their new class and being able to cuddle their mother would also reportedly help with school return.

#### Certainty

- Factors that would help children return to school were reported as:
  - Meeting a new teacher
  - Knowing if friends would be in the same class
  - A thorough and well thought out work plan
  - A gradual build up of workload
  - Information of A Levels and UCAS applications
  - Knowing a child's mother would drop them off and pick them up

#### Opportunities

- Exercise, music, dancing, baking and cheerleading were amongst the activities that helped children cope throughout lockdown.
- Pupils identified missed opportunities such as prom, leavers day, school trips and exams.
- More art and creative lessons were noted as factors that would help children return to school.



Nottingham EPS and Southend EPS connected to share findings and realised there were complimentary themes across pupil views in both areas. Nottingham City is one of the most deprived districts in England. Additionally, both Nottingham and Southend's lowest ranking Lower Super Output Areas were ranked 130<sup>th</sup> and 136<sup>th</sup> respectively.

Five key themes (relating to Maslow's Hierarchy of Needs) emerged from the survey as follows:

#### (Physiological)

- For many children, schools were an environment where basic needs were met.
- Pupils reported missing school dinners, snack time and breakfast club.
- Food was also reported to bring comfort and enjoyment both at school and at home.

#### Preparedness

- Almost all pupils across the age groups were anxious about and aware of the seriousness of the "virus".
- They wanted to be prepared for the return to school and there was a clear call for reassurance and certainty.

#### Relationships

- Relationships and being connected was a strong and powerful theme and spoke of the importance of relational connections and how important these are in the lives of children and young people.
- Lost connections and loneliness were also highlighted by the pupils.

#### Learning expectations

- While many pupils enjoyed learning at home there was anxiety and awareness about the idea of having to "catch-up" (even young children).
- There was also disadvantage in access to learning, such as not having anyone for professional help if pupils didn't have internet access.

#### Opportunities

- There were positive opportunities to try out new things, meet new people and connect in different ways.
- However, there were also opportunities that felt missed, lost or unachievable.

### **Proposals to Policy Makers**

- Policies should prioritise community re-engagement and rebuilding.
- Additional funding should be allocated by central government for a 'recovery curriculum'.
- Focus needs to be placed on emotional wellbeing rather than a narrative of academic 'catch-up'.
- Ensure all school staff have access to services that can support staff wellbeing and training in trauma-informed approaches.
- Ensure vulnerable groups, who are already at risk, gain appropriate resources to enable them to enjoy success in their learning.
- Support schools in identifying and working with children who show Emotionally Based School Avoidance (EBSA), and their families.

### **Discussion**

The survey conducted included both primary and secondary school children and the majority were in secondary school reflecting increased use of internet and mobile device in that age-group. This relational connectedness was also identified as being extremely important for children and young people's wellbeing during the pandemic.

The committee discussed specific anxieties reported in the surveys. Worries around family food poverty and employability were not explicitly shown in the views of children and young people. However, some linked aspects such as missing school meals and missing cooking at home were present.

Pupils showed an element of frustration due to increased uncertainty towards what would happen regarding exams.

Primary schools, especially, were aware of the ongoing and pervasive impact of lockdown on mental health, with some incoming children not having attended nursery. This would further reduce levels of social connectedness amongst primary school children.

### **Take home messages**

Key themes identified in both the Southend and Southend/Nottingham surveys were:

- Safety

- Certainty
- Opportunities
- Basic needs
- Preparedness
- Relationships/Connectedness
- Learning and Expectations

Attention to these factors will be essential to ensure a successful return to education for pupils.

Social connectedness remains a key factor in the mental wellbeing of children and young people during lockdown. Lack of social connectedness may particularly impact primary school children.

Specific difficulties experienced by pupils during lockdown are linked to missing school meals and high levels of uncertainty around exams.

COVID-19 is going to have a long-lasting impact on children and young people's social development and emotional wellbeing.

