

Emotional health & well-being services

Quality assurance framework to support schools



A CHILD AND ADOLESCENT
MENTAL HEALTH SERVICE

1.0 Background to this framework

This framework is intended to support schools in the Pennine Care NHS Foundation Trust (PCFT) footprint (Bury, Heywood, Middleton and Rochdale (HMR), Oldham, Tameside and Glossop (T&G), and Stockport). It arose from the collaboration of clinical commissioning groups (CCGs) across the footprint, which set joint CQUIN (Commissioning for Quality and Innovation) targets for PCFT Healthy Young Minds (HYM) (previously CAMHS) services. As part of the CQUIN for 2016/17, HYM was asked to develop 'an expert quality assurance framework that supports schools in commissioning safe and effective emotional health and well-being (EHWB) services'.

2.0 Who is it for?

The framework is a resource for people who carry out the commissioning of EHWB services in schools across the PCFT footprint, in particular school leaders, senior leadership teams, pastoral leads or inclusion managers.

Many individual schools already commission emotional and mental health services for pupils, which give increased flexibility and provide an early intervention response. Schools therefore need to have a robust commissioning process that ensures that the services they choose are suitably accredited and can demonstrate that they will improve outcomes for their children and young people.

3.0 What is the purpose of it?

Schools often lack internal expertise to commission mental health support effectively and complain of inconsistent quality of mental health support available to them. They want to know what the evidence says, share approaches to supporting children at risk of developing mental health problems and be clearer on their own and others' responsibilities in relation to commissioning.

This framework is intended to offer help to schools with commissioning EHWB services to ensure that any interventions:

1. Are safe and effective;
2. Are provided by appropriately qualified and experienced practitioners; and
3. Are delivered to ensure value for money and minimise risk to the school.

4.0 How does it help with Ofsted?

The inclusion of new criteria for assessing schools' mental health provision in the Ofsted framework from September 2015 requires Ofsted inspectors to routinely assess and report on pupils' mental health and emotional wellbeing, or the steps taken by schools to meet pupils' needs. The Ofsted inspection framework is clear that schools have a duty to promote the well-being of their pupils and can expect support from local partners to meet it. During inspection, schools are assessed on

the effectiveness of partnerships in promoting learning and wellbeing, whether directly commissioned or brokered by the local joint commissioning arrangements.

The range of activities required by Ofsted fall under four main headings:

1. Developing a whole school approach to emotional and mental health;
2. Quantifying the level of behavioural and emotional difficulties in your school so you can put in place effective measures to support young people and improve behaviour;
3. Utilising existing structures and staff within the school e.g. lessons that cover emotional and mental health, school nurses etc. to promote the emotional and mental wellbeing of your school, and provide additional support for young people with behaviour and emotional difficulties; and
4. Commissioning external support services for your school e.g. other agencies such as your local child and adolescent mental health service (CAMHS) or voluntary sector organisations, to provide additional targeted support and interventions.

In terms of the scope of this framework, it is assumed that a supportive whole school approach will already be in place, along with appropriate classroom management, anti-bullying and support strategies. In addition many schools will also be working actively with local public health, education support services and with local partnerships to implement new guidance on early intervention and prevention in school as set out below:

Promoting children and young people's emotional health and well-being: a whole school and college approach is a recent Public Health England briefing document that outlines 8 key principles to promote EHWP and links them with the Ofsted inspection framework. It also highlights the strong evidence base for this in supporting mental health and resilience. In terms of outcomes, evidence shows that a whole-school approach has a significant impact on a range of outcomes including attendance, attainment, better experiences for pupils and a positive ethos. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414908/Final_EHWP_draft_20_03_15.pdf

A whole school framework for emotional well-being and mental health – A self-assessment and improvement tool for school leaders available at <http://www.ncb.org.uk/partnership-well-being-and-mental-health-schools> and the accompanying

A whole school framework for emotional well-being and mental health: Supporting resources for school leaders available at <http://www.ncb.org.uk/sites/default/files/field/attachment/NCB%20School%20Well%20Being%20Framework%20Leaders%20Resources%20FINAL.pdf> bring together the research evidence and provide practical support by setting out additional information and resources. They are intended to support all schools to create sustainable and manageable responses to the emotional wellbeing and mental health needs of all students and staff.

This framework is a resource to support schools with the other three key Ofsted requirements. And in particular it provides expert guidance on:

1. Identifying need and monitoring impact;
2. The evidence base for targeted interventions; and
3. Quality assurance in relation to commissioning targeted support.

5.0 How does this framework fit with the recent national guidance on commissioning EHWP services in school?

The Department for Education has published recent non statutory guidance for schools on the identification and response to pupil's mental health needs:

Mental health and behaviour in schools - Departmental advice for school staff' is non-statutory advice clarifying the responsibility of schools in terms of identifying, intervening, referring and commissioning support for students with mental health needs. It also provides case studies and good practice examples for schools trying to address pupils' unmet mental health needs. Available at:

www.gov.uk/government/publications/mental-health-and-behaviour-in-schools--2

Counselling in schools: a blueprint for the future is the recent non statutory advice from the Department for Education (DfE) to help school leaders set up and improve counselling services in primary and secondary schools. Available at:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/497825/Counselling_in_schools.pdf

This framework draws on the advice and recommendations contained in these two recent documents, and pull together other sources of knowledge and expertise in relation to the evidence base from previous national projects e.g. TaMHS and international research.

6.0 How does it fit with local planning and developments in EHWP in schools?

The framework has been developed in consultation with EHWP leads in local partnerships. And there is a wide range of local initiatives and projects, either in planning or being implemented, across the footprint as part of local transformation plans for HYM / CAMHS or as part of national initiatives e.g. Tameside's school CAMHS link pilot. The intention is that this framework augments this local work and provides a resource that can be used across the Pennine Care footprint. But it is important that schools turn to their local sources of support when considering commissioning additional support services for students with emotional and mental health needs.

7.0 Why is EHWB so important?

EHWB is crucial in cognitive development and learning, as well as physical and social health. Psychological and emotional distress can manifest in behaviours (such as anxiety and depression or aggressive and disruptive behaviour), and has an impact on the child's successful learning at school. Hence poor mental health undermines educational attainment.

Some of the advantages of school-based mental health programmes and services include:

1. Schools provide enhanced access to services, since they serve as a single location through which the majority of young people can be reached;
2. School programs reduce barriers to treatment such as cost and transportation;
3. Schools offer services in a familiar setting and may thus reduce stigma for help seeking;
4. Treatment implemented within schools provides opportunities for practising new skills in real life contexts; and
5. Parents frequently consult teachers about their children's problems and having mental health programmes in schools may enhance the quality of advice provided to parents.

