

Social and emotional wellbeing for children and young people overview

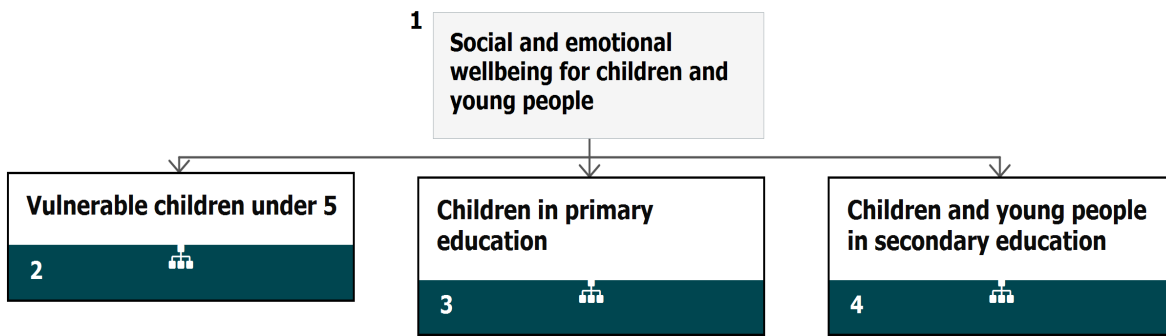
NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

They are updated regularly as new NICE guidance is published. To view the latest version of this NICE Pathway see:

<http://pathways.nice.org.uk/pathways/social-and-emotional-wellbeing-for-children-and-young-people>

NICE Pathway last updated: 31 October 2018

This document contains a single flowchart and uses numbering to link the boxes to the associated recommendations.



1 Social and emotional wellbeing for children and young people

No additional information

2 Vulnerable children under 5

[See Social and emotional wellbeing for children and young people / Social and emotional wellbeing of vulnerable children under 5](#)

3 Children in primary education

[See Social and emotional wellbeing for children and young people / Social and emotional wellbeing in primary education](#)

4 Children and young people in secondary education

[See Social and emotional wellbeing for children and young people / Social and emotional wellbeing in secondary education](#)

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 guidance, 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
- social wellbeing – has good relationships with others and does not have behavioural problems, that is, they are not disruptive, violent or a bully.

A number of factors may contribute, to varying degrees, to making a child vulnerable to poor social and emotional wellbeing. In addition, a child's circumstances may vary with time. However, in this guidance vulnerable children include those who are exposed to:

- parental drug and alcohol problems
- parental mental health problems
- family relationship problems, including domestic violence
- 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
- have speech, language and communication difficulties.

These indicators can be used to identify groups of children 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.

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)

Joint strategic needs assessment

(provides a profile of the health and social care needs of a local population; used as the basis for developing joint health and wellbeing strategies)

PSHE

(personal, social, health and economic)

Readiness for school

(in the context of these recommendations, 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

(refers to all education establishments for young people aged 11–19 years including further education colleges, technology colleges, academies, free schools and private sector establishments)

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 one

(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 two

(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 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)

Whole-school

(commonly used to refer to organisation-wide approaches in schools)

Your responsibility

Guidelines

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility

to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Technology appraisals

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, health professionals are expected to take these recommendations fully into account, alongside the individual needs, preferences and values of their patients. The application of the recommendations in this interactive flowchart is at the discretion of health professionals and their individual patients and do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Commissioners and/or providers have a responsibility to provide the funding required to enable the recommendations to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Medical technologies guidance, diagnostics guidance and interventional procedures

guidance

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, healthcare professionals are expected to take these recommendations fully into account. However, the interactive flowchart does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Commissioners and/or providers have a responsibility to implement the recommendations, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. Nothing in this interactive flowchart should be interpreted in a way that would be inconsistent with compliance with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.