

Schools and evidence based action

The National Institute for Health and Clinical Excellence (NICE) has issued guidance relevant to schools.

NICE recommendations can help inform policies and standards for schools set by the Department for Children, Schools and Families (DCSF) and the Department of Health (DH). By implementing them, schools are demonstrating to parents and Ofsted that they take pupils' physical and mental wellbeing seriously. Similarly, school governors can use NICE guidance to help fulfil their remit to promote wellbeing among pupils. NICE guidance on workplace health can be used to improve the general wellbeing, and as a result, the productivity, of school staff.

NICE guidance recognises that a broad range of audiences are involved in improving outcomes for children and young people. To make it easier for head teachers, school governors and teachers to use its evidence-based guidance, NICE has produced this sign-posting document which summarises a selection of NICE recommendations most appropriate to them. Each page provides links to the guidance via the NICE website as well as related DCSF or DH guidance.

A slide set describing how NICE guidance can help to improve outcomes for children and young people is also available for local distribution and can be viewed [here](#).

Alcohol and substance misuse

NICE guidance	Related DCSF/DH guidance
<p>School-based interventions on alcohol</p> <p>This guidance is aimed at anyone who works with children and young people in schools and other education settings.</p> <p>NICE recommends that: Head teachers, teachers, school governors and others who work in (or with) schools should:</p> <ul style="list-style-type: none"> • ensure alcohol education is an integral part of the national science, PSHE and PSHE education curricula in line with DCSF guidance • ensure alcohol education is tailored for different age groups and takes different learning needs into account (based, for example, on individual, social and environmental factors). It should aim to encourage children not to drink, delay the age at which young people start drinking and reduce the harm it can cause among those who do. Education programmes should: <ul style="list-style-type: none"> – increase knowledge of the potential damage alcohol use can cause – physically, mentally and socially (including the legal consequences) – provide the opportunity to explore attitudes to – and perceptions of – alcohol use help develop decision-making, assertiveness, coping and verbal/non-verbal skills – help develop self-esteem – increase awareness of how the media, advertisements, role models and the views of parents, peers and society can influence alcohol consumption. • introduce a ‘whole school’ approach to alcohol, in line with DCSF guidance. It should involve staff, parents and pupils and cover everything from policy development and the school environment to the professional development of (and support for) staff • where appropriate, offer parents or carers information about where they can get help to develop their parenting skills. (This includes problem-solving and communication skills, and advice on setting boundaries for their children and teaching them how to resist peer pressure). 	<p>PSHE: resources, training, professional development and support for teachers</p>

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Teachers, school nurses and school counsellors should:

- where appropriate, offer brief, one-to-one advice on the harmful effects of alcohol use, how to reduce the risks and where to find sources of support. Where necessary, offer a follow-up consultation or make a referral to external services.
- where appropriate, make a direct referral to external services (without providing one-to-one advice)
- follow best practice on child protection, consent and confidentiality. Where appropriate, involve parents or carers in the consultation and any referral to external services.

Head teachers, school governors, healthy school leads, school nurses and extended school services should maintain and develop partnerships to:

- support alcohol education in schools as part of the national science, PSHE and PSHE education curricula
- ensure school interventions on alcohol use are integrated with community activities introduced as part of 'The children and young people's plan'
- find ways to consult with families (parents or carers, children and young people) about initiatives to reduce alcohol use and to involve them in those initiatives
- monitor and evaluate partnership working and incorporate good practice into planning.

NICE guidance	Related DCSF/DH guidance
<p><u>Interventions to reduce substance misuse among vulnerable young people</u></p> <p>This guidance is aimed at NHS and non-NHS practitioners and others who have a direct or indirect role in – and responsibility for – reducing substance misuse. This includes those working in local authorities and the education, voluntary, community, social care, youth and criminal justice sectors.</p> <p>NICE recommends that: Practitioners and others who work with vulnerable and disadvantaged children and young people in the NHS, local authorities and the education, voluntary, community, social care, youth and criminal justice sectors (in schools this includes teachers, support staff, school nurses and governors):</p> <ul style="list-style-type: none"> • use existing screening and assessment tools to identify vulnerable and disadvantaged children and young people aged under 25 who are misusing – or who are at risk of misusing – substances. These tools include the Common Assessment Framework and those available from the National Treatment Agency • work with parents or carers, education welfare services, children’s trusts, child and adolescent mental health services, school drug advisers or other specialists to: <ul style="list-style-type: none"> – provide support (schools may provide direct support) – refer the children and young people, as appropriate, to other services (such as social care, housing or employment), based on a mutually agreed plan. The plan should take account of the child or young person’s needs and include review arrangements. 	<p><u>Drugs guidance for schools</u></p> <p><u>Understanding drugs: drugs education pack for schools (KS3)</u></p> <p><u>Every child matters: young people and drugs</u></p> <p><u>Healthy living blueprint for schools</u></p> <p><u>PSHE: resources, training, professional development and support for teachers</u></p>

