A whole school framework for emotional well being and mental health

A self-assessment and improvement tool for school leaders

Sue Stirling and Dr Hilary Emery
Schools want to provide effective and enjoyable teaching and learning environments, where children and young people flourish. These depend on good staff and student relationships across the whole school, including with governors, and externally with families, the wider community and other services.

Professor Katherine Weare reviewed the research into what works in schools to improve children and young people’s well-being and mental health – *What works in promoting social and emotional well-being and responding to mental health problems in schools? Advice for Schools and Framework Document*. She found that a whole school commitment and ethos, rather than piecemeal approaches, are key to making a difference.

Schools have a wide variety of practice in their daily teaching and pastoral care that support social and emotional wellbeing yet they face increasing wellbeing and mental health challenges among students and staff. If existing practices are systematically co-ordinated they can improve wellbeing and help to prevent mental health issues. Where needs and gaps in practice are then identified they can be addressed by careful practice. Amongst budget constraints, curriculum and examining changes are likely to have a significant impact on wellbeing, yet they face increasing wellbeing and mental health issues among children, young people and staff. Causes include the pressures of examinations and assessments, social media and Ofsted. Public Health England’s (PHE) evidence suggests in an average class of thirty 15-year-olds:

- three could have a mental disorder
- ten are likely to have witnessed their parents separate
- one could have experienced the death of a parent
- seven are likely to have been bullied
- six may be self-harming.

PHE evidence about the impact of supporting wellbeing shows:

- social and emotional competencies are a more significant determinant of academic attainment than IQ;
- pupils who are confident about learning and have a ‘growth mindset’ persist when faced with challenges;
- pupils who can set goals, manage stress and organise their school work achieve higher grades;
- pupils who use problem-solving skills to overcome obstacles do better academically.

DfE research found:

- Children with higher levels of emotional, behavioural, social, and school wellbeing, on average, have higher levels of academic achievement and are more engaged in school, both concurrently and in later years.
- Children with better emotional wellbeing make more progress in primary school and are more engaged in secondary school.

### What’s the problem? What difference can schools make?

Schools report increasing numbers and complexity of wellbeing and mental health issues among children, young people and staff. Causes include the pressures of examinations and assessments, social media and Ofsted. Public Health England’s (PHE) evidence suggests in an average class of thirty 15-year-olds:

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### How can this resource help

The tool signposts evidence from research and practice. It offers prompts for debate and activity bringing everyone together and building on existing practice, identifying new programmes and interventions, setting priorities and implementing and evaluating change.

This tool aims to help you:

- Build a common language, understanding the evidence about what works, getting a shared understanding of what is happening in schools now, identifying the gaps and opportunities in current practice and developing a whole school ethos and culture.
- Involve students and staff in planning, and developing practice, including early identification and intervention using existing advice supported by new initiatives where needs arise.
- Work with families and other services to promote wellbeing, prevent and reduce mental health problems and intervene early when these arise with effective support and services.
- Implement a systematic and strategic approach across the school and evaluate progress for individual children, young people and the whole school; embedding and sustaining effective practices.

Drawing on Professor Weare’s evidence review of what works the tool is intended to help school leaders to identify and address the rapidly changing and demanding pressures and expectations they face. School leaders need to decide both how to respond systematically to individual mental health problems and build resilience, influence attitudes and behaviours and create a culture that promotes and protects wellbeing across the school and with families and partners.

We have compiled a compendium of additional tools and resources to support this approach (see [http://www.ncbt.org.uk/partnership-well-being-and-mental-health-schools](http://www.ncbt.org.uk/partnership-well-being-and-mental-health-schools)).