**References to other work or publications to support your testimony' (if applicable):**

<https://www.aep.org.uk/exploring-pupil-views-on-their-education-during-the-pandemic/>

Popoola, M and Sivers, S. (2021). Hearing the voices of children and young people: An ecological systems analysis of individual difference and experiences during the Covid-19 lockdown. DECP Debate (177), 21-25.  
<https://shop.bps.org.uk/decp-debate-177-march-2021>

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## Child and adolescent mental health in the context of COVID-19

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<b>Guideline title:</b>	Social, emotional and mental wellbeing in primary and secondary education
<b>Guideline Committee:</b>	PHAC C
<b>Subject of expert testimony:</b>	Child and adolescent mental health in the context of COVID-19
<b>Evidence gaps or uncertainties:</b>	Impact of COVID-19 on child development
<b>This expert testimony informed the following recommendations: 1.3.1 – 1.3.4 and research recommendations</b>	
<b>Section B: Expert to complete</b>	
<b>Summary testimony:</b>	

Studies have identified several areas of challenge and concern for school children during the COVID-19 pandemic, including:

- The direct threat of the virus
- Education and long-term opportunities
- Academic pressures
- Managing boredom
- Food and money shortages
- School work and learning from home
- Feeling isolated and disconnected
- Managing ongoing uncertainty

The three sources of data regarding the impact on children's mental health during the pandemic used in this presentation are:

- NHS digital data from representative populations
- Comparisons with pre-pandemic data (2017 vs 2020)
- Co-SPACE monthly survey data

NHS digital data from representative populations

- 1 in 6 (16%) children and young people had a probable mental health disorder in July 2020, compared to 1 in 9 (10.8%) in 2017.
- Marked increases of probable mental health disorders were shown in both boys and girls, as well as children in primary and secondary education.
- The most notable increase was seen in boys aged 5–10 years old.

Comparisons with pre-pandemic data (2017 vs 2020)

- Studies with <16 year olds have showed mixed findings, with one showing reductions in anxiety and increased wellbeing from pre lockdown to Lockdown1; and another showing an increase in symptoms of depression.
- Increased levels of anxiety and depression were observed during the pandemic in those aged 16–25 years with a pre-existing diagnosis of depression, anxiety, or an eating disorder.

Co-SPACE survey data

- Co-SPACE does not include a representative sample, however does include information on monthly changes within the sample.
- Increases in difficulties regarding restlessness/attention and behaviour were seen during one month in the first lockdown, particularly in primary school children.
- Secondary school children showed a decrease in emotional difficulties over one month in lockdown1.

- Differences between the timepoints may be explained by higher levels of peer communication observed in secondary school children compared to primary in this study sample.
- Differences might also be impacted by a higher percentage of parents with primary aged children felt they were not able meet the needs of work for their child.
- Families with lower household income (<£16,000) had increased cases of difficulties (attention, emotional and behavioural).
- The course of mental health symptoms varied significantly for different children and young people.
- Higher levels of hyperactivity, conduct problems and emotional symptoms at any point between April and July were associated with higher baseline parent psychological distress, higher parent-child conflict, more frequent SEN/ND and lower income.
- Parent/carer self-reported mental health (depression, anxiety, stress) has deteriorated at times when most children have been learning from home.

The OxWell School Survey 2020 showed that the reported impact of lockdown1 on loneliness and sleep increased with age.

#### Co-RAY project

- Priority needs for 11–16 year olds identified by young people
  - Feeling connected, isolation, loneliness
  - Feeling unmotivated, flat, bored
  - Coping with change/uncertainty
- Implications for recovery
  - Provide opportunities to reconnect with peers, re-establish routines, access opportunities.
  - Address behavioural, not just emotional, difficulties in positive ways.
  - Recognise the particular challenges for vulnerable and disadvantaged groups.
  - Provide support for parents and carers.
  - Learn from recognition that some found life easier (at least initially).
  - Promote access to good quality mental health support for those that need it.

#### Discussion

The committee discussed the impact of COVID-19 and lockdown on several sub-groups, including low socioeconomic status families, SEND children and those in the BAME community. It was recognised that children with these baseline risk

factors are more likely to experience greater difficulties during the pandemic. COVID-19 was also seen to exacerbate pre-existing mental health conditions in young people (16–25 years).

