



Healthy Schools London

Achieving Healthy Schools London (HSL) Silver and Gold Awards



INTRODUCTION

This document includes both the HSL Silver Award Planning Template and the HSL Gold Award Reporting Template.

- *Please only complete the Silver Plan to apply for the HSL Silver Award. The Silver Plan must be for work that the school is planning to do and cannot be retrospective.*
- *Please only complete the Gold Report to apply for the HSL Gold Award. The Gold Report is to present the activities that you did and their outcome/results.*

Silver Award

A school will identify a main health priority for their pupils and devise new projects, practices and interventions to target the priority. Example health priorities might include healthy weight, oral health, emotional resilience, keeping safe and positive relationships.

In order to achieve the Silver Award, a school should:

- Undertake a needs analysis of the unique health and wellbeing issues affecting the school.
- Use the needs analysis to identify and define group/s and number of pupils e.g. whole school or year group, plus any smaller targeted group.
- Develop planned measurable outcomes and an action plan to achieve the health priority.
- Show how it will monitor and evaluate the project to measure success and demonstrate improvements.

NOTE: Projects and interventions undertaken as part of a Silver Plan should run over at least 2 terms or 6 months.

Gold Award

HSL recognises good practice in demonstrating, sustaining (and learning from) outcomes and impact in supporting children and young people to achieve and maintain good health and wellbeing.

In order to achieve the Gold Award, a school should:

- Have achieved the HSL Silver Award.
- Record results and outcomes.
- Detail approach taken.
- Provide analysis of results.
- Explain how activity is being sustained.



SCHOOL DETAILS

Applying for awards¹.

Complete first 2 tables below when applying for Silver:

Name of School	The Annunciation RC Junior School	Borough	Barnet
Key contact	Laura Kinch	Job title	Healthy Schools Lead & PSHE Coordinator
Silver Plan Start Date	January 2020	Silver Plan End Date²	July 2020, extended to January 2021 due to COVID

Date achieved Bronze Award	29 October 2019
Consent to share Silver Plan	Yes <input checked="" type="checkbox"/> <i>Plan can be used as an example of good practice to be shared with other schools and partners.</i> No <input type="checkbox"/>
Headteacher sign off	<i>Carol Minihan – Jan 6th 2020</i>
School Council Representative sign off	<i>Laura Kinch- Jan 6th 2020</i>

Complete table below when applying for Gold:

Date achieved Silver Award	7 February 2020
Consent to share Gold Report	Yes <input checked="" type="checkbox"/> <i>Report can be used as an example of good practice to be shared with other schools and partners.</i> Yes <input type="checkbox"/> <i>Report <u>without photographs</u> can be shared with other schools and partners.</i> No <input type="checkbox"/>
Headteacher sign off	<i>Carol Minihan – 16th December 2021</i>
School Council Representative sign off	<i>Laura Kinch - 16th December 2021</i>

¹ Please refer to following page for submission dates.

² Projects and interventions undertaken as part of a Silver Plan should run over at least 2 terms or 6 months.



HEALTHY SCHOOLS QUALITY ASSURANCE GROUP (QUAG)

All submissions for Silver and Gold Awards are reviewed by 3 members of the QUAG.

Feedback from the QUAG will be provided within two weeks of submission



HEALTHY SCHOOLS LONDON SILVER AWARD PLANNING TEMPLATE

PURPOSE

HEALTH AND WELLBEING PRIORITY: Describe the issue that you are trying to improve.

Emotional Health and Wellbeing: to improve emotional wellbeing and academic resilience across the whole school

GROUP: Define your group/s and number of pupils who will benefit from the action plan (whole school or year group, plus any smaller targeted group e.g. SEND, LAC, EAL).

All Pupils (Years 3 – 6)

Total = 206

A total of 194 pupils completed an online self-awareness survey to collect baseline data. Not every pupil answered each question, leading to difference in denominators in the planned outcomes

Targeted Group – Identified by Teachers

12

NEEDS ANALYSIS

NATIONAL AND LOCAL DATA AND EVIDENCE: Ask your local Healthy Schools Lead for help with completing this section.