In addition the Anna Freud Centre with Public Health England (PHE) have produced a helpful guide: *Measuring and monitoring children and young people’s wellbeing. A toolkit for schools and colleges*. 
A four stage approach to wellbeing and mental health

Stage one: Deciding to act and identifying what is in place already

**Identifying what happens and what matters in your school**
- What is expected of us? How do we do ‘well being and mental health’ now?
  - Teaching and learning
  - Student voice
  - Policies
  - Curriculum subjects and PSHE
  - Assessment and exams
  - Pastoral support
- Who does what? Who do children and young people go to? Role of SLT, governors, support staff, teachers, pupils

**Mapping what happens already:** who leads what, how is information communicated and who is involved within and beyond school

**Identifying concerns:** whole school, specific groups and individuals

**Current challenges and opportunities identified – links and gaps**

Stage two: Getting a shared understanding and commitment to change and development

**Common language and commitment: based on evidence of what works**
- Shared definitions – to be understood and used (children, young people, teachers, support and pastoral staff, governors, families, CAMHS, other services)
- Understanding/using research evidence and understanding of current practice to decide what needs to be done

**Dialogue based on a shared language and understanding to gain a shared commitment - with pupils, staff, governors, families, CAMHS and other services**

**Establish a vision for the school’s universal and targeted work – whole school approach and ethos (not just projects/activities), setting priorities for action, working in partnership**

Stage three: Building relationships and developing practices

**Capacity and relationship building: consolidating what works, stopping what doesn’t and implementing proven new strategies to meet needs**
- Planning objectives and timescales to implement the vision and priorities including tackling gaps in provision and expertise: who needs to agree, external and internal? How to overcome resistance?
- Deciding what to change, when, who leads change process, what outcomes? What roles are needed and who will take them?
- Building links with external partners, health, CAMHS and social services
- Collecting data about needs, identifying gaps in data and provision.
- Evaluate additional universal and targeted provision to meet needs of students and staff
- Identify development and information sharing opportunities for teaching and support staff; for partners in health; for students and families

**Action plan in place with objectives to support vision agreed. Activity targeted to deliver objectives and meet needs and aspirations**

**Link to wider services established with agreement about actions and objectives**

**Scheduled plan with milestones and named personnel taking responsibility for leading processes**

**New support and interventions identified and links made across practice. Specialist leadership, staff training for prevention, identification, early intervention and access**

**Procedures for working with external partners agreed and implemented**

Stage four: Implementation and evaluation

**Tracking and evaluating progress, embedding and sustaining practice**
- Deciding what good looks like for children and young people.
  - Knowing indicators of concern: identifying and acting on concerns promptly knowing the support and referral processes in place
  - Tracking progress – e.g. maturity indices of whole school progress
  - Evaluating costs/benefits – interventions and school wide

**Recording pupil progress for individual and whole school needs as appropriate:** e.g. SDQ

**Evaluating progress and change** e.g. against Ofsted criteria, modifying provision as necessary

**Ensuring impact and sustainability** by using evaluation evidence and data to identify what is working, what needs to be changed, improved, remedial action taken
Stage one: Deciding to act and identifying what is in place already

What is the DfE advice on schools’ responsibilities?
The DfE advice sets out what schools should offer to help pupils succeed. In summary these are:

Prevention
• playing a role in supporting them all to be resilient and mentally healthy
• drawing on resources and guidance to help staff support good mental health and emotional wellbeing (from both local and national sources) including provision of school counselling services

Early Intervention/identification
• understanding how to intervene early and strengthen resilience for all pupils, those with emerging problems and families exposed to several risk factors
• using the Strengths and Difficulties Questionnaire (SDQ) to flag possible diagnosable mental health problems for individual pupils causing concern

Access to specialist support
• ensuring pupils and families participate as fully as possible in decisions
• expecting those with severe problems to get wider support as well; influencing commissioning of health services through local Health and Wellbeing Boards

Discussions with head teachers identified other issues to consider include:
• financial constraints and their implications for how a whole school ethos can be established and sustained;
• starting from a whole curriculum perspective for developing a universal approach that extends across all subjects within which targeted interventions to social and emotional wellbeing and mental health are fitted according to need;
• developing children and young people’s metacognition skills to help them reflect upon their learning and development;
• links to discussions of the development of character, British values and safeguarding

What do you do already?
Schools provide substantial support for wellbeing already but often this is not fully recognised, coordinated or used to address the needs that arise. Sharing and recognising how teachers and other staff currently support emotional health and wellbeing across the school builds confidence and forms a foundation on which to develop.