Primary school children in the CoSPACE sample were recognised as experiencing more difficulties compared to that of secondary school pupils, particularly regarding restlessness. Social connectedness was recognised as a key contributing factor to this finding. Secondary school pupils were more likely to regularly communicate with their peers during lockdown, whereas primary school pupils did not have the pre-existing social network or access to mobile devices. It was also highlighted in the OxWell survey that children and young people go to friends and parents first when seeking help, which further prompted discussion around the importance of social connectedness.

Improvements of emotional symptoms shown in secondary school children in the first lockdown may be related to in school pressures being lifted, as well as a more relaxed way of life. These effects may not necessarily be seen in the most recent lockdown as it is very different to the initial lockdown.

### **Take-home message**

There has been an increase in probable mental health conditions in both primary and secondary school children over the course of the pandemic and lockdown.

Primary school children have shown a marked increase in restlessness and attention difficulties during lockdown. Social connectedness was identified as a key component for reduced difficulties.

Younger people (16–25 years) with a pre-existing mental health condition have shown an increase in anxiety and depression.

### **References to other work or publications to support your testimony' (if applicable):**

1. Radez, J., Reardon, T., Creswell, C. et al. Adolescents' perceived barriers and facilitators to seeking and accessing professional help for anxiety and depressive disorders: a qualitative interview study. *Eur Child Adolesc Psychiatry* (2021). <https://doi.org/10.1007/s00787-020-01707-0>



2. Mansfield, K., Jindra, C., Fazel, M. The OxWell School Survey 2020: Report of Preliminary Findings September 2020. [preliminarysummaryreport\\_oxwellsurvey2020\\_entire\\_survey\\_2020-09-11.pdf](https://www.oxwell.org.uk/~/media/oxwellorg/2020/09/11/preliminarysummaryreport_oxwellsurvey2020_entire_survey_2020-09-11.pdf)
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5. Vizard, T., Sadler, K., Ford, T. et al. Mental Health of Children and Young People in England, 2020: Wave 1 follow up to the 2017 survey. NHS Digital (2020). [mh-cyp\\_2020\\_rep\\_v2.pdf \(digital.nhs.uk\)](https://www.digital.nhs.uk/articles-press-releases/mh-cyp-2020-rep-v2)
6. <https://cospaceoxford.org/findings/>
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8. Widnall, E., Winstone, L., Mars, B., Haworth, C., Kidger J (2020). Young people's mental health during the COVID-19 pandemic: initial findings from a secondary school survey study in south west England. <https://sphr.nihr.ac.uk/wp-content/uploads/2020/08/Young-Peoples-Mental-Health-during-the-COVID-19-Pandemic-Report.pdf>

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## The Learning, Disability and Autism Programme and the impact of COVID-19 pandemic on SEND and neurodiverse pupils

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**Contact information:**

**Guideline title:** Social, emotional and mental wellbeing in primary and secondary education

**Guideline Committee:** PHAC C

**Subject of expert testimony:** The Learning, Disability and Autism Programme and the impact of COVID-19 pandemic on SEND and neurodiverse pupils

**Evidence gaps or uncertainties:** The needs of SEND and neurodiverse CYP and the effects of the pandemic

**This expert testimony informed the following recommendations: 1.3.1 – 1.3.4 and research recommendations**

### Section B: Expert to complete

**Summary testimony:**

The COVID-19 pandemic has had a significant impact on children and young people (CYP) with special educational needs and disabilities (SEND). Difficulties have arisen from government-imposed restrictions and changes in routine. CYP with sensory disabilities found restrictions regarding face coverings particularly challenging due to stigma associated with not wearing a mask. Additionally, deteriorations in physical health inevitably led to a drop in mental health, which was exacerbated by limitations on exercise. Moreover, many CYP with SEND had difficulties maintaining social distancing and restricted access to services such as speech and language therapies and occupational therapies has led to an increase in anxiety and surge in CYP mental health complaints.

There have been significant challenges with health and social care provision during the pandemic. Support services for neurodiverse children have been affected with fewer breaks and respite care. Additionally, support provided by schools and healthcare services for neurotypical CYP was not always appropriate for neurodiverse children. For example, a movement to online health appointments was beneficial for some children, but not for others.

