Draft framework guidance on embedding a whole-school approach

Consultation response form

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Responses should be returned by 30 September 2020 to:

Health and Well-being in Schools
Support for Learners Division
The Education Directorate
Welsh Government
Cathays Park
Cardiff
CF10 3NQ

or completed electronically and sent to:

e-mail: Mentalhealth.Schools@gov.wales

Question 1 – To what extent do you agree that the guidance will promote consistent whole-school approaches, supporting the positive emotional well-being and mental health of all learners and staff?

Strongly agree	☐	**Slightly agree**	**x**	**Neither agree nor disagree**	☐	**Slightly disagree**	☐	**Strongly disagree**	☐

If you selected 'Slightly disagree' or 'Strongly disagree', please expand on what further amendments you think are necessary.

Supporting comments

The intent and ambition of the framework is commendable and reflects current understanding of the whole school approach since its inception. We note the evidence of learning from the World Health Organization Health Promoting Schools model included in the Framework, such as acknowledgement of the importance of staff well-being and schools-based relationships, and the inter-relationship of mental and physical health.

We offer the following observations on the framework as a means of promoting whole school approaches to mental health:

- The document would benefit from a clearer definition of the whole school approach at an earlier stage, as well as defining use of terms such as 'mental well-being', 'mental health'. While the terms are expounded throughout the document, an initial glossary would aid the reader in understanding language use throughout. This will promote a shared understanding of terms among those tasked with use of the framework, which is vitally important in order to effectively investigate, evaluate and effect change. It might also be helpful to say more explicitly that the whole school approach is currently in use within the Welsh Network of Healthy Schools Scheme, which will be familiar to many readers and can provide illustration through example.
- It is essential to acknowledge the constraints that staff operate within, for example, in time, financial support etc. and to recognise that many schools already undertake activities that can be considered to be part of a whole school approach – highlighting that this framework provides a means for those schools to recognise and formalise such activities to better understand their effects would be useful.
- It would be helpful to include more explicit reference to how expectations are changeable and flexible in light of the Covid-19 pandemic and its ongoing impacts on schools and communities. This may help to re-assure schools that are dealing with post-lockdown issues, including educational attainment, that they are supported in implementation and that it is intended to benefit their post-lockdown recovery rather than adding to workloads. This may include further detail on the tangible and practical support the Government can offer during this adjustment phase.
- While the document will promote the use of whole school approaches, it is important to acknowledge that 'consistent' does not mean the same in each school and there is no

intention of a 'one size fits all' application. It should be explicitly acknowledged that adapting some complex interventions within new settings can be ineffective or even harmful, necessitating robust evaluation of actions taken (Campbell et al. 2020). It is likely that schools will require further support and guidance on implementation and specific actions based on the needs of their school and it is important that they are aware that they are able to be flexible within the confines of the guidance. These needs will vary due to multiple factors e.g. socio-economic profile, age and ethnicity of pupil population, school size etc. Consideration should be given to inclusion of further guidance on implementation which allows for schools-based adaptation or to the publication of a separate implementation guide linked to support structures such as the WNHSS. Further guidance on evaluation may also be required,

- Co-production will offer a valuable starting point to engage all stakeholders and will often promote a communal sense of purpose (see Q3 for further elaboration). It is advisable to include all voices and this can be aided through the use of a variety of research and engagement methods, including focus groups, individual interviews, questionnaires, polls etc. Additional guidance can be found in Bevan-Jones et al. (2020) and Segrott and Roberts (2019).
- It will be important to promote understanding among schools, policy makers and other practitioners, of the value of theory-driven interventions and evaluations and to develop a theory of change for the whole school approach (i.e. an understanding of how change will be achieved). Where possible, this should be done through working with providers, schools and other stakeholders to both develop the theory of change and highlight its necessity to underpin future evaluation work. Recent work by Moore et al. (2019) recommends the following: (i) The evaluation of interventions, like their development, could be improved through better use of theory. (ii) The referenced theory and framework must be clarified. (iii) An intervention theory should be developed by a partnership of researchers and practitioners. (iv) More use of social theory is recommended. (v) Frameworks and a common language are helpful in selecting and communicating a theory. (vi) Better reporting of interventions and theories is needed.