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Practitioners, and others who work with vulnerable children and young people aged 11–16 years and assessed to be at high risk of substance misuse, in the NHS, local authorities and the education, voluntary, community, social care, youth and criminal justice sectors (in schools this includes teachers, support staff, school nurses and governors) should:

- offer a family-based programme of structured support over 2 or more years, drawn up with the parents or carers of the child or young person and led by staff competent in this area. The programme should:
 - include at least three brief motivational interviews (a brief psychotherapeutic intervention) each year aimed at the parents/carers
 - assess family interaction
 - offer parental skills training
 - encourage parents to monitor their children’s behaviour and academic performance
 - include feedback
 - continue even if the child or young person moves schools.
- offer more intensive support (for example, family therapy) to families who need it

Atopic eczema

NICE guidance	
<p>Atopic eczema in children</p> <p>This is a clinical guideline for healthcare professionals and other staff who care for children with atopic eczema. There is one recommendation that relates to schools.</p> <p>NICE recommends that:</p> <p>Healthcare professionals should offer children with atopic eczema a choice of unperfumed emollients to use every day for moisturising, washing and bathing.</p> <p>This should be suited to the child's needs and preferences, and may include a combination of products or one product for all purposes. Leave-on emollients should be prescribed in large quantities (250–500 g weekly) and easily available to use at nursery, pre-school or school.</p>	<p>Managing medicines in schools and early years settings</p>

Obesity

NICE guidance	Related DCSF/DH guidance
<p>Obesity</p> <p>This guidance covers recommendations on the prevention, identification, assessment and management of overweight and obesity in adults and children. It includes recommendations for NHS staff and also recommendations for local authorities and communities, childcare providers, schools and employers.</p> <p>NICE recommends that head teachers and chairs of governors, in collaboration with parents and pupils should:</p> <ul style="list-style-type: none"> • assess the whole school environment and ensure that the ethos of all school policies helps children and young people to maintain a healthy weight, eat a healthy diet and be physically active, in line with existing standards and guidance. This includes policies relating to building layout and recreational spaces, catering (including vending machines) and the food and drink children bring into school, the taught curriculum (including PE), school travel plans and provision for cycling, and policies relating to the National Healthy Schools Programme and extended schools. 	<p>'Do you have high quality PE and sport in your school?'</p> <p>Tackling the growth in childhood obesity</p> <p>Obesity (general)</p> <p>National Healthy Schools Programme</p> <p>The early years foundation stage: promoting children's welfare</p>

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<p>NICE recommends that early years settings:</p> <ul style="list-style-type: none">• minimise sedentary activities during play time and provide regular opportunities for enjoyable active play and structured physical activity sessions• implement Department for Education and Skills, Food Standards Agency and Caroline Walker Trust guidance on food procurement and healthy catering.	
<p>NICE recommends that workplaces should:</p> <ul style="list-style-type: none">• provide opportunities for staff to eat a healthy diet and be physically active, through:<ul style="list-style-type: none">– active and continuous promotion of healthy choices in restaurants, hospitality, vending machines and shops for staff and clients, in line with existing Food Standards Agency guidance– working practices and policies, such as active travel policies for staff and visitors– a supportive physical environment, such as improvements to stairwells and providing showers and secure cycle parking– recreational opportunities, such as supporting out-of-hours social activities, lunchtime walks and use of local leisure facilities.	

Physical activity

NICE guidance	Related DCSF/DH guidance
<p>Physical activity and the environment</p> <p>In this guidance NICE makes recommendations on how to promote and create physical environments that support increased levels of physical activity.</p> <p>The recommendations are for professionals who have a direct or indirect role in – and responsibility for – the environment, including those working in local authorities and education.</p> <p>NICE recommends that:</p> <ul style="list-style-type: none"> • those responsible for all strategies, policies and plans involving changes to the physical environment, including transport planners and local authorities create safe routes to schools (for example , by using traffic-calming measures near schools and by creating or improving walking and cycle routes to schools). • children’s services, school sport partnerships, school governing bodies and head teachers should ensure school playgrounds are designed to encourage varied, physically active play. • primary schools should create areas (for instance, by using different colours) to promote individual and group physical activities such as hopscotch and other games. 	<p>Do you have high quality PE and sport in your school?</p> <p>National Healthy Schools Programme</p> <p>The early years foundation stage: suitable premises, environment and equipment</p> <p>Fair play: a consultation on the play strategy</p>