School leaders can foster links between existing practices to build a systematic, integrated approach across the school making individual activities more effective. Similarly sharing information can identify children and young people who may not be thriving and offer targeted assistance/early intervention to avoid problems escalating.

What bothers you? What would you like to change and why? What’s missing?
Sharing and understanding concerns that teachers, other staff, students and families have about the pressures that children and young people experience and seeing how these impact on their social and emotional well-being, behaviour and progress provides valuable insights. Drawing these together can indicate patterns of need, identify gaps in support and provision and inform priorities for action.

These priorities may be addressed through more systematic use of existing practice and/or selection of more targeted, specific interventions. PHE, the Anna Freud Centre and DfE have compiled lists of proven interventions matched to specific needs. To be most effective programmes benefit from involvement of external specialists at the initiation stage, providing training and evaluation to ensure correct delivery and evaluate impact.

Development questions and activities
How do we manage wellbeing and mental health now? Who does what?
Brainstorm what is done now and why. Collect and group these practices and consider whether activities reinforce one another, conflict, duplicate. Are there any common messages about why practices are undertaken? What bothers or concerns you and your staff? What would you and your staff like to change and why? What’s missing? What are your children and young people’s concerns? Teachers, support staff, pupils, parents and governors as well as external partners all have a role to play in listing concerns and identifying opportunities for change. Collate these to identify patterns and priorities for action.

Developing an audit for priorities and action planning

Taking capacity and risk as the axes map areas for action and priorities for your school. These actions and priorities might include consideration of the DfE advice, and issues such as:
• school values, ethos and environment
• student voice, participation and community action
• governance, leadership and management
• school policies including behaviour, bullying: teaching, learning, assessment, recording and reporting
• embedding across the curriculum including PSHE
• specific interventions and programmes
• pastoral and other support services (including careers)
• links to other services including CAMHS, families, community
• development/training including early identification of needs
Getting a shared definition of social and emotional wellbeing and mental health

A shared understanding of the language you use in your school about social and emotional well-being and mental health problems helps clear and consistent conversations internally with staff and students and with external services, parents and carers. The NCB guidance defines them as:

- ‘social and emotional well-being’ refers to a state of positive mental health and well-being. It involves a sense of optimism, confidence, happiness, clarity, vitality, self-worth, achievement, having a meaning and purpose, engagement, having supportive and satisfying relationships with others and understanding oneself, and responding effectively to one’s own emotions.
- ‘mental health problems’ refers to the wide range of mental health, emotional and social challenges, difficulties, conditions and illnesses that can beset both pupils and staff, including stress and burnout, anxiety, depression, attachment difficulties and behavioural problems.

Understanding the Framing Principles and evidence for a whole school vision

NCB’s analysis of research uses seven framing principles to organise the evidence of what works in schools. Together these can support schools to embed wellbeing into their ethos, culture and practice.

The key elements of an evidence based approach relate to:

(i) school climate and ethos
(ii) staff capacity and whole school approaches
(iii) enabling pupil and parent/carer engagement in order to develop social and emotional skills and provide targeted help with mental health difficulties.

What sort of provision do you need?

(i) universal: prospectively promoting positive social and emotional wellbeing for staff and students; and
(ii) targeted: identifying actions to prevent, identify and respond effectively to mental health problems of staff and students.