Bevan Jones, R. et al. (2020), Practitioner review: Co-design of digital mental health technologies with children and young people. *J Child Psychol Psychiatr*, 61: 928-940. doi:10.1111/jcpp.13258

Campbell M, Moore G, Evans RE On behalf of the ADAPT Study team, et al. (2020) ADAPT study: adaptation of evidence-informed complex population health interventions for implementation and/or re-evaluation in new contexts: protocol for a Delphi consensus exercise to develop guidance. *BMJ Open* 10(e038965). doi: 10.1136/bmjopen-2020-038965

Moore, G., Cambon, L., Michie, S. et al. Population health intervention research: the place of theories. *Trials* 20(285). https://doi.org/10.1186/s13063-019-3383-7

Segrott, J., Roberts, J. (2019). Working with schools to develop complex interventions for public health improvement. In: Newbury-Burch, Dorothy and Allan, Keith eds. *Co-creating and Co-Producing Research Evidence: A Guide for Practitioners and Academics in Health, Social Care and Education Settings*, Abingdon: Routledge, pp. 28-41. (Chapter can be provided on request).

Question 2 – To what extent do you agree that the guidance provides the right level of support for school staff and senior leadership teams to develop and embed best practice for delivering a whole-school approach to emotional well-being and mental health?

Strongly agree	☐	**Slightly agree**	**x**	**Neither agree nor disagree**	☐	**Slightly disagree**	☐	**Strongly disagree**	☐

If you selected 'Slightly disagree' or 'Strongly disagree', please expand on what further amendments you think are necessary.

Supporting comments

The framework is commendable in stressing that the issue of mental health and well-being is not solely the responsibility of schools and that expectations of schools should be realistic. The recognition of the role of staff wellbeing is also a key aspect of the whole school approach and is acknowledged here. The following suggestions are made in relation to development and evaluation of best practice and in the use of evidence to support action planning:

- In order to implement the recommendations of the framework, staff may benefit from some more specific details on capacity development plans, linking to resources that are planned or are being developed to support roll-out.
- It is advisable to emphasise that if schools wish to implement an in-school mental health service or intervention then it needs to be evidence-based, safe and effective, and delivered by a qualified and experienced professional. While staff should promote a safe, nurturing environment, it is also important to note that staff are not trained counsellors, and some staff may not be comfortable, or able to provide emotional support in an adequate way at all times. A clear 'responsibilities' and 'referral' pathway needs to be accessible so that everyone is clear and feels supported by the systems in place. This will ensure that the school safeguarding lead is not seen as the only point of contact for acting on concerns, but that all staff feel informed and empowered.
- Consideration should be given to revising the language used in describing children and young people as being less able to cope with things than adults - they have different priorities than adults and also may lack the language (or prior experience) to be able to articulate their current challenges to others. We suggest rephrasing this, for example: "They are also unable to directly control certain aspects of their lives, and may find it hard to articulate their feelings or experiences meaning it may be difficult to cope or seek help when things go wrong"