Include:

- details that provide evidence that your selected Health and Wellbeing Priority is an issue at national, regional or local level
- how the evidence base indicates that your planned work will be effective for your group/school or any adaptation you'll need to make

National Guidance

The **Department for Education (DfE)** recognises that: "in order to help their pupils succeed; schools have a role to play in supporting them to be resilient and mentally healthy".

DfE (2016). Mental health and behaviour in schools: Departmental advice for school staff

Ofsted has highlighted that children and young people themselves say that they want to learn more about how to keep themselves emotionally healthy.

Ofsted (2013). Not yet good enough: personal, social, health and economic education in schools.



The **National Institute for Health and Care Excellence (NICE)** advises that primary schools and secondary schools should be supported to adopt a comprehensive, 'whole school' approach to promoting the social and emotional wellbeing of children and young people.

NICE (2009) Social and emotional wellbeing in secondary education

The new DfE Guidance for schools on **Relationships Education, Relationships and Sex Education and Health Education (RSHE)** places a strong emphasis on mental health and states that

“Teaching about mental wellbeing is central to these subjects, especially as a priority for parents is their children’s happiness. We know that children and young people are increasingly experiencing challenges, and that young people are at particular risk of feeling lonely. The new subject content will give them the knowledge and capability to take care of themselves and receive support if problems arise (p. 4).

DfE (2019), Relationships Education, Relationships and Sex Education (RSE) and Health Education: Statutory guidance for governing bodies, proprietors, head teachers, principals, senior leadership teams, teachers

Local Data and Evidence

In the **2019 Barnet Child Health Profile**, the rate of child inpatient admissions for mental health conditions at 79.8 per 100,000 is similar to England. Nationally, the rate of young people being admitted to hospital as a result of self-harm is increasing, and this is also the case in Barnet. The rate for self-harm (in Barnet) at 285.3 per 100,000 is better than England. Nationally, levels of self-harm are higher among young women than young men.

Barnet CAMHS (Child and Adolescent Mental Health Services) Transformation Plan 2015-2020 places emphasis on prevention and early intervention of mental health problems, using schools as a site for sustainable and evidence-based mental health and wellbeing intervention. Increases in sub-clinical mental health problems nationally, alongside current waiting times in Barnet and the under provision of early intervention are likely to have contributed to excess demand for specialist services (Tiers 3 and 4) in Barnet, requiring a preventative approach.

Local data has shown that young people wait an average of nine weeks for Referral to Assessment and demand modelling has also shown that an average wait from Referral to Treatment is 131 days. Barnet CAMHS clinical services are receiving almost 2350 referrals per annum. Furthermore, Barnet has significantly higher rates of hospital admissions for mental health in 0-17 years (205 per 100, 000) compared with London (87.1 per 100,000) and England average (87.4 per 100,000).

In line with Government recommendations, Barnet services has moved away from a tiered approach traditionally seen in CAMHS and established resilience based practice. This new evidenced based THRIVE Framework is based on the principles of a child-centred approach, involving children, young people and families at the heart of local transformation.

SCHOOL DATA AND EVIDENCE

The Annunciation Junior School is located in the Hale Ward in Barnet, with an Index of Deprivation slightly below the average for England and Wales. Just over one quarter of pupils (28%) are eligible for the Pupil Premium Grant. Improving emotional health and wellbeing has been identified as a priority for the school and is included within the School Development Plan.

In January 2020 an on-line survey was undertaken across the school (Years 3 – 6). The survey was developed by the Health Education Partnership (HEP) and allowed the school to gather data about the perceptions that children have about their own emotional wellbeing and self-awareness. A total of 194 children completed the survey, although not all pupils answered every question, therefore the totals will vary across questions.