8.0 Where can I get local advice on commissioned services?

Schools considering commissioning services directly may find it helpful to ask for advice and assistance from commissioners of targeted and specialist CAMHS in local Clinical Commissioning Groups (CCGs) and local authorities. This will support the development of high quality services that meet the needs of the children and young people in the school which are also fully integrated into local systems. Relevant CCG lead contacts in each borough are as follows.

Bury CCG

Usman Darsot: usman.darsot@nhs.net

Michael Hargreaves: michael.hargreaves@nhs.net

HMR CCG

Karen Kenton: karen.kenton@rochdale.gov.uk

Rachel McDonald: rachel.mcdonald2@nhs.net

Oldham CCG

Julia Taylor: juliam.taylor@nhs.net

Michael Bennett: michael.bennett3@nhs.net

Joanne Tonothy: joanne.tonothy1@nhs.net

T&G CCG

Alan Ford: alan.ford4@nhs.net

9.0 What can schools do to prevent emotional and mental health problems?

There are a variety of things that schools can do - for those showing early signs of problems and for families exposed to several risk factors – to intervene early and strengthen resilience, before serious mental health problems occur. These can be described under 3 types or levels of intervention:

- 1. Universal interventions** are early identification and intervention for children who are showing mild or transient signs of difficulty. Typically this is support embedded within every classroom and part of a whole school approach to mental health promotion; so usually whole school activities (e.g. SEAL) that aim to develop all students' social, emotional and behavioural competencies. Focusing on primary prevention, they include classroom-based approaches (e.g. PSHE), changes to the school environment as a whole. They can also involve more formal wellbeing or resilience building programmes sometimes reaching beyond the school to include the family and community. According to the health promotion model and the evidence base, the greatest amount of time and resources should be spent on these universal approaches. This framework highlights the programmes for which there is best evidence - see the section '[Where can I find interventions that work?](#)'
- 2. Selected interventions** are for students identified as being at risk for developing emotional or behavioural disorders. Here school support for some pupils is embedded in a whole school approach and focuses on identifying the small number of young people who are at risk of developing unhealthy patterns of behaviour or those who are already showing early behavioural signs of mental health difficulties. A school support team/care team may be established in schools to support the needs of all children in school but with particular regard to the needs of this small group of children. Use is usually made of group approaches that sometimes reach out to families to help prevent the onset of behaviour or emotional problems. They do not necessarily require a mental health professional to deliver them but a mental health professional may be able to add value or another dimension to the programme e.g. skills building, supervision and consultation and evaluation. To find out more about selected interventions for which there is best evidence, go to '[Where can I find interventions that work?](#)'
- 3. Targeted interventions** also build on a whole school approach and have a particular focus on putting interventions in place for children with more complex and enduring emotional or mental health needs. These children, relatively few in number, are likely to require the involvement of external agencies that support and complement the work of the school. The staff member coordinating the plan for this child may need the collegial support of other staff members and external agency support. Support for children at this level will generally be more intensive and individualised. These require an appropriately qualified professional to deliver them (e.g. Person Centred Counselling or Cognitive Behaviour Therapy).

Guidance on what form of intervention is 'best' for specific emotional or mental health needs is available in ['Where can I find interventions that work?'](#)

10.0 Things to bear in mind when thinking about commissioning mental health support

- Promoting good mental health is the responsibility of all staff in a School. It is best addressed by working at the three levels described above.
- The child, young person and their family / carers should be involved at all stages. They should always be asked for their views and give their written and 'informed' consent before any interventions are undertaken.
- A young child may be helped by working with the parents whereas an older child or teenager may need confidential space for themselves.
- Help may be provided individually or may be more appropriately provided by working with the family or in a small group situation.
- Children's mental health issues should not be seen in isolation and are likely to be best met as part of a support package possibly involving a number of professionals/practitioners.
- Some children and young people respond well to 'talking therapies' but others may benefit more from different types of intervention (e.g. art or play intervention, behavioural programmes, structured activities).
- Research indicates that children experiencing problems want access quickly and easily to someone who can provide confidential, practical and emotional help that is non-judgmental and child/young person friendly.
- Confidentiality consistent with the child's safety and prevention of harm should be paramount, but balanced against information sharing guidance where there is a safeguarding concern.
- Appropriate help may be available through freely available services with established referral processes and quality controls. The Early Help and HYM (CAMHS) core service offers in your borough will provide details of the range of services available locally. These can be accessed via the Healthy Young Minds website using the following links:

<http://healthyyoungmindspennine.nhs.uk/media/1006/hym-core-offer-april-16-bury-fv.pdf>

<http://healthyyoungmindspennine.nhs.uk/media/1007/hym-core-offer-april-16-hmr-fv.pdf>

<http://healthyyoungmindspennine.nhs.uk/media/1008/hym-core-offer-april-16-oldham-v07.pdf>

<http://healthyyoungmindspennine.nhs.uk/media/1009/hym-core-offer-april-16.pdf>

If you want to commission or develop a school based programme you will need to do a bit of reading and thinking otherwise you could end up wasting a lot of time and money. Questions to ask self include:

- Have the right people got enough time to carefully think through and plan the programme?
- Can it be tailored to our local context (school and wider community)?
- Does the programme(s) we have selected have clear, achievable, measurable goals?
- Are the outcome measures suggested useful to our school (for example, an abstract score on a questionnaire vs. a recorded decrease in detentions)?
- How easy will it be to implement in practice?
- Can we do everything ourselves, or do we need external facilitators / support?
- Can it be integrated in to and influence the whole school?
- Is it able to offer young people on-going support for as long as they need it (there are few quick fixes)?
- How do we reach the young people who may be absent from school (e.g., through exclusion, health problems or being a young carer)?

11.0 How do I make sure I commission safe and effective services?

A range of services from a range of providers, including statutory, independent or third sector, can be commissioned. An important caveat in relation to therapeutic work, especially for children and young people with multiple needs, is that it should not take place in isolation and practitioners need to be working together towards a common set of goals with the child and family.

- All services that support children and young people with SEN are part of your borough's local offer of SEN support. They can provide clear, comprehensive and accessible information about the provision available locally.
- The Healthy Young Minds (formerly CAMHS) service in your area has a local 'offer' of the services available. It is also possible to discuss with them the possibility of commissioning a support service in school or for a network of schools and the get information about evidence based intervention in schools. They can also provide information about the improving access to Psychological therapies (IAPT) programme. IAPT is a new initiative to extend access to psychological therapies to children and young people. This programme has e-learning packages and training courses for school staff and community based professionals. For more information

and updates go to: www.cypiapt.org or talk with local HYM or CAMHS school link worker.