Framing principles

Adopt whole-school thinking
- Take a whole school approach and implement it carefully
- Start with a positive and universal focus on well-being
- Develop a supportive school and classroom climate and ethos
- Identify difficulties and intervene early
- Take a long term approach
- Promote the well-being of staff and tackle staff stress

Engage the whole community
- Promote pupil voice and peer learning
- Involve parents, carers and families

Prioritise professional learning and staff development
- Understand risk and resilience
- Respond actively to problems and difficulties
- Understanding child and adolescent development
- Help all pupils with predictable change and transition

Implement targeted programmes and interventions (including curriculum)
- Use a range of leaders for specific programmes
- Teach social and emotional skills

Develop supportive policy
- Provide clear boundaries and robust policies

Connect appropriately with approaches to behaviour management
- Understand the causes of behaviour and respond wisely

Implement targeted responses and identify specialist pathways
- Provide more intense work on social and emotional skills development for those with difficulties
- Use specialist staff to initiate innovative and specialist programmes
- Provide clear pathways of help and referral including CAMHS
- Anchor help in the school environment

Stage two: Getting a shared understanding and commitment to change and development

Dialogue based on a shared language and understanding to gain a shared commitment - with pupils, staff, governors, families, CAMHS other services

Establish a vision for the school’s universal and targeted work – whole school approach and ethos (not just projects/activities), setting priorities for action, working in partnership

Dialogue questions and activities

Consider how the evidence of what works might be relevant in your school and sort those aspects you want to adopt into the three key elements of an evidence based approach

Developing the vision for universal and targeted approaches

What universal and targeted approaches do you provide now? What works and what is causing concern? What mental health needs do children and young people in your school have? Are there aspects you avoid, perhaps for fear of making things worse or not being able to meet the need?

Deciding to act

Who will lead, who will hold to account? Who will do the work? What will change? What will be done first? When/how can communicate with external services? Is this led by an individual or a team? Led within one school or across a group?

Partnership, collaboration and priorities for action

What are the key priorities for implementing the vision? How are children and young people involved in forming the vision and deciding priorities for action? How are external partners in health and social care involved in the emerging vision and priorities? How are parents involved in ways that help them to support its delivery? Decide how to share the vision and priorities for action.
Stage three: Building relationships and developing practices

Making it happen – taking a strategic and a practical approach

School leaders know how to bring about change. Taking a holistic approach to wellbeing and mental health offers the chance to develop new ways of relating for teachers, support staff, children and young people as well as families and health services, to foster wellbeing. Building on existing school improvement plans this is an opportunity to develop a vision of a whole school approach with short, medium and long terms goals.

In the case study schools leaders focused on raising awareness and confidence, enhancing the roles of teachers and other school staff. They did NOT try to become specialists or counsellors in every classroom. Five areas of change emerged:

- Creating a climate: to foster a physical and cultural environment which conveys the significance of emotional wellbeing and mental health and acknowledges negative perceptions and beliefs. E.g. stigma, acceptability.
- Creating confidence and capacity: to understand what we know about the positive aspects of what can be done in school, including research evidence, and identify support to develop practice and learn to be more effective.
- Connecting across and outside the school: to unveil where and what is already available. Where there are marginal gains and what will give greater impact. Building links beyond the school to draw on external capability and capacity.
- Continuing long term investment in capacity: to look ahead and continue to learn from and embed emerging best practice, create resilience and wellbeing support and become influential with families and communities.
- Stopping what doesn’t work: stopping what doesn’t work and implementing proven new strategies to meet needs.

Planning objectives and timescales to implement the vision and priorities including:
- Tackling gaps in provision and expertise: who needs to agree, external and internal? How to overcome resistance?
- Deciding what to change, when, who leads change process, what outcomes? What roles are needed and who will take them?
- Building links with external partners, health, CAMHS and social services
- Collecting data about needs, identifying gaps in data and provision
- Evaluate additional universal and targeted provision to meet needs of students and staff
- Identify development and information sharing opportunities for teaching and support staff: for partnerships in health; for students and families
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Development questions and activities

Prompts for action planning

Building on the shared language and understanding of current provision school leaders, working with students, staff and external partners as appropriate, decide:

- If additional interventions and support are needed? What are these to address, are these well understood or is more analysis needed?
- What level of support is needed: universal and/or targeted levels?
- What sorts of programmes are suitable, available and what are the cost implications?
- How and by whom will these be identified, led and implemented?
- What training and development is needed for staff (teachers and support staff); students, school leaders and other partners?
- To ensure understanding of the whole school approach and commitment
- To enable identification of needs and provide support to implement new programmes
- Who will provide and lead any training?

