A NICE pathway brings together all NICE guidance, quality standards and materials to support implementation on a specific topic area. The pathways are interactive and designed to be used online. This pdf version gives you a single pathway diagram and uses numbering to link the boxes in the diagram to the associated recommendations.

To view the online version of this pathway visit:


Pathway last updated: 24 November 2015. To see details of any updates to this pathway since its launch, visit: About this Pathway. For information on the NICE guidance used to create this path, see: Sources.

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### 1 Recommendations for those involved in promoting social and emotional wellbeing

No additional information

### 2 Social and emotional wellbeing for children and young people: strategy, policy and commissioning

See Social and emotional wellbeing for children and young people / Social and emotional wellbeing for children and young people: strategy, policy and commissioning

### 3 Social and emotional wellbeing of vulnerable children aged under 5: home visiting, early education and childcare

See Social and emotional wellbeing for children and young people / Social and emotional wellbeing of vulnerable children aged under 5: home visiting, early education and childcare

### 4 Schools, local authority education, children's and youth services, primary care, child and adolescent mental health services and voluntary agencies

No additional information

### 5 Social and emotional wellbeing in primary education

See Social and emotional wellbeing for children and young people / Social and emotional wellbeing in primary education

### 6 Social and emotional wellbeing in secondary education

See Social and emotional wellbeing for children and young people / Social and emotional wellbeing in secondary education
Anxiety or emotional distress

Children who are exposed to difficult situations such as bullying or racism, or who are coping with socially disadvantaged circumstances, are at higher risk of anxiety, emotional distress and behavioural problems. They may include: looked-after children (including those who have subsequently been adopted), those living in families where there is conflict or instability, those who persistently refuse to go to school, those who have experienced adverse life events (such as bereavement or parental separation), and those who have been exposed to abuse or violence.

Baby massage

Baby massage techniques are interventions to promote infant massage. Benefits are reported to include improvements in parent and/or child sleep patterns, their interaction and relationship.

Child safeguarding

Safeguarding policies and activities aim to ensure children receive safe and effective care, are protected from maltreatment and have their health and development needs met. Legislation and related policies describe how individuals and agencies should work together to safeguard children.

Family Nurse Partnership

The Family Nurse Partnership (FNP) is the UK name for the US-developed Nurse-Family Partnership (NFP). The partnership provides an intensive, structured home-visiting programme for young, first-time mothers from a disadvantaged background and their partners. The emphasis is on building a strong relationship between a specially trained (family) nurse and the parents. Support is available from early pregnancy until the child is aged 2 years. The aim is to improve pregnancy outcomes, the child's health and development and the parents' economic self-sufficiency.

Joint strategic needs assessment

A joint strategic needs assessment (JSNA) provides a profile of the health and social care needs of a local population. JSNAs are used as the basis for developing joint health and wellbeing strategies.
Organisation-wide approaches to promoting social and emotional wellbeing

Organisation-wide approaches in secondary education help all young people to develop social and emotional skills, as well as providing specific help for those most at risk (or already showing signs) of problems. For the purposes of this pathway, social and emotional wellbeing encompasses: happiness, confidence and not feeling depressed (emotional wellbeing); a feeling of autonomy and control over one’s life, problem-solving skills, resilience, attentiveness and a sense of involvement with others (psychological wellbeing); and the ability to have good relationships with others and to avoid disruptive behaviour, delinquency, violence or bullying (social wellbeing).

Organisation-wide approach to promoting the social and emotional wellbeing

Organisation-wide approaches in secondary education help all young people to develop social and emotional skills, as well as providing specific help for those most at risk (or already showing signs) of problems. For the purposes of this pathway, social and emotional wellbeing encompasses: happiness, confidence and not feeling depressed (emotional wellbeing); a feeling of autonomy and control over one’s life, problem-solving skills, resilience, attentiveness and a sense of involvement with others (psychological wellbeing); and the ability to have good relationships with others and to avoid disruptive behaviour, delinquency, violence or bullying (social wellbeing).