The results gave generally high (positive) average ratings. However, within the individual responses there were a number of issues that are of significance for the children concerned and hence for the adults responsible for their welfare. The surveys used a five-point scale (Never, Not Often, Sometimes, Often and All of the Time (Very satisfied – to very dissatisfied for the Life satisfaction questions) for response. In analysing the data, we looked at the most positive and negative responses across the questionnaire. The five comparatively lowest scoring questions (relevant to EHWB/resilience) and lowest Life Satisfaction question were as follows:

- *I feel able to speak up about things I do not agree with or think are wrong*, responses of "All of the time" or "Often" = 51%, 93 out of 183 pupils
- *I am able to stay positive when things feel a bit more difficult*, responses of "All of the time" or "Often" = 57%, 105 out of 185 pupils
- *I am able to bounce back from things that didn't go very well*, responses of "All of the time" or "Often" = 60%, 111 out of 185 pupils
- *I am able to concentrate on tasks well*, responses of "All of the time" or "Often" = 54%, 100 out of 185 pupils
- *I have learnt some ways to calm myself down when I feel angry or upset*, responses of "All of the time" or "Often" = 58%, 106 out of 183 pupils
- *I would describe my satisfaction with myself as: satisfied or very satisfied* = 67%, 126 out of 188 pupils

As part of our Silver Plan, we are going to run small group intervention for identified pupils (across Years 3 – 6). Each teacher completed the Boxall Profile for these pupils between December 2019 and January 2020. The Boxall Profile is an assessment of children and young people's social, emotional and behavioural development. It comprises a two-part checklist, which is completed by staff who know the child best. On completion, the scores of each individual student are compared to the standardised emotional literacy scores of "competently functioning" children of a similar age group. Section I: Developmental strands measures progress through the different aspects of development in the student's early years- the first assessing the child's organisation of their learning experiences, the second, their internalisation of controls. Section II: Diagnostic Profile consists of items describing behaviours that inhibit or interfere with the child's satisfactory involvement in school- self-limiting features, undeveloped behaviour and unsupported development. They are directly or indirectly the outcome of impaired learning in the earliest years.

The results for the 12 targeted pupils showed that:

- Developmental Strand:
 - 2 children were within the 'competently functioning' range
 - 2 children were within the 'borderline functioning' range
 - 8 children had many strands out of the norm (RAG rated as Red)
- Diagnostic Profile:
 - 1 child was within the 'competently functioning' range
 - 4 children were within the 'borderline functioning' range
 - 7 children had many strands out of the norm (RAG rated as Red)

The main focus of our Healthy Schools Silver Plan is to improve children's emotional health and wellbeing and academic resilience. We have been accepted to take part in the Barnet Resilient Schools programme. The Barnet Resilient Schools programme takes a whole-school approach to promote and build resilience in schools and address mental health concerns early on. Resilience in schools is seen when pupils, parents/carers and staff have a greater ability to "bounce back" when faced with difficulties so that they can achieve positive outcomes. The Barnet resilient Schools Programme was established on the evidence-based THRIVE model.



The programme aims to:

- help staff, parents and pupils to recognise their own mental wellbeing needs and be confident to access information to support themselves and others
- de-stigmatise mental health in schools
- intervene early to prevent escalation of mental health problems.

Schools are audited based on 8 areas:

- Support and training for staff to build skills and capacity in own resilience
- Support networks that enable pupils to develop social relationships
- Teaching and learning that develops resilient learners
- A curriculum that develops life skills including social and emotional skills
- Specific help for vulnerable pupils
- Effective partnerships with parents
- Clear vision and values that are understood and consistently communicated
- Digital Resilience

The above national, local and school level data demonstrates it is important that as a school we address the emotional wellbeing and mental health of our pupils. In choosing this universal priority we feel that we will be able to address these issues through a whole school strategic approach that will help to improve the health and wellbeing outcomes for all our pupils. Within this we will also be providing one to one and small group interventions to children identified as being most at risk in this area.

HEALTH INEQUALITIES: Describe how you will ensure that your activities support all groups, including special educational needs, disabilities, Pupil Premium pupils etc.

Within the School, we have a small number of children who struggle more than others, with their emotional health and wellbeing and behaviour for learning. These children will receive additional support, beyond the classroom-based teaching and learning in this area. These children have been identified by classroom teachers based on observation of behaviour and attitudes. A small group Social Skills programme will be run for these children by one of the teachers, with support from the Educational Psychologist. For all of these children a Boxall Profile was completed, with the results outlined above.

