Mental Health and Emotional Wellbeing in Schools

Policy context briefing for the Partnership for Emotional Wellbeing and Mental Health in Schools November 2014

Introduction

This paper explores the policy and practice context for schools' work on mental health and emotional wellbeing in England. It reviews the key messages, evidence and policies described in government reports, independent reports commissioned by government and the evaluation of relevant national programmes. It also highlights some of the messages from the three main political parties as potential clues as to the like policy direction after the 2015 general election.

National policies 2004-2010

Under the second half of the Labour administration there was much promotion nationally of schools working with other partners to improve children and young people's wellbeing. This included specific work on mental health supported by funding and nationally coordinated consultancy. The approach of these programmes took a conceptual framework covering many possible benefits and promoted the adoption of a range of evidence based practices and interventions within this, rather than focussing on a specific aim of schools mental health support or a particular type of interventions. There was evidence of success in some areas, within these broad programmes. Key legal duties placed on schools and local authorities most of which remain to this day were quite general in nature, and consequently national support and funding, alongside an Ofsted framework that considered wellbeing (see box 2), was a key driver for progress. Momentum for statutory PSHE also built during this period, but time to pass legislation ran out.

Every Child Matters

Under the previous labour administration (1997-2010) a number of relevant policies and programmes were supported and promoted at a national level. This was largely within the wider framework of Every Child Matters, underpinned by the Children Act 2004. This legislation places local authorities and their partners (including the health service) under a duty to cooperate to improve the wellbeing of children in their local area, in relation to five particular aspects of wellbeing (the 'five outcomes'), of which one is 'physical and mental health and emotional well-being'.[1] All state funded schools have also been under this duty as 'relevant partners' in their own right since January 2010.[2] Until the Coalition Government introduced its new approach to education policy, these partnership arrangements were supported by a range of statutory and non-statutory government guidance.

National Healthy Schools Programme[3]

The National Healthy Schools Programme (NHSP) was launched in 1999 by the Department of Health and Department for Education with the aim of supporting schools to take a whole school approach to promoting the health and wellbeing of children and young people. In 2005 the definition of a 'healthy school' was clarified through criteria related to

four core themes, one of which being emotional health and wellbeing. Schools were supported to review their practice against set criteria and become accredited. Local healthy schools programmes provided a quality assurance role through validating practice against national standards. An emphasis on personal development and wellbeing in the Ofsted inspection framework also supported schools engagement in the programme. By 2008, nine out of ten schools were involved in NHSP and more than half had achieved National Healthy Schools Status. In 2009 NHSP was further revised to provide a cyclical process for continuing improvement and more focus on health behaviour change. An independent evaluation found that schools' involvement in the programme led to:

- More counselling services, active buddying, peer support or mentoring schemes
- Changes to PSHE practices such as more engagement of outside agencies, and work focusing on addressing specific behaviours
- Schools staff perceiving an improvement in pupil's ability to deal with future challenges in later learning, adult life and the workplace.

Full Service Extended Schools initiative

The Full Service Extended Schools (FSES) initiative was a three-year project initially launched in 2003, with the aim of developing one or more FSES in each local authority (focussing particularly on areas of high deprivation). 'Extended' schools provided a range of services, including, health, adult learning, community activities, study support, and childcare from 8am-6pm. The programmes focussed on overcoming barriers to learning by acting on family and community problems. In total, 138 schools were involved in the initiative. As well as improved attainment and engagement with families and the community, outcomes included increased self confidence and social skills and improved health outcomes amongst pupils.[4]

Following the three-year initiative, the DfES set out an intention to roll out a (more limited) extended schools approach on a national level, with the aim of all children having access to extended provision in their schools by 2010. This was renamed as an extended services approach, and has also shown positive results.[5]

Social and Emotional Aspects of Learning (SEAL) and Target Mental Health in Schools (TaMHS)

The embedding of SEAL in schools was encouraged by Government as part of a wider strategy to improve behaviour and attendance.[6] The SEAL model was developed from an evidence base on social and emotional learning from the United States and small scale implantation of more specific models (such as PATHS) in the UK.[7] Support for its deployment was provided to primary schools from 2005/6 and to secondary schools a year later, until 2011. It promoted changes from whole school approaches to providing small group work, primarily supported through training and professional development for school staff.[8]

