

# United Kingdom (England): the framework and the process – how social and emotional aspects of learning (SEAL) addresses the mental well-being of adolescents through the context of healthy schools

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## Executive summary

This case study outlines how the emotional health and well-being of adolescents is being actively promoted in England through collaboration between the Department of Health and Department for Children, Schools and Families through the National Healthy Schools and SEAL initiatives.

Schools from all phases of education (aged 4–19) are involved within the National Healthy Schools programme and are working towards achieving National Healthy Schools status. This requires a school to demonstrate it has met rigorous criteria in each of four themes: personal, social and health education; healthy eating; physical activity; and emotional health and well-being. Each of the associated 41 criteria has minimum evidence. SEAL is included in criteria within the emotional health and well-being theme.

SEAL is a whole-school approach to promoting social and emotional skills that aims, when fully implemented, to involve all members of the school and all aspects of school life. It proposes that social and emotional skills will be most effectively developed by children and young people, at the same time enhancing the skills of staff, through:

- using a whole-school approach to create the climate and conditions that implicitly promote the skills and allow them to be practised and consolidated;
- providing direct and focused learning opportunities for whole classes (during tutor time, across the curriculum and outside formal lessons) and as part of focus group work;
- using learning and teaching approaches that support pupils to learn social and emotional skills and consolidate those already learned; and
- facilitating continuing professional development for the whole staff of a school.

SEAL has been enthusiastically adopted by primary schools in England. A phased national implementation in secondary schools started in September 2007 following a pilot project in 54 schools. Primary SEAL provides an early-intervention approach to improving the mental health of adolescents, while Secondary SEAL addresses their current needs and helps to create a social and emotional climate that is inclusive, reduces bullying, promotes feelings of belonging and encourages emotional health and well-being. Adults have an important role to play in setting the school climate, but the social climate is largely determined by the students themselves; when their social and emotional skills are nurtured, the social climate for all young people is enhanced.

Early indications from evaluation of the primary and secondary programme are that they have a positive impact on emotional health and well-being.

## Introduction

This case study will outline how the emotional health and well-being (this term is used by most English schools rather than “mental health”) of adolescents is being actively promoted in England through collaboration between the National Healthy Schools and Primary and Secondary National Strategies programmes. Funding and responsibility for these programmes lies across the Department of Health and the Department for Education and Skills.

## Social and policy context

### The National Healthy Schools programme

The National Healthy Schools programme was launched by the Department for Education and Skills and the Department of Health in October 1999. This followed the 1997 Education White Paper *Excellence in schools*, the 1998 Health White Paper *Saving lives: our healthier nation*, and the 1998 independent inquiry into inequalities in health.

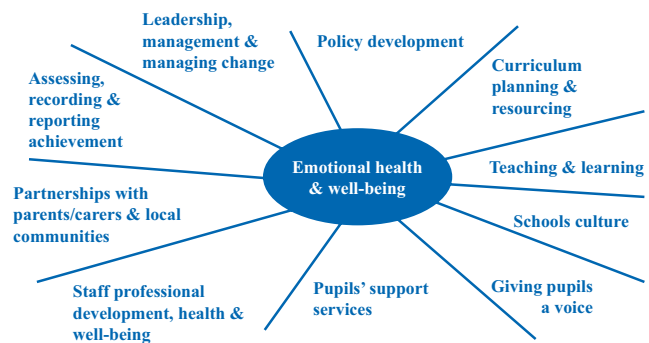
Local healthy schools programmes are now established in each of the 150 local authorities (which manage education) in England. They support schools from all phases of education (4–19) to develop policy and practice as they work towards and gain Healthy Schools status. For a school to achieve Healthy School status, it needs to demonstrate that it has met rigorous criteria in each of four themes: personal, social and health education; healthy eating; physical activity; and emotional health and well-being. Each of these 41 criteria has minimum evidence. The SEAL initiative is included in criteria within the emotional health and well-being theme.

Participation in the National Healthy Schools programme is voluntary for both schools and local authorities. Despite this, 87% (n =19 880) of schools had “signed up” to take part in the programme by mid-March 2007. It is anticipated that the programme will meet the targets set by the government that indicate that all schools in England should be participating in the programme, with 75% having gained Healthy School status by 2009.