- In addition to the statutory services, local voluntary and community sector (VCS) organisations offer targeted support services, working providing a range of individual, parenting and family support services. **The Youth Wellbeing Directory** available at www.youthwellbeing.co.uk helps service users and commissioners find high-quality services to improve the emotional wellbeing and/or mental health of children and young people directly, or by supporting their families and caregivers. The directory enables users to search for services in their area and to have the reassurance that the services being promoted adhere to quality standards.
- Caution should be exercised when commissioning services without an established track record or clear evidence base or a non-statutory agency. To assist you in this the 'Schools Commissioning Checklist' in Table 1 below can guide schools in commissioning a service from any non-statutory agency.

Table 1: Schools' Commissioning Checklist

Questions to ask at stages of the commissioning process
Stage 1 - Planning
Are decisions as to what help is appropriate, based on an assessment of needs and outcomes identified through the early help or other assessment, and based on the child's age and development?
Why is intervention being recommended now?
Have you established the views of other professionals?
You must establish the views of the CYP and parents / carers Have they given their informed consent?
Are you clear that local funded services are not able to meet the CYP's needs – can you evidence your conclusions?
Are you sure the approach you are considering will not work in opposition to other intervention the CYP may be receiving?
What tendering or procurement processes will you be following?
Stage 2 - About the service
What is the intervention and how might it help?
Is there clear supporting evidence for the effectiveness from other professionals or research
What involvement is required from the young person, their family and the professionals working with them?

Does the intervention use methods that are appropriate for children and young people?
How long will it continue for?
Is the intervention provided by a statutory (such as NHS or the local authority) or a non-statutory service provider?
Stage 3 - Qualifications and experience of staff and practitioners
You must check that the practitioner who will be working with the young person has the appropriate qualifications and that you know what they are. You must have sight of original documents/certificates etc. Have you checked these with the named organisations?
You must check that the Practitioner is registered with a recognised professional governing body. Have you checked this is the case with the named organisations?
You must request references for the Practitioner and check that they are valid
You must check that the Practitioner has Right to Work and is registered for tax and national insurance contributions.
You must check that the Practitioner has an Enhanced DBS clearance for work with children. To work in your school you should request a new Enhanced DBS check be undertaken
You must ensure that the Practitioner or organisation has Public or Professional Liability Insurance? Have you checked this is the case with the named organisations?
Do they follow a recognised ethical code and can they give you information about it?
You must ensure that the Practitioner is receiving appropriate supervision and take the details of their clinical supervisor. How often does supervision take place? Have you checked this is the case with the named organisations?
What is their experience with children and young people?
Have they worked with children who have similar needs before?
Is the person warm, caring, non-judgemental and are you comfortable with them working with your child or young person?
Stage 4 - Practical arrangements
You must confirm your arrangements in writing using a Service Level Agreement (SLA). This should cover:

1. When and where will the intervention take place
2. Special equipment requirements
3. Whether it will be necessary to suspend any other treatments or activities
4. Handover arrangements (teacher to practitioner) pre and post session
5. The arrangements for monitoring and review and evaluation. The Practitioner should be expected to give feedback to the child, young person and family during the course of the intervention and to give their views on how it is going. Are you clear that you and the Practitioner know what will and won't be included in the feedback?
6. A formal review at the mid-point with all parties concerned for courses of intervention lasting longer than six weeks
7. The agreed exit criteria that are to be used to end the intervention?
8. The agreed criteria for referring-on the CYP to another or more specialised service?
9. The number of sessions that are planned and the cost per session? a. What does the cost include/not include?
• The arrangements for payment
• Role of the Practitioner, School and the child/family
• Compliance with the School's child safeguarding policies and procedures
• A complaints procedure
• Grounds for termination
• The terms if the intervention is terminated before its conclusion
• Information sharing requirements
• Warranties and indemnities also need to be considered
Are you sure the School can afford the costs and that input will not be ceased due to finance pressures, just when the CYP may be making progress?
Nationally recognised way of assessing the emotional well-being of children and young people such as the Strength and Difficulties Questionnaires (SDQs) should be completed before and after interventions with the CYP parent/carer and teacher or significant other. SDQs are available from www.sdqinfo.com/b1.html

The School should request a written report from the Practitioner at the end of the intervention and obtain the views of CYP and parents/carers/teacher when completing the SDQ.

You must keep records of their involvement and information about Services you have commissioned including financial records according to their procedures.

The above 'Checklist for Commissioning a Service' has been adapted from information on the website of the National Autistic Society. On line reference: <http://www.nas.org.uk/nas>

12.0 How do I assess the needs of students and the impact of interventions to improve wellbeing?

It is important to establish the emotional and mental health needs of the pupils in your school.

Links with the Ofsted inspection framework:

- When inspecting the quality of leadership in and management of the school Ofsted inspectors should consider the effectiveness of monitoring and evaluation and the extent to which it is shared with governors. They should also consider how well the school meets the needs of all vulnerable groups of pupils.
- Assessing and responding to the emotional health and wellbeing needs of children and learners, and taking steps to mitigate the impact this has on their capacity to learn could provide supportive evidence in relation to all key judgement areas.

NICE guidance recommends that secondary education providers:

- Systematically measure and assess young people's social and emotional wellbeing and use these outcomes as the basis for planning activities and evaluating their impact.

Defining pupil need on a more formal basis can help to inform commissioning decisions at school level, across clusters of schools or at a local authority level. It is equally important to be able to record and monitor the impact of any support that is put in place. There are a range of validated tools that are available to help measure subjective mental wellbeing amongst the student population. This can help school and college leaders make use of school and college level data to identify the mental wellbeing needs of students and determine how best to address these.

Measuring and monitoring children and young people's mental wellbeing: A toolkit for schools and colleges <http://www.annafreud.org/media/4560/mwb-toolkit.pdf> has recently been launched for schools and colleges to support the measurement and monitoring of children and young people's mental wellbeing. The toolkit – commissioned by Public Health England (PHE) and led by the Evidence-Based Practice Unit of the Anna Freud National Centre for Children and Families – provides schools with information about a range of psychometrically sound and

effective wellbeing instruments. It also provides details about how to use them, with real-life examples from schools that have used the measures.