The Targeted Mental Health in Schools (TaMHS) programme aimed to develop innovative, locally determined models to provide early intervention and targeted support for children (aged 5 to 13) at risk of developing mental health problems and their families. This incorporated SEAL, encouraging work across three 'waves' of intervention, with wave

three adding therapeutic interventions to the model. It ran between 2008 and 2011 and was funded to the tune of £60 million. Schools in every local authority were eventually involved in this programme, through a pathfinder phase and two further stages of roll out.

Findings of an evaluation[9] of TaMHS include:

- Reduced problems for pupils who had behavioural problems on entering primary school

- Reductions in incidence of emotional problems (Observed by teachers and pupils in primary school, but only pupils in secondary schools)

- Some aspects of information provision may not have contributed positively to the success of the programme.

See Annex 1 for more detail on SEAL and TaMHS.

Box 1: PSHE[10]

The concept, status and content of PSHE (Personal, Social, Health and Economic Education) has evolved and developed over the decades, often linked to conclusions of government-commissioned reviews. It became a non-statutory framework for schools in 2000. This framework linked PSHE directly to the aims of the curriculum, arguing that schools could not achieve these aims without PSHE. It incorporated all aspects of schools' planned provision to promote their pupils' personal and social development, including health and wellbeing. At Key Stages 1 and 2 the framework incorporated provision for citizenship education. Initial guidance recommended taking a 'whole-school approach', referencing the National Healthy Schools model. In 2008 two new non-statutory programmes of study were introduced at Key Stages 3 and 4, comprising Personal Wellbeing, and Economic Wellbeing and Financial Capability. The Personal Wellbeing programme of study incorporated 5 topic areas, including emotional health and wellbeing.

Also in 2008, ministers announced their intention to make PSHE statutory, and eventually brought forward legislation in 2009 based on the recommendations of the Rose Review of the primary curriculum and the MacDonald Review (which looked specifically at how to make PSHE statutory). The proposed legislation specified education about emotional health and well-being as one of seven areas making up PSHE and this was to apply to all four key stages.[11] The proposals were prevented from becoming law however, due to cross-party negotiations to get parliamentary business finished in time for the 2010 general election.[12]

The Coalition Government conducted a PSHE education review (parallel but separate to a wider review of the curriculum) which concluded in March 2013. The outcome was that the subject would remain non-statutory and that no new programmes of study would be published. The Department for Education does, however, state as part of its National Curriculum guidance, that all schools should make provision for PSHE. From this year all schools have been required to publish details of their PSHE provision as part of their curriculum. [13] The latest non-statutory guidance on PSHE does not specify topic areas or reference mental health or emotional wellbeing.[14]

Statutory PSHE has been championed by a number of MPs through Private Members Bills, the latest of which, sponsored by Caroline Lucas, is currently before Parliament.[15]

Government-commissioned reviews with implications for schools and mental health 2010-2011

Evidence presented to the Coalition Government at the beginning of their tenure advocated for the role of schools in promoting resilience in children and young people, tackling health inequalities and early intervention in mental health problems. This focussed on curriculum and work with individual children and families to address longer term outcomes.

Fair Society: Healthy Lives (the Marmot Review)

This review was commissioned by the Secretary of State for Health in 2008 to propose the most effective evidence-based strategies for reducing health inequalities in England. It was published in February 2010 and while few of the many policy recommendations have been implemented, it was cited by the coalition government as an inspiration for their public health strategy and reforms. It recommends prioritising the reduction of social inequalities in life skills by[16]:

- Extending the role of schools in supporting families and communities and taking a 'whole child' approach to education. (suggested mechanisms included an expanded remit for PSHE)

- Consistent implementation of the full range of extended services in and around schools (suggest mechanisms included provision of social, behavioural, psychiatric and other special needs support progressively across the social gradient)

- Developing the school-based workforce to build their skills in working across school-home boundaries and addressing social and emotional development, physical and mental health and wellbeing.