The National Healthy Schools programme promotes a whole-school approach, which is set out in diagrammatic form in Fig. 1. This means that if a school is to gain Healthy School status, it will need to show how mental health is being addressed through each of the 10 elements of the approach.

Fig. 1

National Healthy Schools programme whole-school approach



### Evaluation of the National Healthy Schools programme

It is difficult to prove causality in many educational and health intervention programmes as schools are subject to so many different initiatives, and societal factors are increasingly dynamic. Nonetheless, the National Healthy Schools programme has been evaluated at national level by a number of different bodies, including Glasgow University, the Institute for Education (University of London), the National Foundation for Education Research and – currently – by the National Centre for Social Research. The results of these various research projects show more promise in qualitative data than quantitative, with the vast majority of stakeholders citing positive outcomes for schools, pupils, staff and parents/carers. The Glasgow University study suggested a quantitative link between schools achieving Healthy School status and better results in national tests in science among 11-year-olds. The National Foundation for Education Research/Institute of Education report in 2004 showed some interesting results regarding mental health, including that pupils in Healthy Schools were significantly less likely to fear being bullied and significantly less likely to be offered an illegal drug.

The research model of the National Centre for Social Research recognizes the difficulty of gathering robust quantitative data for behavioural change and instead is concentrating most of its efforts on a qualitative, intensive study of about 30 schools.

There are a number of databases relating to children's health-related behaviour. The HBSC study helps to give international comparisons and the Health-Related Behaviour Questionnaire from the Schools Health Education Unit in Exeter is widely used by individual schools, local authorities and National Health Service primary care trusts. These are very useful in monitoring behavioural trends and needs over time, but are less useful in capturing the change attributable to individual programmes such as Healthy Schools or SEAL.

### Social and emotional aspects of learning

In response to concern about the behaviour, learning and mental health of children and young people, the Department for Education and Skills planned and implemented a pilot project (2003–2005) in primary schools to act as an early-intervention approach. This included the production and piloting of SEAL, a whole-school approach to developing social and emotional skills. It was designed to be integrated and mutually supportive to schools' work within the National Healthy Schools programme, particularly through the emotional health and well-being and personal, social and health education themes.

Early indications were positive and the approach was adapted and developed in the light of feedback from schools. The adapted materials were introduced into schools through local authorities in a systematic way. There is an expectation that 80% of primary schools across the country will have been supported to implement SEAL by April 2008. In April 2005, a small pilot was introduced in 10 local authorities and 54 secondary schools. It was based upon the same basic principles as the approach in primary schools but provided a more flexible approach. This has resulted in substantial learning and development over the two-year period of the pilot project.

The developments were able to draw on existing and longstanding work on social and emotional learning in Cumbria, Bristol and Southampton as well as some evaluated work in the United Kingdom – notably the use of the Promoting Alternative Thinking Strategies (PATHS) curriculum in Flintshire and Portsmouth, the “You can do it” programme in Bristol, the “Family links nurturing” programme in Oxfordshire, and Caroline Webster Stratton's “Dina Dinosaur” materials in schools supported by the Maudsley Institute.

Important early sources of evidence on effective practice were used in the development of SEAL. These included Wells & Barlow's *A systematic review of universal approaches to mental health promotion in schools* (1), early drafts of Weare & Gray's Department for Education and Science research report *What works in developing children's emotional and social competence and well-being?* (2), and an influential United States review from the Collaborative for Academic, Social and Emotional Learning (CASEL) which synthesizes the evidence on 51 social and emotional learning programmes.

The core principles of effective programmes identified in these reviews and used to guide the development of the SEAL resource were:

- a holistic approach which recognizes the importance of the school environment for developing social and emotional competencies;
- a focus on staff development for the adults involved;
- quality proactive first teaching for all pupils, which also helps those usually targeted using “deficit” support models;
- explicit teaching of skills using teaching methods that are participative and active rather than didactic;
- the involvement of parents and the community; and
- starting early and taking a long-term developmental approach through a spiral curriculum in which key learning is constantly revisited.

SEAL, like most of the existing United States programmes, has its basis in research on the affective competencies variously described as emotional intelligence or emotional literacy (3,4), in long-standing experimental psychological research on empathy (5), social problem solving (6) and anger management (7), and in cognitive-behavioural theories (8,9).