Social and emotional wellbeing

NICE guidance	Related DCSF/DH guidance
<p>Social and emotional wellbeing in primary education</p> <p>This guidance complements existing national initiatives to promote social and emotional wellbeing. The recommendations should be considered in the context of the Social and Emotional Aspects of Learning (SEAL) programme, the Healthy Schools Programme and related community-based initiatives.</p> <p>NICE recommends that:</p> <ul style="list-style-type: none"> • A comprehensive ‘whole school’ approach to children’s social and emotional wellbeing should be provided by all primary schools. This should: <ul style="list-style-type: none"> – create an ethos and conditions that support positive behaviours for learning and for successful relationships – provide an emotionally secure and safe environment that prevents any form of bullying or violence – support all pupils and, where appropriate, their parents or carers (including adults with responsibility for looked after children) – provide specific help for those children most at risk (or already showing signs) of social, emotional and behavioural problems – include social and emotional wellbeing in policies for attaining National Healthy Schools status and reaching the outcome framework targets. • Schools and local authority children’s services should work closely with child and adolescent mental health and other services to develop and agree local protocols. These should support a ‘stepped care’ approach to preventing and managing mental health problems (as defined in NICE clinical guideline 28 on depression in children and young people). The protocols should cover assessment, referral and a definition of the role of schools and other agencies in delivering different interventions, taking into account local capacity and service configuration. 	<p>Excellence and enjoyment: social and emotional aspects of learning (SEAL)</p> <p>School partnership to improve behaviour and tackle persistent absence</p>

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- Head teachers, teachers and practitioners working with children in primary education should provide a universal programme to help develop the social and emotional skills and wellbeing of all children. This should include:
 - a curriculum that integrates the development of social and emotional skills within all subject areas. (These skills include problem-solving, copying, conflict management/resolution and understanding and managing feelings). This should be provided throughout primary education by appropriately trained teachers and practitioners
 - training and development to ensure teachers and practitioners have the knowledge, understanding and skills to deliver this curriculum effectively. The training should include how to manage behaviours and how to build successful relationships
 - support to help parents develop their parenting skills. This may involve providing information or small group-based programmes run by community nurses or other appropriately trained health or education practitioners
 - ensuring all parents are given details of the school's policies on promoting social and emotional wellbeing and preventing mental health problems
 - integrated activities to support the development of social and emotional skills and wellbeing and to prevent bullying and violence in all areas of school life. For example, classroom-based teaching should be reinforced in assemblies, homework and play periods (in class as well as in the playground).

- Teachers and practitioners working with children in primary education should:
 - identify and assess children who are showing early signs of anxiety, emotional distress or behavioural problems. Normally, specialists should only be involved if the child has a combination of risk factors and/or the difficulties are recurrent or persistent. The assessment should be carried out in line with the Common Assessment Framework (to ensure effective communications with the relevant services) and using other appropriate tools
 - discuss the options for tackling these problems with the child and their parents or carers
 - provide a range of interventions that have been proven to be effective according to the child's needs. These should be part of a multi-agency approach to support the child and family and may be offered in schools or other settings.

Other related published NICE guidance

NICE guidance	Related DCSF/DH guidance
<p>Behaviour change</p> <p>This guidance aims to help professionals to help people change their behaviour so that they can lead healthier lives. It recommends that practitioners use key life stages, such as starting or leaving school to deliver the interventions aimed at helping change in behaviour.</p> <p>The recommendations may be of interest to head teachers and governing bodies when trying to engage communities in health improvement activities, for example, as part of an extended school programme.</p>	
<p>Community engagement</p> <p>This guidance supports those working to involve communities in decisions on health improvement that affect them. It is for people working in the NHS and other sectors who have a direct or indirect role in – and responsibility for – community engagement. This includes those working in local authorities and the community, voluntary and private sectors. It will also be of interest to members of the public.</p> <p>The recommendations may be of interest to head teachers and governing bodies when trying to engage communities in health improvement activities, for example, as part of an extended school programme.</p>	
<p>Drug misuse: psychosocial interventions and opioid detoxification</p> <p>These two guidelines provide recommendations on support and treatment for people who have a problem with or are dependent on opioids, stimulants or cannabis and how families and carers may be able to support a person with a drug problem and get help for themselves.</p>	
<p>Depression in children and young people</p> <p>This guideline makes recommendations for the identification and treatment of depression in children and young people. It gives recommendations for school nurses and other school staff so that they can support children who are either depressed or at significant risk of becoming depressed.</p>	

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<p>Eating disorders in young people</p> <p>This guideline covers the care received from primary, secondary and tertiary health care professionals who have direct contact with and make decisions concerning the care of patients with these conditions. It is also relevant to the work but will not specifically cover the practice of other professionals such as A&E staff and those who work in education sectors.</p>	
<p>Prevention of sexually transmitted infections and under 18 conceptions</p> <p>This guidance is for NHS and non-NHS professionals who have a direct or indirect role in, or responsibility for, sexual health services. This includes those working in local authorities and the education, community, voluntary and private sectors.</p>	<p>Teenage pregnancy</p> <p>Sex and relationship education guidance</p> <p>PSHE: resources, training, professional development and support for teachers</p>

Forthcoming guidance

NICE guidance	Publication date
Attention deficit hyperactivity disorder: Diagnosis and management of ADHD in children, young people and adults	2008
Prevention of the uptake of smoking by children and young people	2008
Social and emotional wellbeing of young people in secondary education	2009
Reducing differences in the uptake of immunisations	2009
Personal, social and health education focusing on sex and relationships and alcohol education	2009
Promoting physical activity for children	2009
School-based interventions to prevent the uptake of smoking__	2009