There has been an increase in anxiety and mental health issues during lockdown, including increased admission of CYP in mental health crises. Despite SEND-schools remaining open throughout lockdown, certain neurodiverse pupils were classed as significantly clinically vulnerable and were not able to attend classes. This created issues with loneliness, as the pupils missed their peers. Additionally, some neurodiverse CYP struggled to engage with virtual teaching.

The needs of neurodiverse CYP need to be put at the forefront when developing guidance on the social, emotional and mental wellbeing (SEMW) of school-aged children, and not considered as an afterthought.

## **Discussion**

The committee discussed the lack of fundraising ability over the course of the pandemic and the implications for SEMW services for SEND pupils. It was confirmed that smaller organisations are particularly sensitive to funding loss, especially if they cannot get access to other support funding quick enough. However, some local voluntary services can help alleviate financial pressure.

The committee recognised that not all SEND pupils have been affected equally during the pandemic. Some have missed reduced interactions with peers, whereas others have found smaller class sizes beneficial and have struggled more as schools have reopened. This underscored the importance of having an individualised approach to learning for those with SEND. This also provided context as to why more CYP are being electively home-schooled.

The pandemic has exacerbated significant health inequalities between several groups of CYP. The BAME community has been disproportionately affected by COVID along with neurodiverse individuals. More specifically, those with undiagnosed disorders such as ADHD and autism are particularly at risk, because the level of support they require may not be apparent to schools or parents. The committee agreed that schools should take the opportunity to reduce inequalities when discussing disability policies. For example, schools often talk about improving accessibility for those with physical disabilities, such as introducing wheelchair access; they do not discuss improvements for neurodiverse CYP.

Finally, the committee highlighted that SEND pupils had been adversely and disproportionately affected by the pandemic compared to non-SEND CYP and that the needs of SEND pupils need to be central to guideline development.

### **Take home messages**

CYP with SEND have been disproportionately affected by the pandemic, through reductions in available support and difficulties in adhering to government-imposed restrictions. However, it is important to recognise that the needs of CYP with SEND are highly individualised, meaning that the effects of COVID-19 and lockdown on this group are varied. Therefore, support and services to help these pupils recover from the pandemic should also be individualised.

CYP with undiagnosed disorders such as ADHD and autism could be particularly affected as their needs may be underestimated.

The needs of CYP with SEND should be central to guideline development and should aim to reduce health inequalities that may have been exacerbated by the pandemic.

### **References to other work or publications to support your testimony' (if applicable):**

None

### **Disclosure:**

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**Declaration of interests:** Please complete NICE's [declaration of interests \(DOI\) form](#) and return it with this form.

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## Facilitating and supporting partnership between mental health and education

<b>Section A: Developer to complete</b>	
<b>Name:</b>	Gemma Niebieszczanski & Dr Melissa Cortina
<b>Role:</b>	Programme Manager & Senior Research Fellow
<b>Institution/Organisation (where applicable):</b>	Anna Freud National Centre for Children and Families
<b>Contact information:</b>	
<b>Guideline title:</b>	Social, emotional and mental wellbeing in primary and secondary education
<b>Guideline Committee:</b>	PHAC C
<b>Subject of expert testimony:</b>	Facilitating and supporting partnership between mental health and education
<b>Evidence gaps or uncertainties:</b>	<p>What are the barriers and facilitators to identifying children and young people at risk of poor social, emotional and mental wellbeing?</p> <p>Assessment tools for SEMW: (which assessment tools and approaches are useful for assessing need in children and young people who have been identified as having poor social, emotional and mental wellbeing?)</p>
<b>This expert testimony informed the following recommendations: Research recommendations</b>	
<b>Section B: Expert to complete</b>	
<b>Summary testimony:</b>	

### **Facilitating and supporting partnership between mental health and education**

The Link Programme is an established national initiative to bring together local leaders in mental health and education. The programme is currently in its sixth year and has reached a total of 2,896 schools / colleges and 2,280 mental health professionals. As of 2019, the programme has been offered to all schools and colleges in England. The Anna Freud Centre has developed a bespoke framework (CASCADE) for stakeholders working with children and young people (CYP) to identify levels of joint working across seven key domains.