Examples of common validated tools that can measure mental wellbeing include:

- **The Strengths and Difficulties questionnaire (SDQ)** - a simple, evidence-based tool designed to focus more on assessing emotional and mental health needs. This can assist in making a judgement about whether the pupil is likely to be suffering from a mental health problem. The questionnaire, scoring sheet and accompanying notes are available, for free, from www.sdqinfo.com and an online version with automatic scoring is available at: <http://youthinmind.info/py/yiminfo/StartTeacher.py?country=uk&language=euk>
- **Stirling Children's Wellbeing scale** - this is a holistic, positively worded scale, developed by the Stirling Educational Psychology Service, that is suitable for educational professionals looking to measure emotional and psychological wellbeing in children aged eight to 15 years available at www.friendsforlifescotland.org/site/The%20Stirling%20Children's%20Wellbeing%20Scale.pdf
- **The Warwick-Edinburgh Mental Wellbeing scale (WEMWBS)** – can be used to measure wellbeing with young people aged 13 and over. The shorter version, which has seven questions, can be found at www2.warwick.ac.uk/fac/med/research/platform/wemwbs/swemwbs_7_item.pdf. The more comprehensive scale and advice on how to calculate a wellbeing score can be found at www.nhs.uk/Tools/Documents/Wellbeing%20self-assessment.htm

There are also sources of data and information to help identify need and plan for commissioning services to meet students' emotional and mental health needs:

Your local borough produces a joint strategic needs assessment (JSNA) profiling the needs of children and young people in your area. You should be able to access this data by contacting the Chair of your Local Health and Wellbeing Board based in your local Council. Or you can utilise freely available data on mental health needs, which could give a ballpark figure for your school at <http://atlas.chimat.org.uk>

Resilience and results: how to improve the emotional and mental wellbeing of children and young people in your school - available at www.cypmhc.org.uk/resources/resilience_results/ - is another useful resource. It includes a variety of tools that education settings can use as the basis for understanding and planning a response to pupils' emotional health and wellbeing needs. The tools range from simple feedback forms to validated measures which can focus on both wellbeing and mental health.

The Child Outcomes Research Consortium (CORC)

<http://www.annafreud.org/service-improvement/service-improvement-in-schools/corc-for-schools/> supports schools to measure the impact of mental health and well-being care using both student-reported well-being measures and academic engagement measures (such as attendance, attainment and behaviour). CORC's team of mental health measurement experts can work with individual schools,

clusters or academy trusts through a CORC for Schools membership. CORC membership for schools includes:

- Advice and training on evaluation of mental health and wellbeing interventions in a school context;
- 1. Shared learning events, and links with bodies at the forefront of mental health and wellbeing research and measurement;
- 2. Dedicated support in collecting and analysing your outcomes data, including comparison to your existing educational data;
- 3. Access to the latest research and best practice in the field; and
- 4. A full report that demonstrates the impact of your mental health and wellbeing interventions, and signposts for service improvement.

13.0 Where can I get information about ‘what works’ if I am thinking of commissioning an intervention?

Having decided to commission a service, what intervention approaches are likely to be most effective in addressing students EHWB needs? This section of the framework covers evidence based interventions for selected and targeted support. It will summarise the evidence and signpost to key sources of further information. ‘Evidenced based’ is a term that gets used quite loosely. So be sure to look in more detail about what is actually being claimed and consider the degree to which approaches are linked to research findings as sometimes this is important. The term “evidence-based” generally means that there is some evidence or data that indicate that the intervention works. For example, the intervention showed positive outcomes for a group of students compared to another intervention in a well-designed study in which students were randomly as receive one intervention or the other. This is called a randomised controlled trial (RCT).

There are UK based organisations that offer support and advice to schools in commissioning:

The Anna Freud Centre and the CAMHS Evidence Based Practice Unit

<http://www.ucl.ac.uk/ebpu> offer a range of school-based services, training, consultation and resources. Much of this can be accessed through our Schools in Mind network on the Anna Freud website <http://www.annafreud.org/services-schools/mental-health-in-schools/> . Schools in Mind is a network set up by the Anna Freud National Centre for Children and Families to help school professionals in finding, evaluating and implementing solutions that promote the mental health and wellbeing of entire school communities.

Young Minds, funded by the Department for Education, runs the YoungMinds in Schools project, which supports the wellbeing of children and young people in schools. Designed to support educational professionals’ understanding of the link between emotional wellbeing and learning, the project offers comprehensive guidance, including approaches to support emotional wellbeing in schools and a detailed resources section. This includes guidance on how to find quality services and how to ensure services are of a good enough standard to meet your pupils’ needs. Available at:

http://www.youngminds.org.uk/training_services/academic_resilience/services

14.0 Where can I find interventions that ‘work’?

This section signposts you to the current evidence of ‘what works’ in universal, selective and targeted interventions and highlights those that are well evidenced.

There are a wide variety of evidence based EHWP interventions for supporting pupils in schools, and these are collated and rated in several existing online databases provided by organisations such as:

Early Intervention Foundation (EIF) here in the UK hold their own online guidebook available here http://www.eif.org.uk/wp-content/uploads/2015/08/Review-of-Social-and-Emotional-Skills-Based-Intervention_Report-WEB-VERSION-1.pdf. On this site you can also use their interactive tool to find evidence and guidance on how to deliver effective early intervention to enhance school achievement and employment. EIF Rating (see Table 2) gives each programme a score based on the Early Intervention Foundation (EIF) Standards of Evidence, which aims to summarise the quality of scientific peer-reviewed evidence available to back up a programme’s success (or otherwise). This is quite a popular framework, and is very user-friendly. Programmes with a rating of 3 or 4 can be described as ‘well evidenced’

Table 2: EIF Rating System

Evidence or rationale for programme	Description of evidence	Description of programme	EIF Rating
Multiple high-quality evaluations (RCT/QED) with consistently positive impact across populations and environments	Established	Consistently effective	4
Single high-quality evaluation (RCT/QED) with positive impact	Initial	Effective	3
Lower-quality evaluation (not RCT or QED) showing better outcomes for programme participants	Formative	Potentially effective	2
Logic model and testable features, but not current evidence of outcomes or impact	Non-existent	Theory-based	1
No logic model, testable features, or current evidence of outcomes or impact	Non-existent	Unspecified	0
Evidence from at least one high-quality evaluation (RCT/QED) indicating null or negative impact	Negative	Ineffective / Harmful	-

Evidence or rationale for programme	Description of evidence	Description of programme	EIF Rating
Programmes not yet rated, including those rated by evidence bodies whose standards are not yet mapped to the EIF standards, and submissions from providers or local areas of innovative or promising interventions	TBD	TBD	?