Other independent reviews

Sir Ian Kennedy in his 2010 review of NHS services for children and young people raises concerns that schools could be doing more to help identify and support pupils show signs of mental illness, particularly in the early stages of their illness before formal diagnosis.[17]

A review of early intervention lead by Graham Allen MP was commissioned by the Coalition Government in June 2010. The final report reflected positively on the role of social and emotional regulation programmes, such as SEAL in primary schools and the importance of social and emotional skills for adolescents. Life Skills Training and Promoting Alterative Thinking Strategies (PATHS) are two of the 19 'top programmes' it recommends.[18]

Frank Field MP, in his review on Poverty and Life Chances (published end of 2010), recommends that parenting and life skills be reflected in the curriculum, from primary school to GCSE level.[19]

The Coalition Government: key policy areas

As the Coalition Government set out their stall, aspects of policy were dominated by more autonomy for local agencies and services, including schools, and major cost saving in local and national government. As a result, nationally coordinated support for improvements and innovations were not renewed. The limited intervention of the Department for Education in this area focused on behaviour management and targeted support. References to wellbeing in the Ofsted framework were cut back (see box 2). Cross-government policy messages, particularly in areas led by the Department of Health, continued to acknowledge the role of the schools in supporting better mental health in a variety of ways. Several aspirations, however, particularly from the mental health strategy, do not appear to have been realised.

General approach of the Coalition Government

Following the previous government's approach to education policy within the overarching framework of the Every Child Matters programme, a singular focus on education policy is one of the most notable aspects of the current government's education reforms.

The approach taken by the Government as whole has also impacted on schools and other services for children and young people. This has included: deficit reduction and the introduction of austerity measures; cuts to public spending, particularly in local government; the removal of the National Indicator set and rationalisation of accountability measures; the reduction in the volume and level of detail in official guidance; and the intention to devolve decision-making responsibilities to practitioners which, in the case of education policy, has at times appeared to be in conflict with some of the more centralising elements of the Government's reform programme including the expansion of academies and free schools and their particular relationship with central (rather than local) government administration.

Public health

The 2010 Public Health White Paper, *Healthy Lives, Healthy People*, stresses an expectation for schools to play a role in improving health, including through teaching PSHE and the continuation of Healthy Schools and Healthy Further Education as voluntary programmes. It suggests that Directors of Public Health will be able to work with children's services, schools and other partners to determine local strategies for improving child health and wellbeing. As part of the reforms to health services brought about by the Health and Social Care Act 2012, local authorities have been given responsibility for public health services and local health improvement, including public health for school aged children, from April 2013. Public Health England has also been established to provide leadership for the new public health system.[20]

In September 2014 Public Health England published an evidence paper on the role schools can play in supporting resilience in young people. It sets out, backed up by links to evidence and examples of practice, the ways in which schools can make a positive contribution.[21]

Mental health

The 2011 cross-government mental health strategy, *No Health Without Mental Health,* includes a number of commitments to support the role of schools in this area including:

- Maintaining the priority of health and wellbeing in schools, through reviews of guidance, curriculum and Schools White Paper

- Developing the Healthy Schools Programme with businesses and charities

- Producing guidance on public health for schools, colleges and further education establishments.[22]

The Implementation Framework for the strategy, published in 2012, includes a section on the role of schools and colleges, which suggests that they can:

- Understand the link between emotional wellbeing and good educational and wider outcomes

- Have a 'whole school' approach to supporting all pupils' wellbeing and resilience

- Address bullying

- Ensure staff are aware of how mental health relates to their work.

- Access the e-learning packages for non-health professionals, being developed as part of the Children and Young People's IAPT programme.

- Know what specialist mental health support is available

- Know when to intervene early to tackle mental health problems.

- Challenge mental health stigma.[23]

A follow-up to the strategy in, published early 2014, set out 25 areas where Government expects the fastest changes. Number 17 is that 'Schools will be better supported to identify mental health problems sooner'. It is stated that Public Health England will provide leadership in this area.[24] Public Health England plan to produce resources for schools to support this.