- On page 27 - Section 6.4 *Information, awareness raising and advocacy* it states: "in the school environment, school teaching staff should encourage learners to discuss and consider their own and others emotional and mental well-being." We strongly recommend re-phrasing to make it clear here that it is very important not to make young people discuss their mental wellbeing in classroom situations if they do not want to. There is good evidence that this can have harmful effects for certain vulnerable groups e.g. young people with elevated depressive symptoms (Stallard et al., 2012 BMJ) and young people with special education needs talking about their feelings around transition to secondary school (Neal et al 2016). For example, in the Neal paper, these sorts of classroom discussions reduced anxiety for typically developing young people but increased anxiety for those with special educational needs, illustrating the value of flexible application and approaches tailored to the individual school setting. The aim is to embed a sympathetic approach where a culture is created where it is acceptable and not stigmatised for young people to talk about their mental wellbeing but that it is not necessary for all young people to actively participate in such discussions where they do not feel able to. Further guidance on how these discussions are "chaired/guided" by school staff may be beneficial.
- The inclusion of school mental health actions in the School Development Plan as suggested is valuable as it should ensure actions take place and are evaluated. Schools should be encouraged to use available data to develop evidence-informed action plans for their settings. This may include support in interpreting Student Health and Wellbeing Report results for SHRN network schools, as referenced in the framework. It is increasingly apparent that schools are recognising the value of their Student Health and Wellbeing Report in action planning and ensuring a needs-based curriculum from Years 7-13. Estyn's publication: 'Healthy and Happy: School Impact on Pupils' Health and Wellbeing', describes school use of the SHRN data and concludes:
  'Good schools have shared their findings with staff and pupils and sought to understand objectively the reasons behind results that were notably more or less positive than average and planned for improvement for areas that were deemed a priority.'
- The Student Health and Wellbeing (SHW) Report Usage Survey provided to SHRN schools is used to monitor and explore how schools have used their reports over time and to provide evidence to funders on the impact of the Network's activities. It highlights: dissemination of results; who has seen and utilised data; what health topics have been acted on and how actions are indicative of a whole school approach. Evidence suggests that student health and wellbeing is improved when schools adopt a 'whole school approach' to health and wellbeing. In the most recent report, Schools were therefore asked which elements of the whole school approach their actions addressed for each of five health topic areas. The elements of the whole school approach identified were: Review of or changes to school policies; Closer involvement of parents and families; Changes to the school environment and/or ethos; Closer involvement of local communities; New or altered collaborations with external agencies; Curriculum activities. Overall, the results show clear evidence that the SHW report is directly triggering action as well as allowing schools to document their existing activities, with some schools responding by embracing the whole school approach model, which is likely to have a positive impact on health and wellbeing. It is important that those involved in school action plans can interpret the data provided and support may be needed in developing research literacy to enable this. Interpretation of such survey results are often complex and may need to be compared with national averages in order to get perspective.

- As well as promoting use of the SHW data at school level, consideration should be given to providing guidance on use at local authority level. An example of such an approach is in one local authority (anonymised due to pre-publication) who formed a local steering group involving all the SHRN leads from participating member schools in the area, but also school nurses, counsellors, Healthy School Co-ordinators (HSC), public health practitioners, educational psychologists, social workers, police liaisons and a range of representatives from different health and education agencies, such as CAMHS and Barnardo's amongst others. This group use SHW data and other data sources to identify priority areas for action, to formulate action planning and to evaluate resulting intervention. This allows for assessment at local authority level enabling them to identify student wellbeing trends in the education system within their region.
- It may be helpful to be explicit regarding links to the new curriculum so that schools can understand how use of the framework is complementary to their direction of work. In the Curriculum for Wales guidance around the Health and Wellbeing Area of Learning and Experience, schools are urged to identify the needs of their learners: *'Every setting and school will have a range of information available to help them carry out an analysis of need. For schools this will include the School Health Research Network (SHRN) data…' https://hwb.gov.wales/curriculum-for-wales/health-and-well-being/designing-your-curriculum/*.
- As well as considering use of the SHRN survey data in action planning, schools would benefit from guidance on self-assessment of their own setting. Schools in SHRN are invited to complete a School Environment Questionnaire (SEQ) every two years. The SEQ includes questions on schools' health and wellbeing policies and practices, including curriculum, student voice, parent involvement, extra-curricular activities and staff wellbeing. National data from the SEQ is fed back to schools via a national report and, where data has been used in published research, via school friendly Research Briefs. The SEQ is a very useful health and wellbeing audit for schools, as it covers all elements of the health promoting school framework (leadership, curriculum, ethos and environment, and family and community involvement) and all the health and wellbeing topic areas covered by the Welsh Network of Healthy School Schemes (food, physical activity, mental and emotional health, substance use, and sex and relationships). The national SEQ report enables schools to review how their health and wellbeing practices compare to other schools in Wales. This is very valuable for schools as it provides evidence for their self-assessment for Estyn and it informs planning of school health improvement activities for moving through the phases of the healthy school scheme. At the regional (consortia) level, bringing schools together to discuss data from the national SEQ report has proved an effective way of generating discussion and sharing practice between schools on how to effectively address health and wellbeing issues and we would encourage further exploration of potential groupings like this for sharing best practice.