Further, the school have bought in a counsellor one day a week from the Catholic Children’s Society, they will work with 5 children. These children have been identified by the school as having high social and emotional needs for various reasons with a need for a specialist counsellor.

INTENDED RESULTS

PLANNED OUTCOMES (there should be a minimum of 3 and maximum of 7 measurable outcomes).

- **INDIVIDUAL:** List the specific measurable changes that you expect to result from your activities e.g. changes in attitudes, behaviours, knowledge or skills of your pupil group/s

MONITORING METHODS



<ul style="list-style-type: none"> WHOLE SCHOOL: List any organisational changes which you expect to result from your activities and how you will measure them 	<p>List the tools and methods that you will use to monitor whether your activities are being implemented as planned.</p>
<ul style="list-style-type: none"> To increase the percentage of pupils who report they are able (often or all of the time) to stay positive when things feel a bit more difficult. From a baseline of 57% (105/185) to an endline of 65% To increase the percentage of pupils who report they can (often or all of the time) bounce back from things that didn't go very well. From a baseline of 60% (111/185) to an endline of 70% To increase the percentage of pupils who report they have (often or all of the time) learnt some ways to calm themselves down when they feel angry or upset. From a baseline of 58% (106/183) to an endline of 75% To increase the percentage of pupils who report they are satisfied or very satisfied with themselves. From a baseline of 67% (126/188) to an endline of 75% (Targeted) To reduce the percentage of pupils assessed as having 'many strands out of the norm' in the Developmental section on the Boxall Profile. From a baseline of 67% (8/12) to an endline of 35% 	<p>HEP Emotional wellbeing and self-awareness survey pre and post intervention</p> <p>Completed Boxall Profiles for targeted children pre and post intervention</p> <p>PSHE book scrutiny – identify whether explicit emotional health and well-being has been taught and documented in books.</p> <p>Teacher assessment on pupil personal and learning development targets.</p> <p>Analysis of Barnet Emotional Wellbeing and PSHE framework Core theme 2- Relationships- Social and Emotional assessment strands for group specific data</p> <p>Training evaluation feedback</p> <p>Copy of children's posters</p> <p>Revised PSHE Scheme of Work, showing greater emphasis on emotional wellbeing and mental health</p>

ACTION PLAN

<p>ACTIVITIES AND INTERVENTIONS: List the specific activities that you have planned (for staff, pupils or parents) to achieve your improvements, including any resources or partner services that will be providing support.</p>	<p>TIMESCALE: List the month & year when you expect each activity to take place.</p>	<p>LEAD: List the staff member responsible for each activity.</p>
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<p>Take Part in the Barnet Resilient Schools Programme:</p> <ul style="list-style-type: none"> – School Identified lead: Laura Kinch – Complete Mental Health First Aider training – Attend termly network meetings for Resilient Schools – Ensure training is disseminated into staff teams, pupils and parents – Promotion of Whole School Mental Health Awareness (through website & Resilience Board) – Run a Mental Health Awareness workshop for pupils (Anna Freud Toolkit/Mental Health Awareness) – All staff have a 1 hour inset on Mental Health Awareness – Run a mental health awareness workshop for parents – Complete on-going evaluations of the programme 	<p>Sept 2019 – July 2020</p>	<p>Laura Kinch, PSHE Subject leader</p>
<p>Attend training: A Whole School Approach to Mental Health (full day) run by the Health Education Partnership Cascade information back to all staff via twilight INSET</p>	<p>November 2019</p>	<p>Laura Kinch, PSHE Subject leader and Emma McCarthy, Classroom teacher</p>
<p>Wellbeing Week</p> <ul style="list-style-type: none"> – A Wellbeing activity suggested for each day of the week such as Mindfulness colouring, listening to relaxing music, GoNoodle activity, guided meditations from HEP. – Two lessons planned and given out to each phase: 1. What is mental Health? 2. Emotions and coping strategies. – Assembly on the topic of Resilience 	<p>January 2020</p>	<p>Laura Kinch, PSHE Subject leader</p>
<p>Introduce Mindfulness</p> <ul style="list-style-type: none"> – School lead to attend Mindfulness training provided by Resilience programme – 8 week course - training dates TBC – Introduce mindfulness-based activities to all classes as part of PSHE lessons and also through assembly programme – Calm for schools subscription – Offer an optional Mindfulness Club 	<p>January 2020 onward</p>	<p>Laura Kinch, PSHE Subject leader</p>