Using your shared language, whole school ethos and vision, areas for development establish your action plan:

- Who knows: Across your leadership and staff teams, student groups and external partners who holds the information about each student’s emotional wellbeing and resilience? How is this information collated and used? Who can act on signs of early problems? Who has permission to act?
- What is known: What indicators and measures are used within the school? Who carries out reviews against the national indicators? How are student and staff views used to create individual strategies? Where will decisions be made and what actions on intervention are available? Has your finance department assessed this as a specific area?
- What can be done: What in-school supports are available? Which staff regularly refer students? What areas of school life offers students emotional or relational support? Where in the curriculum does EWB and mental health appear? What external agencies are known of and what relationships and agreements do you have?
- What is available: There is a broad range of non-clinical and accessible forms of interventions that can be employed to deliver your strategy. These include coaching, resilience training, a wide range of PHSE programmes, integrated counselling, group work and programmes targeted on specific problems such as anxiety, depression, self harm (see iv and ix)

Planning for targeted and specialist support

DfE provides guidance on interventions for primary and secondary school pupils and on the main types of mental health needs in schools. They define them as:

- Anxiety
- Eating disorders
- Attachment disorders
- Hyperkinetic disorders
- Conduct disorders
- Post-traumatic stress
- Deliberate self-harm
- Substance misuse
- Depression
- Anxiety
- Depression
- Eating disorders
- Conduct disorders
- Hyperkinetic disorders
- Attachment disorders
- Post-traumatic stress
- Substance misuse
- Deliberate self-harm
- Depression

iv and ix
To embed the changes and ensure they are working schools need to measure and evaluate progress throughout the development of both the whole school and individual level. By increasing the wellbeing of all children, young people and staff, schools will prevent many problems arising and identify changing needs and opportunities. Where and when problems arise everyone needs to feel secure about raising concerns and feel confident of a supportive response where the school intervenes quickly and effectively working with parents and health services.

What does getting it right look like?

Working with children, young people, teachers and other staff, governors, families and external services schools need to track progress and evaluate the impact, costs and benefits (including time and financial) of their support. Examples of what good practice looks like include:

• ‘Teachers are able to interact in responsive ways with students without feeling vulnerable to the demands of the work.’

Tim Brighouse

The Ofsted Common Inspection Framework explains that Inspectors’ judgement of the personal development, behaviour and welfare of children and learners evaluate how ‘provision is successfully promoting and supporting children’s and other learners’ knowledge of how to keep themselves healthy, both emotionally and physically, including through exercising and healthy eating’.

The Ofsted School Inspection Framework criteria describes good personal development, behaviour and welfare practice where pupils:

‘enjoy learning about how to stay healthy and about emotional and mental health, safe and positive relationships and how to prevent misuse of technology’.

While in schools that are inadequate, practice is described as:

‘...significant minority of pupils do not understand how and why to live healthy, positive lives both physically and emotionally’.

Hackney Learning Trust are taking a cross service approach to emotional health and wellbeing working with schools and other services to develop outcome indicators.

“We will know that we are on the right path when we are able to provide evidence that:

• Pupil attainment is maintained or improved
• Pupils feel safe in school
• Pupils report increased personal and social wellbeing
• Staff report increased personal and social wellbeing
• School staff feel competent and confident in promoting children’s wellbeing
• Schools are confident in responding to responding to their pupils’ needs
• Pupil behaviour is improved and there is a reduction in ‘risky’ behaviour
• Fewer pupils are excluded from our schools
• Preventative mental health measures are in place and there is a reduction of concerns in addressing mental health issues
• Children and families report productive engagement with the appropriate services”.