Question 3 – To what extent do you agree that the guidance provides sufficient direction to promote collaboration between schools and key partners such as statutory bodies, the third sector and parents/carers?

Strongly agree	☐	**Slightly agree**	**x**	**Neither agree nor disagree**	☐	**Slightly disagree**	☐	**Strongly disagree**	☐

If you selected 'Slightly disagree' or 'Strongly disagree', please expand on what further amendments you think are necessary.

Supporting comments

The acknowledgement of the role of all voices in delivery of the whole school approach is a key strength of the guidance and can aid schools in building on the existing collaborative and partnership working they are involved in. The following recommendations are made to further strengthen this approach:

- To aid schools in commencing self-evaluation, it may be recommended that schools list all of their existing collaborations, including the reason these relationships were established initially and the outcomes that they generate. This will aid schools in identifying what data and links they already have and will acknowledge the important work that has already been done in relationship-building. From such an exercise, schools may be able to identify where additional collaboration would be beneficial, as well as considering how existing relationships (and data) may be drawn on more widely to support their implementation of the whole schools approach.
- While the framework links to the Welsh Network of Healthy Schools Scheme, it would be beneficial to make clearer reference to the Healthy School practitioners' role in each authority, including their potential role in providing support for schools to embed the whole school approach. These practitioners generally have strong working relationships with other local agencies which can provide additional help for schools and can play an important role in signposting.
- The involvement of parents/carers is essential but, at present, there is a lack of detail within the framework on how this is accomplished and on what forms of involvement are aimed at. It may be helpful to include practical suggestions and examples on involvement of parents/carers, including effective working examples from other schools, as well as reference to available best practice guidance (for example this document from the Education Endowment Foundation - https://educationendowmentfoundation.org.uk/tools/guidance-reports/working-with-parents-to-support-childrens-learning/). This should acknowledge that there are differences in parental involvement between primary and secondary settings, with traditionally higher levels of engagement in school activities at primary level than secondary, and the need to tailor approaches to the individual school. These contextual differences also reinforce the importance of developing a theory of change for the programme, that can consider how mechanisms of change will operate differently across settings.

The document provides an important focus on co-production and co-creation, however both of these terms would benefit from clearer definitions, as well as reference to best practice in co-

production and, particularly, pupil involvement. Examples of definitions can be found here: https://www.scie.org.uk/publications/guides/guide51/what-is-coproduction/defining-coproduction.asp . It's young people's right to have a say in matters that directly affect them. In 1990 The UN Convention Rights of a Child (incorporated into Welsh law) published articles stating that every child has the right to express their views, feelings and wishes in all matters affecting them, and for their views to be considered and taken seriously. Participation and involvement is important for children and young people because it gives them an opportunity to have a say about issues and decisions that affect them, learn new skills, have fun and develop a closer connection to their school and community. The process of consultation between school senior management teams and pupils in developing action plans and carrying out needs assessment is not articulated fully. In promoting co-production of action plans between pupils and teachers, it would be helpful to articulate the value of public involvement in design and delivery of the whole school approach as well as in research conducted to evaluate outcomes. This can improve the relevance and overall quality, and ensure it focuses on the issues of importance to the public. It can provide better quality programme implementation through increased relevance, understandability and acceptability of projects. Active involvement of the relevant public (e.g. pupils and parents/carers) in action planning and evaluation can lead to greater quality owing to the unique perspective that they bring. It is recommended that clear aims for involving the public are developed at the outset and to be honest and realistic about the extent of influence members of the public can have, so that public involvement is meaningful.