<p>Review and revise PSHE Curriculum</p> <ul style="list-style-type: none">– Strengthen the social, emotional and mental health topics– Review against the RSHE 2020 guidance, including for mental health requirements– Modify curriculum as appropriate– Staff INSET on revised curriculum– PSHE Leader to collate EHWB resources bank and signpost to relevant teaching and learning resources (eg PSHE Association Lessons on mental health, Media Smart, Anna Freud Talking mental Health)– Incorporate new resources into PSHE lessons, linked to Resilience, such as 'Bounce Back' and the Young Minds Academic Resilience Tutor pack resources	<p>March 2020</p>	<p>Laura Kinch, PSHE Subject leader</p>
<p>Support for Identified Pupils</p> <ul style="list-style-type: none">– Create a 'Nurture Room' for sessions to take place– Order books relating to mental health and wellbeing– Complete Boxall Profiles for all pupils – pre and post intervention– Counsellor from Catholic Children's Society to run weekly sessions for children (5 maximum), as identified by staff– Weekly Social Skills group for Identified Pupils (as explained above)– Termly Supervision for Laura Kinch by Education Psychologist to support social skills group e.g. Lego intervention training.	<p>January 2020 onward</p>	<p>Laura Kinch, PSHE Subject leader With support from Catholic Children's Society and Educational Psychologist</p>



HEALTHY SCHOOLS LONDON GOLD AWARD REPORTING TEMPLATE

Complete this section when your above Silver Action Plan activities have been concluded and you are ready to apply for the Gold Award.

RESULTS AND IMPACT

RESULTS: Describe your results and whether you were able to achieve your planned outcomes.

We collected baseline in January 2020, obviously we had no idea of the changes that were to come! We were due to end the implementation of our Silver Action Plan and collect endline data in July 2020. However, due to the impact of COVID and lockdown, the school was not fully open, with only key worker children attending. Therefore, we did not collect endline data as originally planned. We decided to extend work in the school for another term, planning to complete and collect endline data in January 2021. At this time, we were then again in another National lockdown (second school closure). Rather than further extending, we decided to go ahead and collect the endline remotely. The PSHE Lead recorded and shared a Loom (a recorded message, showing presentation and presenter) to explain and sent survey link for children to complete online. As the endline was collected remotely in children's homes, with varying degrees of support by adults, it is likely not as accurate as if it had been collected in school, where the teachers would provide guidance and clarify questions where needed. The write up of this report has been delayed due to staffing pressures and conflicting priorities

- 1. To increase the percentage of pupils who report they are able (often or all of the time) to stay positive when things feel a bit more difficult. From a baseline of 57% (105/185) to an endline of 65% IMPROVED, NOT MET**

At baseline in January 2020, 57% (105/185) of pupils reported they are able (often or all of the time) to stay positive when things feel a bit more difficult. We collected endline data in January and February 2021, using the same online questionnaire. At this time, 64% (117/182) of pupils reported that they were able to stay positive when things feel a bit more difficult. While we very narrowly missed our target, we were very pleased with this result and that more pupils felt able to remain positive, especially given the challenging times they had experienced over the past 10 months.

- 2. To increase the percentage of pupils who report they can (often or all of the time) bounce back from things that didn't go very well. From a baseline of 60% (111/185) to an endline of 70% NOT MET**

In January 2020, 60% (111/185) of pupils reported being able to bounce back from things that didn't go very well (often or all of the time). In January/February 2021, this had reduced slightly to 57% (103/182). While it is disappointing not to have met this planned outcome, it is not surprising given the impact of the COVID pandemic upon the emotional health and wellbeing of the pupils.