- C – Clarity on roles, remit and responsibility of partners involved in supporting CYP's mental health
- A – Agreed point of contact and role in schools and CYP mental health services
- S – Structures to support shared planning and collaborative working
- C – Common approach to outcome measures for young people
- A – Ability to continue to learn and draw on best practice
- D – Development of integrated working to promote rapid and better access to support
- E – Evidence based approach to intervention

Common barriers to effective joint working include:

- Staff turnover and negative attitudes towards mental health (MH) support
- Lack of capacity in schools for CYP MH support
- Changes to school leadership
- Poor communication between CYP MH services and lack clarity around referral and service pathways
- Changes to national policy and funding arrangements for CYP MH

Facilitators to effective joint working include:

- Strong local systems leadership
- Strategic level buy-in and organisational commitment
- Representation of key stakeholders (e.g. NHS CYPMHS)
- Top down, structural changes, initiatives, & policies
- Accountability and oversight mechanisms being in place

The COVID-19 pandemic has led to significant changes in the education landscape. There have been increases in school-based mental support for both CYP and staff. Additionally, a greater number of education staff have reported adequate resources and support for mental health issues within their schools, including sufficient support from specialist MH colleagues. Furthermore, communication has improved between mental health and educational



professionals and remote working may have enabled more frequent and effective communication between education staff and MH agencies.

Independent evaluations of the Link Programme have shown improvements in communication between schools and Children and Young People's Mental Health Services (CYPMHS), awareness and knowledge of risk factors and mental health issues, understanding of mental health services, referral routes and procedure. Furthermore, the programme has enabled action planning, catalysed wider change and provided a better understanding of evidence-based practice.

There are multiple reasons to measure MH and wellbeing in schools and colleges. These include:

- Providing a snapshot of student mental wellbeing to inform Ofsted or whole-school practice
- Identification of individual students who may require early and specialist support
- Evaluation of the impact of early support and targeted interventions

Barriers to identification include:

- Time, resource and cost of screening
- Stigma associated with identifying MH issues

Facilitators to identification include:

- Appropriate and validated tools/methods and an effective pastoral system
- Feasibility (ease of administering, brevity, cost, simplicity)
- Acceptability (Staff buy-in, whole school support and stakeholder participation in planning)
- Ability to link up to follow-up care services (where need for additional support is identified)
- Data sharing (parents, services)
- Wider data linkage for monitoring

## **Discussion**

The committee raised some concerns around the lack of a children and family element in the Link Programme. It was confirmed that constraints around pulling families and children into the programme existed and some difficult conversation topics were not always appropriate for children to be present. However, the programme was always looking for ways to include the perspective of CYP and local areas are encouraged to invite representatives from parent/carer forums to their workshops. Anna Freud Centre's Parent Champions and Young Champions (young people with lived experience of mental health issues) have contributed their

ideas to the programme. The committee recognised the importance of using tools such as the CASCADE framework to co-ordinate current approaches and facilitate joint working. Alignment of understanding between all professionals associated with CYP MH was highlighted as an important factor for meeting CYP MH needs. Lack of understanding can lead to misconceptions, such as education staff thinking that once CYP a is referred to CAMHS their MH issues will be solved. Additionally, the committee commented that approaches to meeting CYP MH needs need to be adequately resourced in order to be successful.

The committee were also interested in evidence around screening tools for identifying CYP MH issues. Often schools create something from scratch which is not valid or reliable. It was confirmed that the Anna-Freud Centre generally prefers tools that are well-validated and do not have a cost associated with them to improve accessibility.

Finally, the committee were interested in the current state of practice in schools and the resource impact of adopting the Link Programme. It was stated that changes could be as simple as maintaining an up-to-date list of contacts for local MH services. However, the committee recognised that even simple changes such as this require time to be invested, which is a resource impact.

### **Take home messages**

Effective communication and joint working between all professionals involved in CYP MH is essential to successfully meet a child's MH needs.

Approaches to meeting the MH needs of CYP should be adequately resourced and funded.

Independent evaluations of the Link Programme have shown improvements for schools and educational professionals in awareness, knowledge and understanding of mental health services.