Most programmes score fairly low on the EIF, in part because it is very difficult to carry out Randomised Control Trials in school settings. This problem is covered in the Young Minds publication **Resilience Approaches to Supporting Young People’s Mental Health: Appraising the Evidence Base for Schools and Communities** by Professor Angie Hart and Dr. Becky Heaver September 2015 http://www.youngminds.org.uk/assets/0002/4058/BB_YPMH_Final2.pdf . This guide is designed to help anybody who wants to develop or commission a service to work across a school or local area to support young people at risk of developing mental health difficulties and covers over 50 school based programmes that have received, or are currently under evaluation.

As this guide explains, it’s important that you don’t just rely on the EIF rating as it is rather stringent, and randomised controlled trials are quite difficult to do on complex whole systems interventions in the ‘real world’ for many reasons, including the fact that no two schools are really alike. Also, and very importantly, although a programme may have scored highly on the EIF rating, it may be unsuitable to embed more widely across a local area or school system. Furthermore, although a programme may produce measurable results, it may not have taken into account equalities issues and accessibility, and therefore only work with more advantaged or ‘easier to help’ young people, whilst not making any impact on those most in need of the intervention.

The evidence suggests that it is often most effective to use experts such as psychologists and other mental health specialists for interventions that are:

- In their early stages of development;
- Focused on specific problems such as stress or coping; and
- Short-term, manualised, innovative and/or target children and young people with problems such as anxiety or depression.

In the longer run, mainstream school staff need to work alongside and, wherever possible, be trained to take over the intervention. At this point it becomes more cost-efficient and sustainable; the principles become embedded in the whole school. This strategy was used across many successful TaMHS projects, where the school-based staff trained included teachers, learning mentors, school nurses, and support, teaching and emotional literacy assistants. The interventions do however need continued quality control, so they can continue to be delivered authentically as intended: ‘drift’ over time is a familiar pitfall.

14.1 Universal interventions: Effective evidence based programmes

Activities that bolster mental health operate under a variety of headings, including ‘emotional literacy’, ‘emotional intelligence’, ‘resilience’, ‘violence prevention’, and ‘coping skills’. Systematic reviews of this work show that the best of interventions, when well implemented, are effective in both promoting positive mental health for all, and targeting those with problems.

On the **EIF** and **Young Minds** websites you can access guides to the formal intervention programmes, both whole class and small group work, that have the best evidence of effectiveness. The EIF guidebook is constantly updated with outcomes of evaluation studies and it describes any outcome studies currently in progress or planned. It also offers an algorithm which helps you select the best programmes for your particular needs.

<http://guidebook.eif.org.uk/programmes-library>

http://www.youngminds.org.uk/assets/0002/4058/BB_YPMH_Final2.pdf

Table 3 provides a brief summary of the Universal school based programmes that are ‘*well evidenced*’. In other words, interventions that have received a rating of 3 or 4 in the EIF classification i.e. a number of rigorous evaluation studies available (Level 4) or where there is at least one good quality study (Level 3). On both websites you can find much more detailed information about the programmes themselves, the evidence for their effectiveness, delivery and implementation requirements and projected costs/benefits.

Table 3

Intervention	Rating	Who is it for	outcomes
Promoting Alternative Thinking Strategies (PATHS) UK version: www.pathseducation.co.uk/what-is-paths/paths-curriculum/	4	Classroom based curriculum for primary age children to improve social and emotional well-being and reduce antisocial behaviour	emotional literacy problem solving social behaviour self control
Friends http://friendsprograms.com	4	Classroom, CBT based and aims to build resilience and social skills and address anxiety and depression in primary and secondary age	social and communication skills self esteem problem solving emotional regulation

Intervention	Rating	Who is it for	outcomes
Incredible Years (IY) Classroom Dinosaur Programme www.incredibleyears.com	3	Class room based primary age. To build emotional and social regulation and reduce antisocial behaviour	emotional literacy interpersonal problem solving anger management social skills
Positive Action gilda.scarfe@positive-action.co.uk	4	Primary and secondary school-based curriculum developed to support children's prosocial behaviour, school performance and family functioning.	Prevent substance misuse; Prevent violent and antisocial behaviour; Enhanced school achievement; Prevent risky sexual behaviour
The Good Behaviour Game (GBG) goodbehaviorgame.org	3	Classroom management strategy that encourages good behaviour and co-operation in primary school.	social skills behaviour

14.2 Selected interventions: Effective Evidence based programmes

This section reviews the evidence for formal programmes for students identified as being at risk for developing emotional or mental health disorders or those who are already showing early signs of mental health difficulties. With these students additional school support, embedded in a whole school approach, often focuses on small group approaches and sometimes reach out to parents, carers and families.

Small group interventions with pupils

Evidence has shown that an effective approach to promote positive behaviour, social development and self-esteem is to couple positive classroom management techniques with focussed small group sessions.

Table 4 summaries of the selected school based programmes that are 'well evidenced'

Table 4

Intervention	Rating	Who is it for	Outcomes
Incredible years(IY) therapeutic small group Dinosaur www.incredibleyears.com	3	Primary age up to Y3 - groups of six to eight pupils with challenging behaviour - weekly sessions on managing feelings, friendships and behaviour at school.	Behaviour at school and at home
Pyramid Clubs http://www.continyou.org.uk/about-pyramid/	3	After-school small group Primary intervention developed in the UK and is designed for children who are socially withdrawn, isolated and emotionally vulnerable.	self esteem self-awareness impact on others peer relationships coping skills school attainment anxiety attendance participation in class
Going for Goals (SEAL) https://www.tes.com/teaching-resource/seal-going-for-goals-6006478	3	Small group intervention developed as part of the Primary SEAL programme and implemented with children identified as being at risk of developing social and emotional problems.	emotional problems, peer relationship problems prosocial behaviour

Interventions with parents / carers

Some groups of children will have behavioural difficulties in school that cannot be resolved without a family focused approach. This kind of approach can identify difficulties in the home, which are leading to problems at school. Working with families may include developing parenting skills, and encouraging parents to engage with their child's education. This is important as improving parenting skills can effectively help support a young person with behavioural and emotional difficulties.

Links with Ofsted inspection framework

The Ofsted inspection criteria expects schools to be engaging parents in supporting pupils' achievement, behaviour and safety and their spiritual, moral, social and

cultural development. And inspectors have a duty to have regard for the views of parents. Inspectors will also take account of the results of any surveys carried out or commissioned by the school.

There is strong evidence that well implemented targeted interventions supporting parenting and family life have the potential to yield social as well as economic benefits.