Consider the best approach to involve pupils and parents/carers and incorporate this approach fully in the planning of school-based delivery of programmes, as well as in research and evaluation of outcomes. These suggested approaches and examples can be undertaken with individuals or groups within the school setting and with the support of academic partnerships:

- Consultation – reviewing data to identify priorities, developing and reviewing data collection tools, for example amending questionnaire content to make it more user friendly. This is done for the content of the SHRN survey through consultation with the ALPHA group at Cardiff University (https://decipher.uk.net/public-health-improvement-research-networks-phirns/public-involvement-alpha/)
- User led research and intervention delivery – examples include: lead on data collection and other research activities to support implementation of new activities, being consulted on initial research questions to shape schools action planning and prioritising, identifying appropriate methods and undertaking research.
- Collaboration at all stages of action – this can include bid development for funding to develop and evaluate new schools-based interventions, intervention refinement and delivery, developing research reports and feeding back on key findings to other stakeholders.

Further examples of public participation and the potential levels of involvement can be found here: https://www.invo.org.uk/find-out-more/what-is-public-involvement-in-research-2/

An example of co-production in the school setting that we are aware of via SHRN involves a South Wales community college, where students, teachers and staff members from the college have established a school health group called The Senedd group. They work together to tackle public health issues in their school by using their bespoke School Health Research Network reports. The group is made up of two representatives from each school year, candidates are required to complete manifestos and publicise them and campaign to other pupils throughout the school. These Senedd

members were chosen by their year peers, via an election style day. They are the voice for their peers, other pupils throughout the school go to them with concerns/ideas for the Senedd members then to discuss during their meetings. The group have a considerable amount of say in what projects to run, they have developed project plans to tackle issues and raise awareness of the health implications associated.

Question 4 – To what extent do you agree that the guidance provides the right balance between focusing on promoting and building emotional well-being and addressing the needs of those requiring targeted support for their mental health?

Strongly agree	☐	**Slightly agree**	✓	**Neither agree nor disagree**	☐	**Slightly disagree**	☐	**Strongly disagree**	☐

If you selected 'Slightly disagree' or 'Strongly disagree', please expand on what further amendments you think are necessary.

Supporting comments

- Overall, the framework has a strong focus on well-being and is to be commended for doing so, however there is insufficient emphasis on mental ill health and in particular in highlighting the prevalence and impact of mental ill health in children and young people. Mental health problems (like physical health problems) are common and can have serious impacts on relationships, education, and long-term outcomes. Evidence shows that >1 in 10 children at any given time experience a clinical psychiatric disorder with impaired psychosocial functioning, with rates of some types of problems increasing in recent years. The framework would benefit from stressing these issues more explicitly to ensure that readers are fully aware of the importance of responding to serious mental ill health as well as focussing on population-level well-being. While it is important to work towards a healthier 'whole school' culture around positive mental health, it is also key to acknowledge that some children and young people will have complex needs and will need specialist help. It would be helpful to state that an important part of delivering the aims of the strategy is in raising awareness of when to engage with multi-agency support to assist with referring and accessing specialist help when required.
- On P30 the document states that "diagnosis should not be used as a gatekeeping mechanism to accessing targeted interventions". This language may be a little too definite and may benefit from amendment, making clear that diagnosis is an important and useful indicator of need for many. A diagnosis means that a person has sufficient symptoms plus functional impairment in key settings therefore it is a valid way of informing understanding of "need".
- It would be helpful to provide further detail on the type and range of evidence-based, targeted interventions available for mental ill health to highlight potential help to all those who may make referrals. Examples could include: psychoeducation about depression (i.e. causes, helpful behaviours, lifestyle factors etc.); behavioural activation (i.e. promoting engagement in purposeful activities, goal setting); cognitive behavioural therapy

(challenging negative thinking styles, introducing more balanced ways of thinking); interpersonal therapy (identifying and working on generating solutions to ongoing interpersonal difficulties in a young person's life).