**References to other work or publications to support your testimony' (if applicable):**

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## Implementing Trauma Informed Education

### Section A: Developer to complete

**Name:** Louise Michelle Bombér

**Role:** Founding Director at TouchBase; Specialist Teacher & Therapist In trauma recovery

**Institution/Organisation (where applicable):** TouchBase Centre CiC

**Contact information:**

**Guideline title:** Social, emotional and mental wellbeing in primary and secondary education

**Guideline Committee:** PHAC C

**Subject of expert testimony:** Implementing Trauma Informed Education

**Evidence gaps or uncertainties:** Implementing trauma-aware education, including the realities and practicalities of using more inclusive, whole-school approaches

**This expert testimony informed the following recommendations: 1.1.4 and 1.2.8**

### Section B: Expert to complete

**Summary testimony:**

Developmental trauma derives from children and young people's (CYP) exposure to adverse childhood experiences (ACEs) and other relational traumas and losses, which are more common than many people realise. ACEs can cause vulnerabilities in executive functioning, affect regulation and psychological development. This can lead to specific challenges for pupils, schools and their employees.

**Adult child ratio:** Disrupted attachment compromises the exploratory system, as well as the attachment system. The attachment system is directly correlated to the exploratory system, required for learning so staff need to optimise adult-child relationships at school to facilitate the possibility of secondary, additional attachment figures and to encourage healthy interdependency.

**Behaviour is communication:** CYP affected by ACEs often present with a number of survival behaviours. Schools need to be able to translate this behaviour in the context of the CYP's previous experiences and not merely interpret it through a healthy secure lens.

**Trauma impacts both minds and bodies:** Schools need to consider using more mind-body interventions, in the form of sensory interventions in order to support pupils to settle to learn. To date cognitive interventions have been too heavily focussed upon.

**Faulty neuroception:** CYP interpret danger or risk everywhere, due to their lived experiences, even in the face of low-level stressors. School staff need to shift in their roles from behaviour managers to stress regulators, to help keep stress low, to extend these pupil's window of stress tolerance, so that they can settle to learn.

**Blocked trust:** Relational poverty and relational withdrawal in familial contexts mean schools need to facilitate rich, rewarding adult-child relationships that surprise the perceptions of CYP, so that they can tame them back into relationship with adults. Trust is needed to take the risks required in learning.

**Fear of intersubjectivity:** CYP's pseudo-independence can often be interpreted as controlling behaviour when actually the reality is that they are fearful of being influenced by others due to all they have lived amongst adults. We need to tame them back into relationships by being gentle with our strength and strong with our gentleness.

**Hiding true needs:** Pupils have often got very good at hiding their true needs as a form of protection from being hurt again. Staff need to make links, based on what

they know about a child's background and use body cues, as opposed to relying solely on speech.

**Miscuing:** Pupils can end up cueing us based on their expectations of adults rather than what they actually need or would hope for. Staff need to therefore be able to read body cues in addition to verbal ones, as bodies do not lie.

**Toxic shame:** CYP often have a fragile and fragmented sense of self and think in a very polarised way about themselves as all good or bad. The use of language such as 'good' and 'bad' in schools can be unhelpful and reinforce this notion. The use of parts language is helpful to support pupils realise they are a combination of parts, to enable pupils to remain in their social engagement system, rather than moving into a defensive position.

**Transitions:** Any transition activates the stress system in humans. For CYP with toxic stress in the mix, they can take CYP outside their window of stress tolerance. Staff need to stagger transitions, employ relational buffering before, during and after these periods and implement sensory interventions to soothe and quieten the alarm state in the CYP.

**Dysregulation:** CYP who have experienced toxic stress are in a constant state of alarm. Therefore, staff need to be able to use sensory interventions together with CYP to provide the co-regulation they so need, in order to be in a position to settle to learn.

There are several whole-school intervention models that can be used to implement trauma informed approaches.

**Neurosequential Model of Education:** Based on the research of Dr Bruce Perry, his model is based on the fact that the brain develops 'bottom up'. In a similar fashion, CYP need to be able to have their regulation needs attended to before having the capacity to engage in relational or reasoning tasks to their full potential. Schools should therefore support CYP to regulate, relate and reason / reflect in a sequential manner, throughout their school day.