NICE guidance recommends:

That primary education providers:

1. Support all pupils and, where appropriate, their parents or carers (including adults with responsibility for looked after children);
2. Offer support to help parents or carers develop their parenting skills. This may involve providing information or offering small, group-based programmes run by community nurses (such as school nurses and health visitors) or other appropriately trained health or education practitioners; and
3. Give all parents details of the school's policies on promoting social and emotional wellbeing and preventing mental health problems.

That secondary education providers:

4. Work in partnership with parents, carers and other family members to promote young people's social and emotional wellbeing; and
5. Help reinforce young people's learning from the curriculum by helping parents and carers to develop their parenting skills. This may involve providing information or offering small, group-based programmes run by appropriately trained health or education practitioner.

The **EIF guidebook** and the **Young Minds** website again provide detailed descriptions of and the evidence for a range of formal parenting programmes.

<http://guidebook.eif.org.uk/programmes-library>

http://www.youngminds.org.uk/assets/0002/4058/BB_YPMH_Final2.pdf

Summary of all parenting programmes and 'star rating' can also be found at the **DfE commissioning toolkit website** :

<http://webarchive.nationalarchives.gov.uk/20140311170415/http://education.gov.uk/commissioning-toolkit/Programme/CommissionersSearch>

This database gives information about specific parenting programmes, who they work best with and what age range they are designed for. All the programmes are rated in order to help you choose between the programmes. Some parenting programmes are designed for all parents and some work best as an early intervention for children who are beginning to move outside healthy behavioural ranges. All the programmes listed have been evaluated by an independent team of researchers from the National Academy of Parenting Research at King's College, London against standards for best practice in the field of parenting work. In order to work best, parenting programmes need to be delivered as they were originally intended and be targeted at those with the right level of need.

Table 5 summarises the parenting programmes that currently are classified as 'well evidenced'

Table 5

Intervention	Rating	Who is it for	Outcomes
Families and Schools Together (FAST) http://familiesandschoolstogether.com	4	Parent or carers of a Primary child eight weekly sessions on managing stress and support their child's development.	Social skills reducing aggression and anxiety reducing parents' social isolation.
The Incredible Years (IY) series www.incredibleyears.com	4	Parents and carers (of Primary age children) - weekly group sessions interacting positively with their child and discouraging unwanted behaviour. Incredible Years Advanced for families with more complex issues. Advanced covers self-management and parental mental health issues.	Improvements in parents' stress and depression, improved parenting skills and improvements in child behaviour.
Triple P http://www.triplep.net/glo-en/home/	4	Primary age children with concerns re behaviour. Parents learn behavioural strategies and how to support emotional needs in weekly groups	Improved child behaviour and parenting competence.
Parents Plus http://www.parentspius.ie	3	Parents of primary and secondary age children concerned about behaviour or emotions. Weekly individual or group sessions on communication and effective limit setting	Improved behaviour and parent communication.
The Strengthening Families Programme 10-14 (SFP 10-14) http://mystrongfamily.co.uk	3	Parents of 10-14yolds - weekly group sessions on communicating effectively, setting appropriate limits and resisting peer pressure to use drugs and alcohol.	Improved school achievement and behaviour substance misuse.

14.3 Targeted interventions: Effective Evidence based practice

For pupils with more complex problems and enduring emotional or mental health needs, additional in-school interventions are likely to require the involvement of external agencies that support and complement the work of the school. Support for children at this level will generally be more intensive and individualised. This usually requires an appropriately qualified professional to deliver them. Interventions in this targeted level include one to one therapeutic work with the pupil, delivered by mental health specialists (within or beyond the school), which might take the form of psychological therapy or counselling approaches.

Links with the Ofsted inspection framework

Ofsted inspectors will be interested in how monitoring ensures that individual children or groups of children with identified needs are targeted, and appropriate interventions are secured so that children receive the support they need, including through effective partnerships with external agencies and other providers.

NICE guidance recommends:

That education providers:

- Provide specific help for those children most at risk (or already showing signs) of social, emotional and behavioural problems;
- Schools and local authority children's services should work closely with child and adolescent mental health and other services to develop and agree local protocols. These should support a 'stepped care' approach to preventing and managing mental health problems, The protocols should cover assessment, referral and a definition of the role of schools and other agencies in delivering different interventions, taking into account local capacity and service configuration;
- Identify and assess, in line with local Early Help assessment frameworks, children who are showing early signs of anxiety, emotional distress or behavioural problems;
- Discuss options for tackling these problems with the child and their parents/carers. And agree an action plan as the first stage of a 'stepped care' approach; and
- Provide a range of interventions that have been proven to be effective, according to the child's needs.

That secondary education providers:

- Ensure young people have access to pastoral care and support, as well as specialist services, including child and adolescent mental health services, so that emotional, social and behavioural problems can be dealt with as soon as they occur;
- Provide young people with clear and consistent information about the opportunities available for them to discuss personal issues and emotional concerns. Any support offered should take account of local community and education policies and protocols regarding confidentiality; and
- Provide young people with opportunities to build relationships, particularly those who may find it difficult to seek support when they need it. This could involve developing a peer education or peer mediation approach where young people who act as peer supporters are trained and supported appropriately.

There is recent national advice and guidance already available from DfE on the role of schools in the provision of targeted support for pupils with particular emotional or mental health needs:

The recently published non statutory advice on what makes for good counselling services in both primary and secondary schools. **Counselling in schools: A Blueprint for the Future - Departmental advice for school leaders and practitioners: DfE (2015)** and available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/497825/Counselling_in_schools.pdf has been produced to help school leaders set up and improve counselling services in primary and secondary schools. It provides practical, evidence-based advice informed by experts on how to ensure school based counselling services achieve the best outcomes for children and young people. This advice also offers practical help on the commissioning of school based counselling services and quality assurance issues.

Cooper, M. (2013) **School-based counselling in UK Secondary Schools: A review and critical evaluation**, Lutterworth: BACP/Counselling MindEd. Available at http://www.bacp.co.uk/docs/pdf/11355_sbc%20review%202013-01-19%20-%20cooper.pdf reviews the evidence base for school based counselling in secondary schools.

In terms of evidence of effectiveness, counselling has been shown to reduce psychological distress in the short term and help young people move towards personal goals. Within primary settings there is good evidence that it eases distress but no established causal link has yet been demonstrated. However studies show that school staff, pupils and parents evaluate counselling positively.

In general, counselling approaches are most appropriate for working with pupils with:

- Relationship difficulties with family or friends;
- Psychological distress related to life experiences, such as loss, separation and studies;
- Enduring feelings of loneliness, worry or unhappiness; and
- Difficulties with emotional regulation, such as anger.