- We feel that it is important to acknowledge more clearly that children's individual vulnerabilities are an important driver for mental ill health, e.g. existing neurodevelopmental problems. This means that a whole-school approach should not be – and is not expected to be - a one-size fits all strategy. Sensitivity to differences in children's individual needs is essential so that those most vulnerable are supported. This is not just a matter of providing targeted support, but also aiming for inclusion, destigmatizing, and giving those young people with the greatest need a voice.
- We commend the inclusion of risk and resilience factors (P13&14) and would suggest adding language difficulties to the list of risks, as there is evidence that language difficulties are common in young people with diagnosed mental health problems (e.g. Botting et al. 2016). In the same section it may be advisable to clarify the different types of mental health, behavioural and neurodevelopmental difficulties that children commonly experience, all of which can impact strongly on wellbeing and educational attainment. These include problems with mood, anxiety, behavioural problems, ADHD, ASD etc. We are concerned that the document does not mention of autism (one allusion to 'sensory issues') and ADHD at all. Evidence highlights that these children find schools particularly stressful and this likely in part contributes to high rates of mental health difficulties among this cohort.
- There are some specific uses of language around traumatic events that we would suggest reviewing before final publication. Page 8 highlights parental divorce as a risk factor, however evidence suggests that it is parental conflict rather than parental separation per se that is harmful to children, and this should be clarified to avoid risk of stigmatising children from households where divorce occurs. We would further highlight use of language on P11, which refers to "trauma-informed teachers". This specific language use risks implying a focus on catastrophic (potentially one-off) events, which may require specific evidence-informed intervention. The types of intervention relevant to such events and resulting impacts e.g. PTSD, are not necessarily the same or appropriate for more common stressors such as transition to school or exam stress. We would suggest reviewing this description.

Botting, N. et al. (2016) Depression and anxiety change from adolescence to adulthood in individuals with and without language impairment. *PLoS One.* 11(7), https://doi.org/10.1371/journal.pone.0156678

Question 5 – Following the introduction of remote learning as a result of Covid19, please explain what (if any) changes to the guidance could be made to ensure it fully supports a 'blended learning' approach which combines remote and traditional classroom learning.

Question 6 – Following publication of the guidance, what (if any) implementation activity (e.g. training and/or awareness-raising for specific audiences) do you consider will be necessary?

It should be recognised that this guidance may be more straightforward to implement in primary schools, however the implementation and embedding of this could be more challenging in secondary schools due to the increased pupil numbers; variety of classes led by different teachers (e.g. consistency of approach); receptivity of pupils due to puberty, social/friendship transitions, increased autonomy, relationships, exams, undertaking risky behaviours, potential substance use/temptation/awareness etc.

Implementation should be based on viewing schools as whole systems, i.e. there are many different groups of stakeholders and settings within a school which do not operate in isolation. These all interact and produce mental health wellbeing ethos and actions and to influence how information relating to health and wellbeing flows throughout a system (Keshavarz et al., 2010; Moore et al., 2018). It is good to see that schools are defined as whole systems in section 6.12. Moving this section to the beginning of the document to introduce schools as whole systems, and then referring back to this throughout the document, would really help to demonstrate to schools how to implement a systems approach. For example, outline how each section relates to system functioning. Moreover, where different groups of stakeholders, such as regional education consortia and local authorities, are introduced, a diagram may be useful to demonstrate how they fit together and interact.

The diagram on page 18 acknowledges that implementation is a cyclical process, but it requires more detail whereby implementation is broken down into smaller steps with more specific instructions/processes to go through. Within the following pages which provide details about the diagram, there needs to be a clearer link between the each section heading and their place on the diagram.

Throughout the section on implementation, more specific instructions are required on how to operationalise the advice given. For example, schools are advised to involve the third sector and external agencies, but no specific instructions or advice on where and how to access these agencies is provided. More information is needed on how to identify which interventions are 'robust and evidence-based' and are therefore suitable for use.