## “Every child matters” and public service agreements

Following a series of high-profile child protection tragedies in which the difficulties of different agencies working together were cited as contributing to a lack of effectiveness, the government decided to overhaul and radically change the whole system of children’s public services. It published the Green Paper *Every child matters* in 2003 after widespread consultation with parents/carers, professionals, children and young people. It heralded radical reform in the way children’s public services were organized, their responsibilities and accountabilities. This was put into law by the Children Act (2004).

It was agreed that there are five national outcomes for children for which all agencies should be striving, and against which all are judged. These outcomes are that all children should:

- be healthy
- stay safe
- enjoy and achieve
- make a positive contribution
- achieve economic well-being.

Each of these is subdivided into key judgements and each has a number of key indicators against which local councils are measured and judged annually (via annual performance assessments) and with an intensive triennial inspection (joint area review). All of the outcomes can be supported by schools working on the National Healthy Schools programme. The outcomes for “Be healthy” are shown in Box 1 as an example.

### Box 1. Sample outcomes

#### Be healthy

Children and young people are: physically healthy; mentally and emotionally healthy; sexually healthy; have healthy lifestyles; and choose not to take illegal drugs.

Key judgements are:

- parents and carers receive support to keep their children healthy;
- healthy lifestyles are promoted for children and young people;
- action is taken to promote children and young people’s physical health;
- action is taken to promote children and young people’s mental health;
- looked-after children’s health needs are addressed; and
- the health needs of children and young people with learning difficulties and/or disabilities are addressed.

To support these judgements, inspectors use a number of indicators. Most of them are discretionary but three are compulsory – that is, they have to be used as a basis for judging the extent to which children and young people are supported to be healthy. These are:

- teenage pregnancy, conceptions below age 16 and 18
- percentage of schools participating in the National Healthy Schools programme
- participation in sport.

It is the reference to Healthy Schools that is most relevant to this case study.

## Public service agreements

In 2004, following a comprehensive spending review in which the government outlined its spending priorities and intentions for the next three years, a new system of public service agreements was introduced. The government set itself various targets,

organized action to meet the targets and gave local authorities incentives to plan and implement local action.

A number of public service agreements are affected by the emotional health of adolescents. These include the following.

1. Substantially reduce mortality rates by 2010 from suicide and undetermined injury by at least 20%.
2. Tackle the underlying determinants of ill health and health inequalities by:
  - reducing adult smoking rates to 21% or less by 2010, with a reduction in prevalence among routine and manual groups to 26% or less;
  - halting the year-on-year rise in obesity among children under 11 by 2010 in the context of a broader strategy to tackle obesity in the population as a whole; and
  - reducing the under-18 conception rate by 50% by 2010 as part of a broader strategy to improve sexual health.
3. Safeguard children and young people, improve their life outcomes and general well-being, and break cycles of deprivation by improving children's communication, social and emotional development so that by 2008, 50% of children reach a good level of development at the end of the Foundation Stage (aged 4–5) and reduce inequalities between the level of development achieved by children in the 20% most disadvantaged areas and the rest of England.
4. Raise standards in English language and mathematics so that:
  - by 2006, 85% of 11-year-olds achieve Level 4 or above, with this level of performance sustained to 2008; and
  - by 2008, the proportion of schools in which fewer than 65% of pupils achieve Level 4 or above is reduced by 40%.
5. Raise standards in English language, mathematics, information and communications technology (ICT) and science in secondary education so that:
  - by 2007, 85% of 14-year-olds achieve Level 5 or above in English, mathematics and ICT (80% in science) nationally, with this level of performance sustained to 2008; and
  - by 2008, in all schools at least 50% of pupils achieve Level 5 or above in each of English language, mathematics and science.
6. Improve levels of school attendance so that by 2008, school absence is reduced by 8% compared to 2003.
7. Reduce the use of Class A drugs and the frequent use of any illicit drug among all young people under the age of 25, especially by the most vulnerable young people.

It may not be immediately obvious that all of these targets relate to the emotional health of adolescents, but there is an increasing acknowledgement by teachers, social workers, therapists and other professionals that good emotional health is vital to optimizing performance and enabling the choice of healthy lifestyles.