The recent 'counselling in schools' guidance acknowledges the wide prevalence of counselling and its formative evidence base and asks schools to be 'mindful' of increasing the extent to which practice is evidence based and making greater use of routine outcome monitoring in schools in future.

The DfE guidance on counselling also makes it clear that counselling is not the only effective method to supporting mental health and emotional wellbeing in schools and it should be read alongside the DfE non statutory guidance '**Mental health and behaviour in schools**' - **Departmental advice for school staff DfE 2016** Available at: www.gov.uk/government/publications/mental-health-and-behaviour-in-schools--2 .This guides schools through the evidence base for psychological therapies for Children and Young People with emotional and behavioural difficulties and clarifies the responsibility of schools in terms of identifying, intervening, referring and commissioning support for students with mental health needs.

Annex C of ‘Mental Health and Behaviour in schools’ provides a brief description of the main types of mental health needs and summarises which approaches other professionals might use if a mental health problem is diagnosed. The information draws on the evidence collected from the Targeted Mental Health in Schools (TaMHS) project and gives information about the kinds of treatments and approaches that are supported by the evidence reviewed in the new edition of *What Works For Whom? A Critical Review of Treatments for Children and Adolescents* by Fonagy, P, Cottrell, D, Philips, J., Bevington, D., Glaser, D. E., & Allison, E. (2015). (2nd ed.). New York: Guilford. And the **DCSF (2008) Targeted Mental Health in Schools Project: Using the evidence to inform your approach, a practical guide for head teachers and commissioners.**

<http://webarchive.nationalarchives.gov.uk/20130401151715/http://www.education.gov.uk/publications/eOrderingDownload/DCSF-00326-2010.pdf>

Evidence-based Mental Health Interventions for Children and Adolescents also provides very accessible information on levels of evidence for interventions for children’s mental health disorders and is available at <http://effectivechildtherapy.org/content/ebp-options-specific-disorders>

There are many different types of counselling and psychological therapy, so find out which one is most appropriate for your school. The age group of children within your school will influence the type of service that you require. Many practitioners are particularly skilled at working with young children using a range of creative, age-appropriate methods, whilst other practitioners specialise in working with older children using more traditional talking therapies. It is important that the type of psychological intervention is carefully matched to the needs of your pupils. **The British Association of Counselling and Psychotherapy (BACP)** website has a useful section on their website called ‘finding the right practitioner’ www.itsgoodtotalk.org.uk/what-is-intervention/finding-the-right-practitioner

15.0 How do I ensure that the service is of good quality and that it’s having real impact?

Schools will want to ensure that potential providers have effective quality assurance frameworks in place for the delivery of any commissioned intervention. This should provide on-going assurance of the service’s quality and performance.

One of the ways to assess and ensure the quality of services is through standards of service. All good provider organisations should give evidence showing how they will quality assure their services at the start of the commissioning process.

Quality assurance typically consists of three key areas:

1. Policies and procedures;
2. Quality standards – both generic and specific for working with children and young people; and
3. Service evaluation and audit.

Youth Wellbeing Directory with ACE-V Quality Standards

www.youthwellbeingdirectory.co.uk is a free online resource providing information

about both large and small child and adolescent mental health service providers and across sectors. The directory provides school commissioners with a way of searching for services both locally and nationally according to the ACE-V Quality standards of Accountability, Compliance, Empowerment and Value. Providers are able to register their service profile by providing information against the ACE-V quality standards. By registering, providers “put themselves on the map” as committing to these qualities and are able to demonstrate how they embed these qualities in their practice. The searchable online directory offers a way for potential commissioners to collaboratively consider and compare service providers based on quality.

Commissioning an appropriately qualified and experienced external provider from the statutory sector should give assurance to schools that the practitioner is properly trained, supported, professionally supervised, insured and working within agreed policy frameworks and standards, and accountable to a professional body with a clearly articulated complaints procedure.

Counselling is the most prevalent emotional health and well-being intervention currently available within schools and most providers operate in the non-statutory sector. The recent DfE guidance on **Counselling in schools: a blueprint for the future**

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/497825/Counselling_in_schools.pdf sets out a quality assurance framework for school leaders who commissioning counselling services. And locally, Stockport has produced ‘Counselling Children and Young People in Stockport: A Guidance document for Schools’ that supplements **The Good Practice Guidance for Counselling in Schools** produced by the BACP in 2006 and available at <http://www.bacp.co.uk/media/index.php?newsId=291>

Schools who are considering commissioning a non-statutory therapeutic service will find **Accessing Therapies: Guidance Note for Schools on commissioning therapeutic support from non-statutory services** produced by The Learning Trust and available at <https://www.learningtrust.co.uk/.../Accessing%20Therapies%20Guidance%20for%20S> especially helpful on the legal issues and practical steps required in making sure that any non-statutory commissioned service meets essential quality standards.

You can also assure the quality of the services you commission by referring to regulatory and professional standards of the various organisations that regulate therapists and accredit their practice. Health professionals, e.g. Clinical Psychologists, Speech and Language and Occupational therapists are regulated by **The Health Professions Council (HPC)** www.hpc-uk.org. **The British Association of Counselling and Psychotherapy (BACP)** www.bacp.co.uk and the **UK Council for Psychotherapy (UKCP)** www.psychotherapy.org.uk and various national and local voluntary organisations keep registers of qualified and accredited practitioners. The BACP also has a Register of Practitioners and Psychotherapists which is accredited by the Department of Health.

There are other useful websites to help you find out more about regulatory and professional standards and decide if someone is a suitably qualified practitioner:

British Psychological Society (BPS)

<http://www.bps.org.uk/psychology-public/find-psychologist/find-psychologist>

British Association of Drama practitioners (BADth)

www.badth.org.uk

British Association of Art Practitioners (BAAT)

www.baat.org.uk

British Association of Music Practitioners (BSMT)

www.bsmt.org

Royal College of Speech and Language Practitioners

<http://www.rcslt.org/>

British Association of Occupational Practitioners and College of Occupational Practitioners

<http://www.cot.co.uk/Homepage/>

Chartered Society of Physiotherapy

<http://www.csp.org.uk/director/aboutcsp.cfm>

As well as ensuring that practitioners are appropriately qualified and regulated, schools should ensure that routine outcome data is collected, not only to assess the impact of the service on the child or young person but also to assess the effectiveness of the service as a whole. (The section '[How do I assess the needs of students and the impact of interventions to improve wellbeing?](#)' provides useful links to tools and resources for service evaluation).