On page 10, it is emphasised that a named person should be appointed to lead on implementation. This is really important and aligns with research showing that senior leadership buy-in, alongside a named lead for health and wellbeing with more time to dedicate to the role was key to embedding health and wellbeing within a school (Moore et al. 2016). It was also shown to be important to develop a team of both teaching and non-teaching staff to embed health and wellbeing within a school (Littlecott et al., 2018). Thus, adding more detail to the section on implementation on how to set up a wellbeing team within the school may be useful. In addition, in Section 6.6. it is stated that the senior leadership team should have a good working relationship with external support services and know how to access them. Consideration of the whole team and more junior and pastoral members of staff who may have more time to build strong relationships with external support services should be considered. This is outlined clearly within the case study on page 30, which provides a clear example of using pastoral staff to build relationships with external agencies and parents. This should be echoed in the main guidance.

The importance of obtaining input from students and parents is emphasised throughout the

guidance. It would be useful to add that senior management buy-in is required for this to lead to real changes being made as a result of this feedback. Further to this, there is a need to emphasise the importance of involving 'hard to reach' populations within this process and for guidance on how schools might try to achieve a more representative voice.

The need for 'having at least one trusted, stable and supportive relationship with an adult' is emphasised on page 12-13 as being important for building resilience. Research supports this, finding that there is a need for a choice of different teaching and non-teaching staff for students to approach (Littlecott et al., 2018). Section 6.3 also emphasises the need for private and safe places for students to approach school counsellors, while trying not to stigmatise this. The guidance would benefit from also emphasising the need for the provision of non-teaching staff who have a consistent base and an open door strategy, such as a school nurse, or a pastoral care department to provide the time and space needed for students to approach staff with any issues (Littlecott et al., 2018).

Littlecott, H., Moore, G. and Murphy, S. (2018). Student health and well-being in secondary schools: the role of school support staff alongside teaching staff. *Pastoral Care in Education* 36(4): 297-312. (10.1080/02643944.2018.1528624)

Moore, G.F., Littlecott, H.J., Fletcher, A. et al. (2016) Variations in schools' commitment to health and implementation of health improvement activities: a cross-sectional study of secondary schools in Wales. *BMC Public Health* 16, 138. https://doi.org/10.1186/s12889-016-2763-0

Moore, G.et al. (2019). From complex social interventions to interventions in complex social systems: future directions and unresolved questions for intervention development and evaluation. *Evaluation* 25(1): 23-45. (10.1177/1356389018803219)

Keshavarz, N. et al. Schools as social complex adaptive systems: a new way to understand the challenges of introducing the health promoting schools concept. *Social Science and Medicine* 70(10): 1467-74. doi: 10.1016/j.socscimed.2010.01.034.Epub 2010 Feb 12.

Question 7 – Are our proposals for governance and accountability enough to ensure the guidance is embedded in practice? In particular, are Regional Partnership Boards best placed to hold all stakeholders to account?

Question 8 – We would like to know your views on the effects that the guidance would have on the Welsh language, specifically on:

i) opportunities for people to use Welsh
ii) treating the Welsh language no less favourably than the English language.

What effects do you think there would be? How could positive effects be increased, or negative effects be mitigated?

Supporting comments

Question 9 – Please also explain how you believe the guidance could be formulated or changed so as to have:

i) positive effects or increased positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language
ii) no adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language.

Supporting comments

Question 10 – We have asked a number of specific questions. If you have any related issues which we have not specifically addressed, please use this space to report them.

The document is well-constructed and accessible, however it would benefit from thorough proof reading and editing prior to publication as there are some spelling errors. We also note future planned Welsh Government partnership work within the Wolfson Centre which will be of relevance to the implementation and evaluation of the framework, including:

1) A range of planned research activity focuses on identifying young people vulnerable to developing mental health difficulties and to research how to best support these groups.
2) There are specific activities planned around testing how to optimise the school environment to enhance pupil mental health and around developing online resources to support school's accessing evidence based intervention for young people presenting with a range of mental health difficulties.
3) A preventive intervention for youth depression will be trialled (based on talking therapy)
4) A variety of educational activities will be held for those working with young people as well as mental health researchers

Responses to consultations are likely to be made public, on the internet or in a report. If you would prefer your response to remain anonymous, please tick here: ☐