The NHS Mandate, which is a statutory document setting out priorities for the NHS in England, includes objectives to:

- Pursue parity of esteem between mental and physical health

- Take forward a system wide-pledge on children and young people's health which includes reference to mental health and wellbeing.[25,26]

Schools White Paper

The 2011 Schools White Paper, *The Importance of Teaching*, sets out a vision for children and young people's education with a strong focus on teaching, discipline and improving academic attainment and preparation for work. It also includes a strong theme of increasing school autonomy.[27] The statutory changes to promote this approach were taken forward between 2010 and 2012. Academy status for secondary schools is now the norm in many local areas and the first tranches of 'free schools' and primary academies have come on stream.

The White Paper stresses that good schools play a vital role in promoting health and wellbeing and understand the links between mental and physical health, safety and attainment. It states, however, that the majority of the important work that schools do is not as a result of government prescription, and that legislation in this area is ineffective.[28]

This change of approach to schools policy has been accompanied by the end of nationally coordinated support for programmes such as SEAL, Healthy Schools and TaMHS. Some smaller-scale funding continued, however, through the early intervention grant supporting TaMHS[29] (until 2012-13) and the two-year, Department for Education-funded, BOND programme (see below).

Better Outcomes New Delivery (BOND)

BOND was a two year voluntary sector led programme with £2.7m Department for Education funding. The programme was aimed at developing and promoting the role of VCS organisations in supporting children and young people's mental health and encouraging commissioners to invest in this support. It involved providing a consultancy programme to five geographical areas to broker conversations and plan across the CAMHS pathway including schools, commissioners and voluntary and community sector providers. Capacity building products and training was also offered to VCS organisations across England. It exceeded targets set by the Department for increased commissioning of the VCS in the five pilot areas.[30]

Recent education policy developments

As well as creating a new framework for supporting children and young people with special educational needs and disabilities, the Children and Families Act 2014 places a new duty on schools to support pupils with medical conditions. This is accompanied by statutory guidance and, while the main potential beneficiaries are those with long term conditions such as asthma and diabetes, the support that must be offered is not limited to any particular health conditions.[31]

In June 2014 the Department for Education also issued non-statutory guidance for schools on mental health and behaviour. The guidance focuses on how to identify and support those pupils whose behaviour suggests they may have unmet mental health needs.[32]

> **Box 2: The Evolution of the Ofsted Framework**
>
> Over the past decade Ofsted's framework for inspecting schools has consistently remained a key policy lever, shaping the practice and priorities of schools. During this period, however, it has evolved significantly in its focus, structure and detail.
>
> The 2005 iteration, for example, mapped its criteria against the five Every Child Matters Outcomes and consideration of children's immediate welfare and enjoyment, their emotional development, and the partnerships required to secure this was integrated throughout. Clear references to health and wellbeing and partnership working remained in a version published in early 2010.
>
> The Education Act 2011 amended the legislation underlying Ofsted inspections, removing references to children's wellbeing. The current version of the framework reflects this, with a single judgment on behaviour and safety containing the most relevant references on freedom from bullying and harassment and pupils' ability to keep themselves safe.[33] See Annex 2 for more detail.
>
> Ofsted are currently consulting on a common inspection framework for schools, early years settings and FE providers, which includes a judgement on 'personal development, behaviour and welfare.'

Government commissioned reports 2012-14

> Recent independent reports highlight the need to better understand children and young people's mental health needs and to commission services accordingly. The broader agendas of the link between health and attainment and the adoption of whole school approaches have also been reintroduced to policy discussion. In addition to these independent reviews, the House Commons Health Select Committee has undertaken an inquiry into CAMHS and its report is expected in the coming months.[34]

The Children and Young People's Health Outcomes Forum[35]

In 2012 the Children and Young People's Health Outcomes Forum was launched by Government to advise them on how the recent round of health reforms could deliver better outcomes for children and young people. The Forum's recommendations include:

- Use of the NHS number as a unique identifier to facilitate information sharing across health, social care and education
- A survey to support measurement of outcomes for children with mental health problems
- Promotion of health and well-being within the 'statutory aims' of the national curriculum
- The Department of Health working with representatives of local government to promote integration of health with education, social care and other local authority led services.[36]

The Forum's annual report of 2013/14 reports some progress, in the form of the commissioning of a mental health prevalence study, but little progress on the other recommendations listed above. The annual report highlights the contribution that schools

can make to children and young people's health and the need to develop this. This includes whole school ethos, curriculum, provision of onsite advice, counselling, signposting, and identifying pupils who need mental health support.[37]

The Chief Medical Officer

The Chief Medical Officer's (CMO) report of 2012 (published in 2013) focuses on children and young people's health. Selected relevant recommendations include:

- Public Health England working with others to strengthen the evidence base for programmes that develop resilience in young people

- Public Health England, the PSHE Association and others reviewing the evidence linking health and wellbeing with educational attainment, and promoting models of good practice for educational establishments to use

- Investigating opportunities for a regular survey to identify the current prevalence of mental health problems among children and young people that can provide key data for developing local services to meet clinical need

- Undertaking an annual audit of services and expenditure in child mental health.[38]

While the more recent CMO report on public mental health includes a chapter on children and young people, it does not include any top level recommendations with specific relevance to this age group or the role of schools. The authors of the chapter on children and young children do suggest however, that commissioning should recognise the potential of schools to promote resilience among children and young people and as settings in which to deliver child mental health interventions.[39]

Health Select Committee inquiry into children's and adolescent mental health and CAMHS

The report of this inquiry- conducted by parliamentarians independently scrutinising government departments – was published in November 2014. It recommended the following actions regarding schools' role in mental health:

- The Department for Education to look into including a mandatory module on mental health in initial teacher training and modules on mental health as part of continuing professional development for teaching and support staff

- The Department for Education to conduct an audit of mental health provision and support within schools

- Ofsted to make routine assessments of mental health provision in schools

- The Department for Education to consult with young people, including those with experience of mental health issues, to ensure mental health within the curriculum is developed in a way that meets their needs.[40]

Approaching the 2015 general election

> Movements within and messages from the three major political parties suggest a renaissance in the role of schools in health may be permitted if not actively championed by a future government. Both the Labour and the Liberal Democrat parties, and perhaps, using different language, the Conservative Secretary of State for Education, have acknowledged the role of school in promoting children and young people's health and wellbeing. This is within the context of wider range of more heavily promoted policies before clear commitments are made in party manifestos.

Conservatives

A notable development in what is expected to be the last reshuffle in the current administration was the replacement of the secretary of state for education. This could be significant for a future conservative government. Considering the department's apparent low level of contribution to cross-government aspirations on public and mental health so far this parliament, a new lead in this department may mean differences in how similar work is taken forward in the future.

In his first major speech looking beyond the 2015 general election David Cameron suggested that going forward a Conservative government will focus on the contribution of strong family relationships to children's outcomes.

> "From health and education outcomes to job prospects, there is powerful evidence that a strong family unit can have a huge impact on improving the life chances of our children."

At Conservative Party Conference 2014, David Cameron acknowledged that 'A real education isn't just about exams', however this was a preamble to his announcement of an expansion of the National Citizen Service. Nicky Morgan spoke of a new fifth priority for her Department, of development of 'resilience character and grit', announcing a £5m fund to support the development of innovative ideas in this area. She said that academic standards and activities that build character and resilience should go hand in hand and that every child should be taught to be a good and valuable citizen.[41]

Labour

Tristram Hunt, the Shadow Education Secretary said in his speech to Labour party conference 2014 that the next Labour Government will legislate for extra-curricular activity that builds character and resilience in pupils. He reiterated his plan to ensure all teachers must be qualified and receive training year on year and the party's belief in partnership and collaboration.[42]

In its pre-manifesto policy papers Labour also indicates the possibility of a reassertion of the role of schools in promoting mental health, stressing that "The impact of a child's physical and mental health across their school life is hugely significant".[43] They express their regret for the "loss of focus from central Government on promoting child health and

wellbeing" and reiterate the need to "recognise that good mental health doesn't start in the hospital or the treatment room, but in our workplaces, our schools and our communities."[44]

