**Better inspection for all**

A response from the Partnership for Emotional Wellbeing and Mental Health in Schools

**Introduction**

We welcome this consultation on a new approach to inspecting education settings and in particular the proposed increase in focus on health and wellbeing. This response focuses on how the proposed structure and content of inspection judgments may be implemented, and indeed strengthened, to support schools to make a positive contribution to pupil’s emotional wellbeing and mental health. The individual organisations signed up to this response may also be responding independently, covering a wider range of issues.

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**About the Partnership for Emotional Wellbeing and Mental Health in Schools**

The Partnership for Emotional Wellbeing and Mental Health in Schools is a national network whose vision is for an education system where good emotional wellbeing and mental health are at the heart of the culture and ethos of our schools, so that children and young people, supported by their teachers, can build resilience and flourish.

There are more than 50 organisations engaged in the network, spanning the mental health, children and young people, education and HE sectors.

The partnership has recently produced a mapping of key policy, practice and evidence developments in this area since 2004 (NCB, 2014), and will shortly publish a review of what works in promoting emotional well-being and responding to mental health problems in schools (Weare, 2014). Many of the evidence sources quoted in this response are also referred to within these key documents.

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**About the National Children’s Bureau**

The National Children’s Bureau is a leading research and development charity working to improve the lives of children and young people, reducing the impact of inequalities. We work with children, for children to influence government policy, be a strong voice for young people and front-line professionals, and provide practical solutions on a range of social issues.

For more information visit [www.ncb.org.uk](http://www.ncb.org.uk)

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The effectiveness of leadership and management judgment

Whole school approaches

Whole school approaches to health promotion are characterized by a concern for the entirety of school life, and the health and wellbeing of students, staff, parents, and the community. Many schools demonstrate practice in this area which is fully in tune with this approach.

Research over many decades has shown that multi-component approaches are particularly effective in promoting social and emotional wellbeing, and more effective than approaches that just focus on one or two areas of school life.¹ A recent Public Health England briefing highlights the strong evidence base for this in supporting mental health and resilience.²

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 ethos³.

A school that is successfully taking such an approach will be able to demonstrate to inspectors that the way in makes decisions takes account of potential impacts on emotional wellbeing and that it is implementing a suite of measures to promote resilience. **The effectiveness of leadership and management judgment should be informed by consideration of the contribution a whole-school approaches are making to children and young people’s emotional wellbeing.**

Professional development

We note that it is proposed that schools will be inspected on their improvement of teaching and learning, including through professional development. To ensure that schools are able to promote positive emotional wellbeing as well as respond to emerging mental health needs amongst their students, it is crucial that a sufficient base of relevant skills and expertise is maintained amongst school staff. Consideration of the extent to which appropriate professional development is being carried out takes account of this.

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Curriculum

It is a welcome proposal that inspectors should consider whether the curriculum meets the needs and interests of children. Children and young people have said that they want high quality PSHE, including Sex and Relationships Education, and a wide range of health issues including tackling mental health stigma.\(^4\),\(^5\)

Young people giving evidence to the recent Health Select Committee inquiry into children’s and adolescents’ mental health and CAMHS highlighted the need for education about mental health issues to be provided in schools. Consequently, the committee has recommended that the Department for Education consult with young people to make sure mental health is included in the curriculum in a way that meets their needs.\(^6\)

Outstanding schools will rise to the challenge of ensuring this is provided for all of their pupils, working with health, social care and voluntary and community sector colleagues where necessary. **Ofsted should lay down a clear marker in its inspection framework that mental health is a key ingredient of an appropriate curriculum.**

Influencing other provision

Schools have a key role to play in supporting children and young people’s mental health, but to have the greatest chance of success, this can only be within the context of all local services playing their part. The Health Select Committee heard evidence of schools feeling disengaged from health services and the commissioning of CAMHS.\(^7\) It also found that those planning and commissioning services are operating in a ‘fog’ due to the lack of up to date data and that many providers of NHS outpatient mental health services are reporting cuts in funding despite what they see as rising demand.\(^8\)

Under section 10 of the Children Act 2004, all state schools are under a statutory duty to cooperate with the local authority and other partners to promote the wellbeing of children in the area. We would expect inspection of schools’ work with other services should take into account this statutory context, with the requisite priority given.

The NHS should secure adequate services for those children and young people who have mental health needs that may amount to a diagnosable condition, but for this to happen in practice, commissioners need to be aware of the level of need in their

\(^4\) Annual report of the Chief Medical Officer 2012, *Our Children Deserve Better: Prevention Pays*, Chapter 4: The voices of children and young people


\(^6\) House of Commons Health Select Committee (2014), *Children’s and adolescents’ mental health and CAMHS*, pp77, 82-84

\(^7\) Ibid, p78

\(^8\) Ibid, pp16, 20

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local area. Schools, as a universal service attended by children every day, bear witness to the full range of children’s needs, whether they are needs that can be met by the school or require input from another agency. They therefore hold valuable local intelligence about levels of need and can provide real time feedback on the adequacy of CAMHS. This will be dependent on health commissioners enabling schools engagement and listening to what they have to say.