#### **The UNICEF Innocenti Research Centre report**

In 2005, the UNICEF Innocenti Research Centre published its report *Child poverty in rich countries 2005 (10)*, in which it analysed the position and progress in tackling child poverty in the world's developed economies. Although it found that children in the United Kingdom were among the worst off (in terms of percentage living in poverty), it also found that the United Kingdom was one of only four countries where the position had improved in the 1990s, and it also suggested that a 25% reduction in child poverty would have been achieved by 2004/2005 (much of the available data were retrospective).

This has significant implications for the mental health of teenagers, as there is considerable correlation between child poverty and health status (including mental health) in adolescence and later life. It may be the case that the Healthy Schools programme and SEAL are being introduced against a more supportive background than was previously the case. However, it also suggests that many children and young people in England in 2007 are being parented by adults who experienced significant child poverty in the 1980s.

## HBSC study

The 2002 HBSC survey in England found that 9% of students reported not being happy and 33% reported feeling low each week. The report suggests that schools make a difference in terms of students' reported feelings of unhappiness. Students who said they had no opportunity to get involved in decision-making were more likely to report they were unhappy and more likely to report they were feeling low each week. This was the case with students who indicated they did not have a sense of belonging in school.

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## The intervention

SEAL is a whole-school approach to promoting social and emotional skills that aims, when fully implemented, to involve all members of the school and all aspects of school life. It is a comprehensive approach to promoting the social and emotional skills that underpin effective learning, positive behaviour, regular attendance, staff effectiveness and the emotional health and well-being of all who learn and work in schools. It proposes that the skills will be most effectively developed by children and young people, at the same time enhancing the skills of staff, through:

- using a whole-school approach to create the climate and conditions that implicitly promote the skills and allow these to be practised and consolidated;
- providing direct and focused learning opportunities for whole classes (during tutor time, across the curriculum and outside formal lessons) and as part of focus group work;
- using learning and teaching approaches that support pupils to learn social and emotional skills and consolidate those already learned; and
- providing continuing professional development for the whole staff of a school.

The social and emotional aspects of learning provide a framework for teaching social and emotional skills. These skills are classified according to the five emotional intelligence domains (empathy, self-awareness, managing feelings, motivation and social skills) popularised by Goleman (4).

SEAL integrates anti-bullying work with citizenship, work on tackling racism and promoting positive approaches to diversity, the emotional health and well-being strand of the National Healthy Schools programme, and the developments in teaching and learning spearheaded by *Excellence and enjoyment*, the government's strategy for primary schools.

The core materials in Primary SEAL were written by a team of psychologists and leading academics with a wide range of experience of leading developments in the field of emotional literacy and social skills. Powerful children's literature (poetry and story) was selected or commissioned to stimulate empathy and inquiry to encourage social and emotional understanding by engaging the emotions. In addition, full use is made of the arts and drama as a vehicle for effective learning.

A significant milestone in the development of the materials was aligning them with government work to map key aspects of learning across the curriculum. SEAL's five affective "domains" (empathy, awareness of feelings and so on) were included alongside cognitive skills (inquiry, problem solving, creative thinking, information processing, reasoning, evaluation, communication) in the eleven aspects of learning that underpin the primary national strategy's core professional development resources for schools. Key themes from work on personalised learning (notably assessment for learning) were also incorporated as the materials developed. This ensured coherence for schools in work they were already doing to further children's learning and promote their social and emotional development within the *Every child matters* agenda.

The enthusiastic take-up of SEAL by primary schools and the growing interest from secondary schools attests to the success of its design principles. The initial evaluation by the Institute of Education is promising, although it needs to be followed up with in-depth and ongoing microanalysis. Meanwhile, the fact that SEAL shares its theoretical basis with evidence-based programmes used overseas, and the robust match between its core features and those established by research as fundamental to success, give comfort to users that impact will be at least as good as that of longer-established programmes.

At the heart of SEAL is a set of learning outcomes or learning objectives that have been categorized under the five aspects of learning. SEAL provides a systematic approach to “teaching” these in three main ways:

- through discrete learning opportunities, either in personal, social and health education or across the curriculum;
- consideration of the climate and ethos or environment of the school and classroom; and
- consideration of teaching style or approach to ensure this promotes SEAL implicitly.

An essential component of SEAL is staff development. The SEAL model is based upon the assumption that all adults who interact with pupils within school are involved in teaching the five aspects of learning. This means that they have to model the skills involved as well as promote them more explicitly.