- 3. To increase the percentage of pupils who report they have (often or all of the time) learnt some ways to calm themselves down when they feel angry or upset. From a baseline of 58% (106/183) to an endline of 75% IMPROVED, NOT MET**

In January 2020, 58% (106/183) of pupils reported that they had learnt some ways to calm themselves down when feeling angry or upset (often or all of the time). In January/February 2021, this had increased to 68% (123/182). It is disappointing not to have met this planned outcome,



especially in light of all of the work that we did with the children over this time to teach mindfulness and other strategies for caring for their mental health.

4. To increase the percentage of pupils who report they are satisfied or very satisfied with themselves. From a baseline of 67% (126/188) to an endline of 75% EXCEEDED

In January 2020, 67% (126/188) of pupils reported that they were satisfied or very satisfied with themselves. In January/February 2021, this had increased to 78% (154/197). We are delighted to have exceeded the target we set for ourselves. We believe that all of the activities we conducted during both phases of 'lockdown' and 'regular' schooling contributed to this success. For details of activities and project strengths, see boxes below.

5. (Targeted) To reduce the percentage of pupils assessed as having 'many strands out of the norm' in the Developmental section on the Boxall Profile. From a baseline of 67% (8/12) to an endline of 35% NO RESULT

Between December 2019 and January 2020, teachers completed the Boxall Profile for the 12 pupils identified for the targeted group. We were due to collect endline data with these pupils in June/July 2021, before the end of the academic year and when many of the identified group would be leaving to start at secondary school.

Due to the impact of the coronavirus and extended lockdown, collecting this endline data was not a priority and unlikely to be accurate for these pupils due to their vulnerability and the likely impact of the extended lockdown. Completing these assessments has not been a priority for the school since this time, along with a number of this group now having left the school. For these reasons, we have not collected endline data from these pupils and therefore cannot report results for this planned outcome.

Given the strong focus on emotional wellbeing and mental health across the school in both lockdown phases, as well as the emphasis placed on this area during school re-opening in September 2020, it is disappointing to have not met three out of four universal targets. Please refer to the activities section below which outlines the implementation of our silver plan and how we adapted this during school closures due to Covid-19.

We believe that the following factors impacted upon our results, and were mitigating factors in meeting the planned targets:

- As described at the beginning of this section, the endline data had to be collected remotely by the children, in their own homes. It is likely that this impacted upon our final results. If the end line survey had been completed in class, the teacher would have been present and given guidance to the pupils about the questions and possibly reminded them of some of the work that they had done in this area already. This guidance and question clarification would have supported the pupils to give accurate responses. Without this, it is highly probable that the end results are not an accurate reflection for this cohort of children. Further, the proportion of pupils who are from minority ethnic backgrounds, and also speak English as an additional language is above the national average (93 children = 48%), which would have also impacted their ability to complete the end line survey without support.
- The timing of the endline data collection may have also impacted upon the results. The endline surveys were completed during the third national lockdown, and second school closure. The disruption of the global pandemic and the impact on emotional health and wellbeing, may well have impacted upon how the children were feeling at that time, thus influencing their results



- Interestingly, while we did not achieve the set target, we did show improvement in two of the planned outcomes (Improved, Not Met). Namely being able to stay positive when things feel a bit more difficult and having learnt some ways to calm themselves down when they feel angry or upset. The one target where we showed a slight reduction from the baseline, was in the area of being able to bounce back when things didn't go well. It is possible, that the children felt deflated at the time of the endline data collection, due to the Coronavirus pandemic and subsequent lockdowns. Additionally, as we have outlined above, this concept may have been poorly understood by the children.
- It is well documented in wider research that COVID has had negative impact on the health and wellbeing of children, including emotional wellbeing and mental health (<https://www.gov.uk/government/publications/covid-19-mental-health-and-wellbeing-surveillance-report/7-children-and-young-people>)

UNINTENDED OUTCOMES: Describe any unintended outcomes (positive or negative).