Labour has established a Mental Health Taskforce to produce recommendations on how mental health can be improved in society. This includes a focus on mental health in the context of the school and workplace.[45]

Labour's plans for integration of health and social care include a focus on mental health, including, for example, re-writing the NHS Constitution to create a new right to psychological therapies.[46]

Liberal Democrats

The Liberal Democrat minister at the Department of Health, Norman Lamb, has said that CAMHS are not fit for purpose and has established a CAMHS taskforce to look at overhauling the way CAMHS is commissioned, to ensure young people are offered the most appropriate care, whether in the community or in hospital.[47]

Paul Burstow, Liberal Democrat MP and Norman Lamb's predecessor at the Department of Health, chaired a 'Mental Health Commission' on behalf of the think tank CentreForum. Its report makes a number of recommendations, including:

- The national curriculum should include the requirement to teach children and young people how to look after their mental health and build emotional resilience
- Ofsted would be charged with monitoring progress towards the goal of at least 80 per cent of primary and secondary schools incorporating wellbeing programmes into school curriculum by 2020
- Teachers and other educational staff should receive training in child development, mental health and psychological resilience to enable them to identify children who are vulnerable
- Mental health related training should be included on the Initial Teacher Training course by 2020.[48]

Through 'pre-manifesto' announcements the Liberal Democrats have said that they will:

- Establish a mental health research fund to support the development of new cutting-edge mental health treatments
- Introduce guaranteed PSHE for children in all state-funded schools, including age appropriate sex and relationships education as part of a 'curriculum for life'[49]

In his speech to the Liberal Democrats' autumn conference, Nick Clegg suggested that mental health should be one of the priority issues in the party's manifesto.[50]

Conclusions

- The role of schools in supporting pupil's mental health has been recognised in some sense in most relevant policy areas throughout the last ten years

- Independent reports commissioned by government suggest that there is an evidence base for this and that schools' work to promote mental health and emotional wellbeing can contribute to wide range of benefits such as:
    - Better wellbeing as a child or young person
    - Improved behaviour in school
    - Improved academic attainment
    - Early identification of mental health problems that may benefit from early intervention
    - Resilience as a young person
    - Resilience in later life and reducing inequalities

- The extent to which any particular benefit has appeared as a driver for Government support for this work has varied. Under the previous administration, for example there was a focus on more immediate benefits to the wellbeing of the child, whereas the current government has focused on early intervention in mental health problems. Links to behaviour management have been acknowledged throughout, while the context of longer term outcomes appear more present in independent reports

- National programmes in support of this work have not focused on a particular type of intervention or practice. The more significant programmes such as SEAL and Healthy Schools provide conceptual frameworks that allow a range of evidence-based practice to contribute to a range of outcomes

- The extent to which different government departments have espoused this work has varied. Reduced support from the education department may have been temporary and DfE has now signalled a strong forward-looking focus on resilience and mental health both through public statements and the inclusion of a new strand of funding for work on mental health in its National VCSE Prospectus Grants Programme (2014-15), but the continued work of the Department of Health, and more recently Public Health England, in this area, alongside an explicit public health role for local authorities, should be positively noted

- Mental health and CAMHS has become an increasingly live issue (with the creation Labour's mental health taskforce and the DH CAMHS taskforce) but one that will compete with many other challenges for a government that takes office in May 2015.

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Annex 1: Summary of the SEAL and TaMHS conceptual models

SEAL

The model aims to develop the social and emotional skills associated with self-awareness, managing feelings, motivation, empathy and social skills. There are three key aspects to implementing the approach, which were primarily supported through training and professional development for school staff:

- Using a whole-school approach to create the climate and conditions that implicitly promote the skills and allow these to be practised and consolidated;

- Learning opportunities for whole classes (during tutor time, across the curriculum and outside formal lessons) and as part of small group work;

- Using learning and teaching approaches that support pupils to learn social and emotional skills and consolidate those already learnt.