It is important for schools to recognise that, in addition to line management within the school (or from their agency if they are an external service); practitioners are also required to have clinical supervision. Although there may be some overlap within the roles, essentially the line manager within the school (if the practitioner is directly employed by or contracted to the school) should be: overseeing the work; agreeing and monitoring objectives for delivery of the service; ensuring understanding of, and compliance with, wider school policies; and supporting the practitioner as part of the school community. The focus of clinical supervision is concentrated on ensuring safe and effective practice.

Clinical supervision arrangements will be largely dependent on how schools choose to employ practitioners. Directly contracted individual practitioners should work with their appointed line manager to select and contract the clinical supervisor. The school should cover the time and cost of attendance at supervision. While rare, there may be occasions when a clinical supervisor is concerned about a practitioner. It is therefore important schools ensure the accountability of the supervisor to the school and outline in the clinical supervision contract the supervisor's responsibility to alert the school to any concerns. It is then the responsibility of the school to address the issue.

Supervisors should have sufficient experience and be qualified in intervention or in a closely related field. Ideally the supervisor should also have some training and qualification in supervision. Practitioners who work as sole practitioners within a school, i.e. not part of a managed counselling service, are likely to benefit from being part of a local, regional or virtual network of practitioners. Where they exist, it can also be useful for practitioners to be part of training and development networks in school clusters and trusts.

Schools wishing to gain accreditation for the quality of emotional health and wellbeing support they provide could work towards the AcSEED Award (www.acseed.org). This scheme was founded by young people with direct experience of mental illness. The AcSEED quality assurance mark is presented to schools that have made a substantial effort to support the mental health of their students (www.cypmhc.org.uk/resources/acseed_initiative/).

16.0 Further resources and sources of support

The following databases provide on line libraries of evidence based programmes:

The Australian KidsMatter Primary mental health initiative offers a library of rated programmes available at: <http://www.kidsmatter.edu.au/primary>

The Collaborative for Academic, Social, and Emotional Learning (CASEL) produce a guide that provides a systematic framework for evaluating the quality of social and emotional programs in schools and applies this framework to identify and rate well-designed, evidence-based SEL programs with potential for broad dissemination to schools across the United States. The Guide also shares best-practice guidelines for school teams on how to select and implement SEL programs, <http://www.casel.org/middle-and-high-school-edition-casel-guide>

The US- based **Blueprints for Healthy Youth Development** website also provides a guide of rated programmes across various settings, target groups, and outcome domains, See <http://www.blueprintsprograms.com/>

The following publications are useful sources of information on the evidence base in schools commissioning:

The National Children's Bureau's Guidance for Schools recently published, **'What Works in promoting social and emotional well-being and responding to mental health problems in schools? : Advice for schools:** framework document by Katherine Weare provides up-to-date and evidence informed advice and guidance for schools on 'what works' in promoting emotional well-being and tackling the mental health problems of pupils with more serious difficulties.

This is supported by **What works in enhancing social and emotional skills development during childhood and adolescence? A review of the evidence on the effectiveness of school-based and out-of-school programmes in the UK.**

This review sought to determine the current evidence on the effectiveness of programmes available in the UK that aim to enhance the social and emotional skills development of children and young people aged 4-20years. The review was

commissioned by the Early Intervention Foundation (EIF), the Cabinet Office and the Social Mobility and Child Poverty Commission as part of wider efforts to encourage evidence-based commissioning and delivery of services for young people. Available from:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/411492/What_works_in_enhancing_social_and_emotional_skills_development_during_childhood_and_adolescence.pdf

The Children and Young People's Mental Health Coalition publication '**Resilience and results: How to improve the emotional and mental wellbeing of children and young people in your school**' helps schools understand the importance of supporting their pupil's emotional and mental wellbeing, and what they can do within the school. It also looks at how they can work in partnership with other local agencies and commission additional support for young people with behavioural and emotional difficulties. It also outlines how schools can work with external agencies to commission additional support for pupils with behavioural and emotional difficulties. Available at http://www.cypmhc.org.uk/media/common/uploads/Final_pdf.pdf

National Institute for Health and Clinical Excellence (NICE) provides guidance on promoting wellbeing in schools:

Promoting Children's Social and Emotional Wellbeing in Primary Education, published by the National Institute of Clinical Excellence (NICE):
<http://guidance.nice.org.uk/PH12>

Promoting Young People's Social and Emotional Wellbeing in Secondary Education, published by NICE and available at: <http://guidance.nice.org.uk/PH20>
The NICE guidance documents also include costing statements which can support decisions to be made locally about value for money when commissioning services.

The TaMHS guide **Using the Evidence to Inform Your Approach: A Practical Guide for Head teachers and Commissioners** summarises current knowledge about what makes interventions effective. It offers a framework for using this evidence in a local context, building on local strengths and knowledge – available from
<http://webarchive.nationalarchives.gov.uk/20130401151715/http://www.education.gov.uk/publications/eOrderingDownload/DCSF-00326-2010.pdf>

Tracey Bywater & Jonathan Sharples (2012): **Effective evidence-based interventions for emotional well-being: lessons for policy and practice**, Research Papers in Education, DOI10.1080/02671522.2012.690242 available at <https://johntomsett.files.wordpress.com/2012/09/bywater-and-sharples-2012-copy.pdf> This review summarises a selection of effective school-based EHWP programmes, available in the UK, that target influential factors in promoting/protecting child social and emotional well-being.

Other documents that summarise the evidence base in counselling and therapy:

‘Choosing What’s Best for You - What scientists have found helps children and young people who are sad, worried or troubled’ CAMHS Evidence Based Practice Unit. The Anna Freud Centre Nov 2007

Copies available from:

https://www.ucl.ac.uk/ebpu/docs/publication_files/choosing_july

‘Knowing Where to Look: How to find the evidence you need’ Paula Lavis CAMHS Evidence Based Practice Unit/ Young Minds Oct 2008 is aimed at those who need to find and use evidence to develop and deliver services to support the emotional, psychological and mental health needs of children and young people. This publication aims to help identify the different types of evidence that may be needed in order to think about how best to build services that work, and to determine which interventions are the most likely to help children, young people and their families. It examines the values and limitations of evidence and sets out a framework to help service developers find evidence which will inform best practice.

Available from:

<http://www.youngminds.org.uk/assets/0000/1311/KnowingWhereToLookfinal19908.pdf>

‘Drawing on the Evidence: advice for mental health professionals working with children and adolescents’ second edition 2006 CAMHS publications.

Free copies can be downloaded from:

<http://www.chimat.org.uk/resource/item.aspx?RID=56986>

<http://healthyyoungmindspennine.nhs.uk/>

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