**Relational policies over behavioural policies:** Relational approaches take into account how we function best as human beings and so are especially supportive of CYP impacted by developmental trauma. Behavioural policies at the moment tend to focus on punishment, relational withdrawal in particular whereas discipline should focus in on teaching and therefore using the four R;'s above, pupils are supported to settle to learn either curriculum or behaviour.

**Differentiated discipline / curriculum:** We need to differentiate emotional and social tasks and expectations, otherwise we can inadvertently further traumatise those who have experienced ACEs. A one size fits all approach to discipline can compound problems for CYP with ACEs.

**School environment:** Schools can be spaces that pay attention to the regulatory needs of all pupils and staff. De-stress/reset spaces, sensory comfort and rhythmic, repetitive movement can shift the state of a pupil, enabling them to engage with their social engagement system, that supports the capacity to learn.

**Whole school and teacher training:** There needs to be ongoing opportunities for staff to train in the practical application of attachment theory, intersubjectivity theory, polyvagal theory and object relations theory.

There are also a number of targeted interventions that can support pupils with developmental trauma:

- Team Pupil – creating small family units in school that support a sense of belonging and purpose for the pupil (Bomber.L.M ,2016)
- Seguridad – a developmental trauma intervention for schools that Team Pupil can easily use to support pupils to settle to learn. ([www.touchbase.org.uk](http://www.touchbase.org.uk))
- The increased dosage of sensory interventions – Dr Bruce Perry ‘s research recommends that we match the level of stress around for a pupil who has experienced toxic stress with the frequency and intensity of sensory breaks throughout the day.
- The use of flexi support – we need consistency not rigidity in education, as we now need to use state dependent interventions in our schools
- Theraplay & Dyadic Developmental Practice – these are simple ‘ways of being’ for all staff to engage in, to support build the bonds of attachment needed and to support those for whom relationship with adults is a big ask, due to developmental trauma
- Home/School prompt sheets – weekly reviews, developing a shared language focussing in on stressors and calmers, to support staff be stress regulators in school
- Teams receiving more targeted trainings in trauma responsive practices – and access to reflective space with those clinically trained in developmental trauma recovery

## Discussion

The committee noted that the sensory intervention images covered in the testimony were focussed on secondary education. It was confirmed that this was due to the perceived challenge of implementing this due to the increased size of



secondary schools. Due to the greater volume of staff and pupils within the system, there is an increased risk of struggling CYP going unnoticed. Furthermore, issues with a lack of continuity of nurturing approaches in the primary to secondary transition is concerning. The committee noted that there can often be a misunderstanding between secondary and primary schools, whereby staff from secondary schools perceive primary schools as too nurturing and vice versa. It was noted how pupils cannot be fast tracked in their development. That we must honour the pace of their development dependent on what they have lived.

The committee also commented on the overlap between symptoms of adverse childhood experiences/developmental trauma and symptoms of neurodiversity. It was agreed that trauma responsive work is generally useful for all pupils, whether they are neurodiverse or not. For example, CYP with autism spectrum disorders (ASD) or ADHD may have tolerance uncertainty, difficulty processing the sensory environment and can struggle with social relationships. Trauma informed approaches would help with these issues. However, it was noted that these approaches may not help with some difficulties associated with ADHD and teachers still need to identify CYP in need of specialist intervention support.

The committee recognised that although Bruce Perry's model and trauma informed approaches challenge diagnoses, that his approaches can easily be integrated into individual development plans. Trauma informed approaches were seen to fall within the existing system and to facilitate support for pupils with developmental vulnerabilities. Finally, the committee identified that differentiation is needed for both the teaching of curriculum and of behaviour according to emotional and developmental capacity, stage, state and need.

### **Take home messages**

ACEs are more common than many people realise and can lead to vulnerabilities in executive functioning, affect regulation and psychological development.

There are several whole-school and targeted relational interventions that can help alleviate some of the challenges trauma affected CYP face in schools.

Trauma-informed approaches are generally considered beneficial for all pupils, including those who are trauma affected and neurodiverse.