TaMHS

This programme encouraged schools to work at a number of different levels through a model of 3 'waves'. Wave 1 dealt with whole school approaches, wave 2 with targeted small group work and wave 3 with therapeutic interventions. Work to develop children's social and emotional skills at waves 1 and 2 was taken forward through the Social and Emotional Aspects of Learning programme(see above) and the other whole school approaches promoted were aligned with NICE guidance.

Local authorities and schools could choose whether to fund training, support and consultancy for school staff and/or additional frontline practitioners to work with staff and pupils and/or voluntary sector provision and/or associated management activity. They generally reported using approaches developed locally rather that those that had been internationally tested. The evaluation identified 13 main areas of intervention that were taken forward as part of the programme:

TaMHS areas of intervention

For pupils

- Social and emotional development (mandatory part of programme)
- Creative and physical activity
- Information
- Peer support
- Behaviour for learning and structural support (most popular non-mandatory area)
- Individual therapy
- Group therapy

For parents

- Information
- Training
- Counselling

For staff

- Consultation
- Counselling
- Training

Annex 2: Highlighted content from three iterations of the Ofsted school inspection framework

2005

Assessing the overall effectiveness included evaluation, where appropriate of the effectiveness of links with other organisations to promote the well-being of learners

- the extent to which learners enjoy their work (3)
- Assessing achievement and standards included evaluation, where appropriate, of the development of skills which contribute to the social and economic well-being of the learner (2,4,5)
- the emotional development of learners (1)
- the extent to which learners adopt safe practices and a healthy lifestyle (1,2,5)
- learners' spiritual, moral, social, and cultural development (3,4)

Quality of provision includes consideration, where appropriate of

- the extent to which enrichment activities and/or extended services contribute to learners' enjoyment and achievement (3,4,5)
- the extent to which the provision contributes to the learners' capacity to stay safe and healthy (1,2).
- the care, advice, guidance and other support provided to safeguard welfare, promote personal development and achieve high standards (1,2,3)
- the quality and accessibility of information, advice and guidance to learners in relation to courses and programmes, and, where applicable, career progression (3,5).

Assessing leadership and management included evaluation of how effectively leaders and managers at all levels clearly direct improvement and promote the well-being of learners through high quality care, education and training and, where appropriate, how effective are the links made with other providers, services, employers and other organisations to promote the integration of care, education and any extended services to enhance learning and to promote well-being

2010

A group of judgements about Pupils outcomes includes Pupils' achievement and the extent to which they enjoy their learning separate judgements for the extent to which pupils feel safe and behaviour. The extent to which pupils adopt healthy lifestyles. The extent to which pupils develop workplace and other skills that will contribute to their future economic well-being The extent of pupils' spiritual, moral, social and cultural development. Provision includes 2. The extent to which the curriculum meets pupils' needs, including, where relevant, through partnerships 3. The

effectiveness of care, guidance and support. Leadership and management includes 4. The effectiveness of partnerships in promoting learning and well-being.

2014

When evaluating the quality of teaching in the school, inspectors will consider the extent to which teachers and other adults create a positive climate for learning in which pupils are interested and engaged.

The Behaviour and safety judgement takes account of a range of evidence about behaviour and safety over an extended period. This evidence may contribute to inspectors' evaluation of how well the school promotes pupils' spiritual, moral, social and cultural development. This includes (among other points which are mainly focused on behaviour management)

- pupils' behaviour towards, and respect for, other young people and adults, and their freedom from bullying, harassment, and discrimination
- whether pupils feel safe and their ability to assess and manage risk appropriately and to keep themselves safe
- the extent to which leaders and managers have created a positive ethos in the school.

Leadership and management includes consideration of whether schools:

- provide a broad and balanced curriculum that meets the needs of all pupils, enables all pupils to achieve their full educational potential and make progress in their learning, and promotes their good behaviour and safety and their spiritual, moral, social and cultural development
- engage parents in supporting pupils' achievement, behaviour and safety and their spiritual, moral, social and cultural development
- take steps to promote the safety of all pupils and ensure that they are safe in school.