Primary SEAL provides a themed approach to the explicit teaching of social and emotional skills through a spiral curriculum. Following an assembly, to start a theme all children explore the same area of learning through both discrete and cross-curricular learning opportunities. This means that a child entering primary school in the Foundation Stage (aged 4–5) and leaving at the end of Year 6 (aged 11) will have experienced each key theme at an appropriate level each year, both at specific times during the school day and across all subject areas. Suggested activities are provided for all staff to use together and for children to take home to explore with their families. Secondary SEAL continues this work with the provision of resources to support the teaching within four themes, taking a similar approach in the first year of secondary education.

Secondary SEAL and Primary SEAL are founded upon the same basic principles, although these have been adapted to fit with the age-specific contexts. They are based upon the same social and emotional aspects of learning (self-awareness; managing feelings; motivation; empathy; social skills) and provide a set of learning outcomes which link together. In addition to suggested whole-school approaches to promote achievement of these outcomes, Secondary SEAL has produced learning materials for Year 7 which build on the approaches and themes of Primary SEAL but make them relevant to the secondary context. Schools are encouraged to consider how these can be extended into Year 8 and Year 9 as part of a consultation process.

### **Multiagency involvement (intersectoral coordination mechanisms)**

The national implementation of Primary SEAL was delivered through existing structures by the children’s services departments of local authorities. These departments are multiagency with a range of professionals, including educational psychologists, education social workers/education welfare officers, school improvement advisers/inspectors, behaviour support teachers and healthy schools coordinators. The departments were given additional funding based upon the level of disadvantage (as measured by eligibility to free school meals) and the number of schools in the local authority. Two thirds of this resource was to be distributed to schools involved and one third retained to enhance staffing within existing services and allow for coordination. Children’s services departments are encouraged to coordinate support, training, monitoring and evaluation of SEAL through a multiagency steering group. They have been advised to extend and further develop this group so that it can effectively coordinate the introduction of Secondary SEAL.

Children’s services departments have been encouraged to support schools to work collaboratively to introduce SEAL across schools within a district. This has involved the identification of lead practice schools and networks of schools working together, sharing practice, training and resources. Nine school development groups have been established to further extend and develop the materials.

### **SEAL and disadvantage**

SEAL is designed for universal provision, and it is planned that by the year 2011 all children and young people in state schools (19 000 primary schools and 3700 secondary schools) will be expected to have opportunities to experience SEAL or an equivalent approach to the systematic teaching of social and emotional skills.

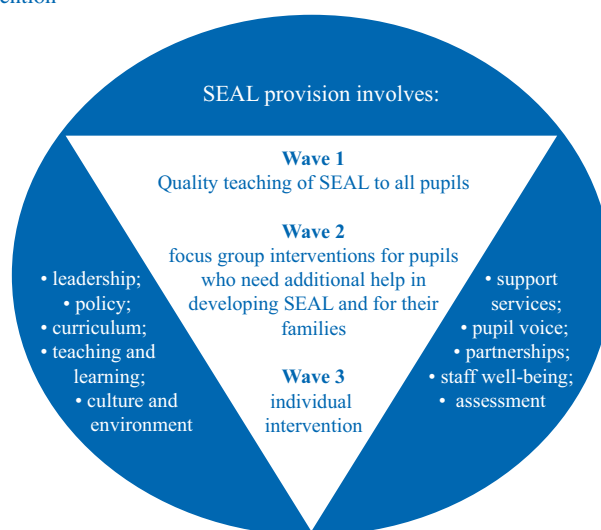
However, the approach recognizes that there are some children and young people who have additional needs in this area. This includes those from fractured or disadvantaged homes or who are at risk of mental health difficulties later in life. SEAL is a differentiated approach with support being offered through the provision of learning within a safe small group facilitated by a skilled adult or focus group.

SEAL is based upon the wave model of intervention, which is current within all national strategy materials considering provision for children and young people with additional needs. It is illustrated in Fig. 2. Universal provision is located at the top of the figure (Wave 1), with additional group-based support for pupils with additional needs at the centre (Wave 2) and individual support (Wave 3) at the bottom.

Focus group work is located at Wave 2 of this model as it builds upon the universal offer at Wave 1 and does not replace the need for more intensive or multiagency support (Wave 3). This means that schools will continue to refer pupils to outside agencies for more specialist and intensive intervention. Focus group work is one element of the overall strategy to promote social and emotional skills.