Provision of high quality health education, school nursing and accessible mental health services will also, of course, be facilitated by direct, day to day collaboration between providers.

**When looking at how schools influence improvement in other national providers and provision, they should explicitly look at collaboration to improve child and adolescent mental health services.** The expectations that are placed on schools in this regard should be informed, where possible, by evidence from the proposed integrated inspections of services children in needs of support and protection and looked after children, which may provide a picture of the extent to which other agencies are supportive of such collaboration.

**The personal development, behaviour and welfare judgment**

We strongly welcome the proposed judgment on personal development, behaviour and welfare, particularly with the inclusion of issues such as management of feelings, health knowledge and self confidence.

**Inspecting mental health provision**

Alongside efforts to promote the emotional wellbeing of all pupils and the availability of suitable NHS services, schools undertake proactive additional work on targeted approaches for higher risk students, with whom interventions are likely to have their most dramatic impacts\(^9\). Properly implemented approaches and interventions do make a difference in alleviating emotional and behavioural issues at an early stage, as well as helping with established mental health issues, as long as they are connected into universal approaches\(^10\).

Evidence presented to the Health Select Committee highlighted the value of school based counseling as an early intervention and suggested that the majority of secondary schools provide access to such a service. Given the success of school based counseling where it has been provided, we believe that this should be rolled out as standard across schools in England, to ensure that all of those that may benefit from such interventions, can.

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As recommended by the Select Committee, Ofsted should make routine assessments of mental health provisions in schools and make these available to schools to help them inform their planning and delivery.

**Management of feelings and behaviour**

This should include consideration of how any emotional and behavioural issues are followed up and the process for putting in place any necessary support. Guidance from the Department for Education published earlier this year outlines helpful approaches to ensuring that the possibility of underlying mental health issues and needs are properly considered in dealing with behaviour.

Early intervention prevents minor mental health problems from escalating and becoming of clinical significance and significantly reduces the need for more expensive interventions or sanctions at a later stage. Evidence shows the most effective interventions are those that target preschool and early primary years\(^\text{11}\).

Schools may wait before seeking treatment from a belief that children ‘grow out’ of these problems: the opposite may be true \(^\text{12}\). Support for managing feelings and behaviour should be rooted in an understanding of child development. Experiencing mental health challenge in life is normal and although emotional transitions can be challenging they are predictable\(^\text{13}\).

**Health knowledge and social and emotional skills**

Consideration of how schools promote children’s knowledge of how to keep themselves healthy should include knowledge of how to maintain their emotional wellbeing. As well as approaches to managing feelings this would also include learning about the impact that sleeping habits, exercise, diet and substance misuse may have on mental health. We recommend that the phrase ‘mental and physical’ is used to make explicit that mental health will be included in this consideration.

Evidence shows social and emotional skills help young people negotiate the challenges of growing up and make transitions. These skills are protective, and


prevent mental health problems and risky behaviour. They connect to learning, and lead to improved attainment and resilience for life.

**Personal, social, moral, cultural and spiritual development**

All of the issues discussed above may be considered important parts of personal and social development. Listing personal social moral cultural and spiritual development as a standalone criteria, combined with its statutory status, may risk the over prioritisation of a narrow definition of this within the judgment. An alternative approach may be to be clear how all of the considerations under this judgment, and relevant considerations under the effectiveness of leadership and management, contribute to Ofsted’s assessment of this.

**Listening to and involving children and young people**

Children’s self confidence and self efficacy can be supported by giving them a voice and sense of ownership of the school and its success. Evidence shows that peer work in a school is also good for well-being, and that it also supports both the effectiveness of interventions and their sustainability, in part through generating a sense of ownership and engagement.

**Naming of the judgment**

The term ‘wellbeing’ may be more appropriate than the term ‘welfare’. This would create closer alignment between the Ofsted framework and schools’ legal duties. Schools are very familiar with the term well-being. Under section 21(5) of the Education Act 2002, for example, all maintained schools must promote the wellbeing of pupils, and all schools, maintained or otherwise must co-operate with the local authority to promote children’s wellbeing under the Section 10 of the Children Act 2004. The term ‘welfare’ is more commonly used in relation to family court proceedings and safeguarding children from abuse or neglect (for example, the Children Act 1989). From association with such legislation the term ‘welfare’ may be seen as having a narrow meaning relating to absence of abuse, neglect or other immediate risks to a child’s safety, rather than the more positive equipping of

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children with the resources to be healthy and intervening early in any problems. Using the term ‘wellbeing’ would also further secure Ofsted mandate to consider the issues discussed above.

**Short inspections**

We note that the proposal to introduce short inspections for schools who have been judge ‘good’ at a full inspection. These proposals present the possibility that some schools will be indefinitely exempt from a full inspection under the range of judgments proposed in this consultation document, including the new personal development, behaviour and welfare judgment. **It will be important that all schools, no matter how they have been judged under the new or previous inspections frameworks, are held to account for how they support their pupils’ emotional wellbeing and mental health.**