Readiness for school

In the context of this guidance, 'readiness for school' refers to a child's cognitive, social and emotional development. Development during the child’s early years may be achieved through interaction with their parents or through the processes of play and learning.

Secondary education

Secondary education refers to all education establishments for young people aged 11–19 years including further education colleges, technology colleges, academies and private sector establishments.

Social and emotional wellbeing

Social and emotional wellbeing provides the building block for healthy behaviours and educational attainment. It also helps prevent behavioural problems (including substance misuse) and mental illness. For the purposes of this pathway, the following definitions are used:
emotional wellbeing – this includes being happy and confident and not anxious or depressed; psychological wellbeing – this includes the ability to be autonomous, problem-solve, manage emotions, experience empathy, be resilient and attentive; and social wellbeing – has good relationships with others and does not have behavioural problems, that is, they are not disruptive, violent or a bully.

**Targeted services**

A targeted service may be distinct from, or an adaptation of, a universal service. For example, a tailored home visiting programme by a nurse, midwife or health visitor may be provided for young parents from a disadvantaged background. This would be separate from the universal home visiting service provided for all new families and might, for example, include longer sessions, goal setting and a range of specific interventions.

**Tier 1**

Primary care services including those offered by GPs, paediatricians, health visitors, school nurses, social workers, teachers, juvenile justice workers, voluntary agencies and social services.

**Tier 2**

Child and adolescent mental health services relating to workers in primary care. It includes: clinical child psychologists, paediatricians with specialist training in mental health, educational psychologists, child and adolescent psychiatrists, child and adolescent psychotherapists, counsellors, community nurses/nurse specialists and family therapists.

**Universal approach**

Universal approaches are curriculum-based programmes and other activities aimed at developing the social and emotional competence of all students.

**Universal interventions**

Universal interventions are curriculum-based programmes and other activities aimed at developing the social and emotional competence of all students.
Universal services

Universal services, such as general education and healthcare services, are available to everyone. For all children aged up to 5 years, universal provision includes: maternal healthcare, midwife home visits soon after birth and routine health visitor checks.

Video interaction guidance

Interactions between a parent or carer and a child are recorded using audio visual equipment. This is later viewed and discussed, typically with a health or social care professional. Parents and carers are given a chance to reflect on their behaviour, with the focus on elements that are successful. The aim is to improve their communications and relationship with their child.

Vulnerable children

A number of factors may contribute, to varying degrees, to making a child aged under 5 vulnerable to poor social and emotional wellbeing. In addition, a child's circumstances may vary with time. However, in this pathway vulnerable children include those who are exposed to: parental drug and alcohol problems, parental mental health problems, family relationship problems, including domestic violence, and criminality. They may also include those who: are in a single parent family, were born to parents aged under 18 years, were born to parents who have a low educational attainment, were born to parents who are (or were as children) looked after (that is, they have been in the care system), have physical disabilities and have speech, language and communication difficulties. These indicators can be used to identify groups of children under 5 who are likely to be vulnerable. However, not all of these children will in fact be vulnerable – and others, who do not fall within these groups, could have social and emotional problems.

Whole-school

The term whole-school is commonly used to refer to organisation-wide approaches in schools.

Your responsibility

The guidance in this pathway represents the view of NICE, which was arrived at after careful consideration of the evidence available. Those working in the NHS, local authorities, the wider public, voluntary and community sectors and the private sector should take it into account when carrying out their professional, managerial or voluntary duties. Implementation of this guidance is the responsibility of local commissioners and/or providers. Commissioners and providers are
reminded that it is their responsibility to implement the guidance, in their local context, in light of their duties to avoid unlawful discrimination and to have regard to promoting equality of opportunity. Nothing in this guidance should be interpreted in a way which would be inconsistent with compliance with those duties.

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