**Fig. 2**

Wave model of intervention



Social and emotional skills are a key component of an emotionally healthy, inclusive school culture that helps all pupils succeed and which values and celebrates diversity. By promoting high levels of social and emotional skills in all children and young people, the social and emotional climate is enhanced, ensuring a more positive experience for all, including those with the greatest needs. For example, the key skill of self-awareness helps all members of a school community to recognize and face their own prejudices and intolerances. This is the first step to tackling them. Empathy is central to developing a concern for, and understanding of, others, both recognizing the common humanity and acknowledging and celebrating social, cultural and individual difference. Social skills help build groups and create feelings of belonging.

At the same time, helping adults to manage, understand and cope with their own feelings helps them cope more effectively with challenging behaviour.

## Lessons learned

SEAL sets out to address several of the key governmental priorities identified above, including the emotional health and well-being, behaviour and effective learning of children and young people.

SEAL was initially piloted as one of four strands of the Primary Behaviour and Attendance pilot. This was evaluated independently by the Institute of Education. It found that the programme increased staff understanding of the social and emotional aspects of learning and helped them to understand their pupils better. This changed their behaviour, enhanced their confidence in their interactions with pupils, and led them to approach behaviour incidents in a more thoughtful way. All staff perceived a positive impact on the children's behaviour and well-being, and classrooms and playgrounds were calmer.



The impact of SEAL is still being explored through high-level data analysis of areas such as the impact on exclusion, attendance figures and attainment. The national strategy is currently identifying 27 tracker schools for more precise and detailed analysis using specially designed measures of social and emotional skills. This will allow for a longitudinal approach to be taken and for children to be tracked across the transition to secondary school. It will also provide more accurate information about the impact on the mental health of adolescents. In addition, an independent evaluation of the impact of small group or focus group work is being commissioned.

Regional advisers from the national strategies monitor progress with the implementation of SEAL through school and local authority visiting programmes and meetings for representatives from children's services department from local authorities. These visits and meetings provide valuable information about the extent and quality of implementation of SEAL. They include observations of lessons and interviews with adults and children. SEAL is popular with local authority personnel, school leaders and children and young people.

During the visits, it is the voices of the children involved that often provide the most powerful insights into the impact on the programme. The responses of a group of 11-year-olds when asked about what SEAL means to them are shown in Box 2.

The pilot was monitored and evaluated by the Office for Standards in Education (Ofsted). The report indicated that:

...the pilot's greatest impact was on developing teachers' understanding of pupils' emotional and social development. Such understanding improved interaction between teachers and pupils. In nine of the pilot schools, the work helped to change systems in the school and influenced behaviour management. In six of the schools it improved lesson planning, teaching and the organization of learning. Where the pilot was most effective, pupils' social and behaviour skills improved, such as the way they worked with each other and with staff, their greater resilience, willingness to take risks in their learning, and their skills of teamwork.

The impact of the secondary SEAL programme is to be investigated further through an independent evaluation. This will consider how effective it is in enhancing the social and emotional skills of students, as well as the impact of school climate.

The primary school programme has proved to be popular. Support is still required by staff to enhance their skills through high-quality staff development and to empower effective work with parents and carers. Implementing the programme in secondary school will be an even greater challenge. The structure of these schools is not conducive to cross-curricular development and it is harder to ensure consistency, but the success of primary SEAL has encouraged a real enthusiasm among secondary school colleagues to adopt the programme.

#### Box 2. Children's thoughts about SEAL

"SEAL helps us to understand our feelings and to express them."

"Literacy and mathematics are important but friendships last forever. SEAL helps us to keep our friends and sort out our problems."

"If friendships go wrong in school it gets in the way of everything – we can't learn, we can't think. SEAL helps us to role play how we might solve our problems and to work out how to sort things out. We can then practice the skills during SEAL before we use our ideas in the playground if we fall out."

"In SEAL there is no fear of failure."

"In SEAL we learn to forgive when things go wrong."

"We share how we dealt with our feelings and we can talk about things that we find hard to cope with.

We find out what is happening to each other. For example when my parents split up I was unhappy but I feel okay now so when I found out that someone else was going through the same, I went and had a quiet word. I told them what I had done that made me feel better."

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