What sort of records are needed?

Tracking the wellbeing of all children, young people and staff can be done at a high level. However, schools need to establish systems to log and share when concerns about individuals arise.

Knowing what to look for

Staff, children and young people all need to be aware of the indicators of possible concerns for others and for themselves. They need to know how and with whom these should be raised.

To develop a sense of what a whole school approach means in practice schools may find it helpful to track their progress and evaluate individual and whole school needs as appropriate: e.g. SDQ

Stage four: Implementation and evaluation

Deciding what good looks like for children and young people. Knowing indicators of concern: identifying and acting on concerns promptly knowing the support and referral processes in place

Recording pupil progress for individual and whole school needs as appropriate: e.g. SDQ

Evaluating progress and change e.g. against Ofsted criteria, modifying provision as necessary

Ensuring impact and sustainability by using evaluation evidence and data to identify what is working, what needs to be changed, improved, remedial action taken

Developing indicators of progress

Understanding the importance of keeping healthy

Do the leadership team and staff have a good knowledge of the importance of keeping healthy and is this embedded into the DNA of the school, so that every pupil understands this and it’s relevance to academic attainment and a successful future? Are they all taught how to keep well across many dimensions?

Understanding the signs of needing help

Do staff and children understand the signs of being emotionally and/or mentally unwell and when they need help? Link this to the self-help skills learnt to keep well, as well as having the confidence to ask for help from friends and staff, when needed.

Providing in-house support

Do all staff have the skills to support children who need help? For example are they trained in Emotional First Aid? Does the school provide in-house or outsourced counselling support? DfE have published guidance for primary and secondary schools on school based counselling service.

Establishing links with external professional support

Is there a referral system for children with more serious problems, supported by close links with local GPs, CAHMS and the health services.

Schools, working with other services when appropriate, want to identify and monitor concerns, judge needs and evaluate wellbeing of groups and individuals. To help with assessment and record keeping DfE suggests using the Strength and Difficulties Questionnaires, and the Anna Freud/PHE guide provides a compendium of positive mental health and wellbeing measures including information on age suitability and aspects of need addressed.

How do we know if we are improving?

What does good look like?

To develop a sense of what a whole school approach means in practice schools may find it helpful to track their progress towards a mature whole school strategy using the framing principles, key evidence and maturity indices’ descriptors.

Schools have also found sharing experience with others is helpful. Time to Change has produced a guide to networking that provides practical tools.
Are we making effective progress?

This tool provides a starting point in developing your practice. To be effective Professor Weare suggested two areas must be addressed in the development work:

- **Identifying actions schools can take to prevent, identify and respond effectively to the mental health problems of their staff and students through a ‘targeted’ approach:** and
- **Proactively promoting positive social and emotional wellbeing for staff and students through a ‘universal’ approach.**

A set of resources have been identified to accompany the use of this tool and are available at [http://www.ncb.org.uk/partnership-well-being-and-mental-health-schools](http://www.ncb.org.uk/partnership-well-being-and-mental-health-schools).

### About the authors

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**Dr Hilary Emery**

Dr Hilary Emery was formerly CEO of NCB. She has worked in schools, higher education and government, developing practice in teacher education, teaching and learning, health and wellbeing, evaluation and assessment.

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17. See Emotional First Aid website at [www.emotionalfirstaid.co.uk](http://www.emotionalfirstaid.co.uk/)
20. See x.

The Partnership for Well-being and Mental Health in Schools is a national network of 50 organisations convened by the National Children’s Bureau. Partners share a vision for an education system where good emotional wellbeing and mental health are at the heart of the culture and ethos of all schools, so that children and young people, supported by their teachers, can build resilience and flourish.