Trauma informed approaches should sit within the existing school systems of CYP needs identification.

**References to other work or publications to support your testimony' (if applicable):**

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available to the advisory committee. For further details, see the [NICE policy on declaring and managing interests for advisory committees](#) and supporting [FAQs](#).

## A Whole-School Approach to Wellbeing

<b>Section A: Developer to complete</b>	
<b>Name:</b>	Rachel Tomlinson
<b>Role:</b>	Headteacher
<b>Institution/Organisation (where applicable):</b>	Barrowford Primary School
<b>Contact information:</b>	
<b>Guideline title:</b>	Social, emotional and mental wellbeing in primary and secondary education
<b>Guideline Committee:</b>	PHAC C
<b>Subject of expert testimony:</b>	A whole-school approach to wellbeing
<b>Evidence gaps or uncertainties:</b>	Whole-school relational approaches in education
<b>This expert testimony informed the following recommendations: 1.1.1, 1.1.2, 1.1.3, 1.1.7 and 1.1.8</b>	
<b>Section B: Expert to complete</b>	
<b>Summary testimony:</b>	

Relational approaches aim to build resilience within the school community as a whole and help children and young people (CYP) better express their unmet emotional needs within trusted relationships. Conversely, behaviouralist approaches are very limited and do not take into account human cognition. Furthermore, the Timpson review 2019 reported that 42 children are permanently excluded from schools in England every day, with SEND and children eligible for free school meals overwhelmingly affected by these exclusions.

Relational approaches focus on what the school needs to do to produce a context where a pupil can be successful and free from distress. Several systems are put into place to recognise and help CYP with their needs and for adults to support them. Firstly, all staff are trained in principles of nurture and trauma through rigorous induction. All classrooms are decorated in a predictable, understated fashion. This is helpful for autistic children as classrooms are not visually jarring. Additionally, no class bells are used but pupils and staff have well-established routines. All lunches are eaten in classrooms due to them being safe places for CYP. Moreover, all dinner staff are already employees to maintain relationship security for CYP. The school employs a no punishments and no rewards approach and encourages openness about errors in spelling, maths and relationships. When disagreements occur, the responsibility is put on the 'harmer' to make things right. The school uses a restorative approach focussing on the outcomes of people's action and is based on the understanding that people usually want to 'do the right thing'.

The school also has a well-established care team that work to identify children who need to access additional provisions. A social worker and therapist are employed full-time by the school to lead safeguarding strategy and child-centred provisions respectively. Parent support groups, fortnightly professional supervision meetings and termly teacher / head teacher one-to-ones are also in place. Finally, the taught curriculum uses question-led child-directed learning, which addresses aspects of wellbeing.

### **Discussion**

The committee recognised the importance relational approaches put on the psychological safety for children and staff. They were also impressed that the school took a holistic view when implementing the relational approaches. By focussing on the wellbeing of staff, parents and children, this promoted connectivity with the school's practice and the values that underpin it. The committee noted that children can form trusted relationships with any adult in a school environment and there is often no way of predicting which adult this will be. Therefore, ensuring all staff were trained in nurture and trauma principles was highly important to successfully meeting CYP's social, emotional and mental wellbeing (SEMW) needs.

The committee recognised that employing a full-time therapist and social worker is not routinely practiced by every school and will be highly dependent on budget and resource decisions. However, it was noted that the having such a well thought through theory of change that is so embedded in school culture appeared to enhance the benefits of these professionals. Finally, the committee acknowledged the importance of leadership when implementing relational approaches. This was particularly highlighted by Rachel in her presentation, where she clearly articulated the values and systems of her school.

### **Take home messages**

Relational approaches aim to create a school environment free from distress that helps CYP better express their unmet emotional needs. Several systems are put into place to recognise and help CYP with their needs and for adults to support them.

A holistic approach focussing on the wellbeing of staff, parents and CYP is key to successful implementation.

Ensuring all staff are trained in trauma and nurture principles allows CYP to form trusted relationships with any employee at the school. This is highly important to successfully meet CYP's SEMW needs.

### **References to other work or publications to support your testimony' (if applicable):**

None

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