The baseline and endline questionnaires also showed the changes, linked to mental health and resilience (positive responses, eg of happy/very happy or often/all of the time), as seen in the chart below:



Statement	January 2020 Baseline	January 2021 Endline	Interpretation
I would describe my satisfaction with my family life as	69% (129/188)	80% (158/197)	Improved
I would describe my satisfaction with my friendships	73% (138/188)	82% (161/197)	Improved
I would describe my satisfaction with overall life	71% (134/188)	77% (152/197)	Improved
I know there is an adult I can talk to if / when I need support	62% (117/188)	73% (143/197)	Improved
I know what is important to me in my life	81%, (151/187)	88% (166/189)	Improved
I understand my strengths and this helps me feel good about myself	66% (124/187)	73% (138/189)	Improved
I know the things I find hard and I can try to get better at them	63%, (118/187)	75% (141/189)	Improved
I understand that there are some things in my life that I can't change	64%, (120/187)	70% (133/189)	Improved
I am open to trying new things, even though they might be difficult at times.	62% (116/187)	69% (131/189)	Improved
I try to solve a problem before giving up on it.	61% (112/185)	75% (137/182)	Improved
I am able to ask for help if I am finding something difficult.	65% (120/185)	75% (137/182)	Improved
I am able to concentrate on tasks well	54%, (100/185)	63% (115/182)	Improved
I feel able to speak up about things I do not agree with or think are wrong	51%, (93/183)	61% (109/180)	Improved
I know that being healthy will help me do better in my life	88% (161/183)	87% (157/180)	No Significant Change

Additionally, we have noted the following impacts from the work that we developed as part of our silver action plan.

Universal

- The profile and value of PSHE has been strengthened across the school. For the time period of implementation, PSHE had been timetabled every week. Evidence from planning shows that it has been taught at least once each week, and sometimes twice a week during the lockdown periods.
- While the Coronavirus pandemic and subsequent lockdowns have had many negative impacts on children's emotional health and wellbeing, it has also raised the profile of these areas. Within our school and also wider society, the importance of wellbeing including emotional wellbeing and mental health, has been highlighted.
- Teachers have enjoyed teaching the daily Mindfulness sessions and weekly circle times. The resources provided by the PSHE lead has supported them to deliver interesting and engaging sessions. All of this has led to greater prominence of PSHE as a subject, it is seen as being valuable and equally importantly, the children seemed to enjoy it
- Daily Gratitude – this activity was introduced to support children to think about what they have achieved or appreciate. This helped children (and staff) think about what is really important in life, which also had a positive impact on their emotional wellbeing



- COVID/lockdown allowed staff to access more training, such as emotion coaching, dealing with anxiety, transition back to school, zones of regulation. There was a good uptake of this training because staff saw the value of increasing their knowledge and skills in these areas. Additionally, more flexible timetabling during the periods of lockdown facilitated access for more staff to be able to access this type of training. The PSHE/Resilient Schools lead and other staff also cascaded training back to staff that had not attended training sessions for example at staff meetings. All of this training has led to an improvement in staff knowledge, skills and confidence to support and promote emotional wellbeing and mental health.

Targeted

- The targeted group stayed very engaged in lockdown. We were really pleased with this because this group is vulnerable and were at higher risk of becoming dis-engaged during lockdown periods.
- Parents of targeted children reported their children being confident, calmer and more able to manage strong feelings and also being ready for transition to secondary.

ACTIVITIES: Explain if the activities in your action plan were delivered as intended, or if there were any changes and why. Describe any external or unanticipated factors that had an effect on your project.

EXAMPLES:

- *Activity: A partner organisation offered additional parent workshops, specifically focused on after school snacks and portion sizes. The workshops were well attended by a large group of reception parents - on average 15 parents attended each session. Parents were enthusiastic about the workshop with many requesting further hand-outs for friends. Some were parents who had been identified as needing targeting by teacher observations.*
- *External factor: The Local Authority commissioned an obesity prevention programme for families during the implementation of our action plan which we were able to access and plan for our school. This complemented the aims of our action plan and helped to support its success.*

The timescale was adjusted and the nature of some activities were changed as outlined in the table below. The **text in blue** describes how actions and/or timescales were changed from the original Silver plan due to Covid 19:

<p>Take Part in the Barnet Resilient Schools Programme:</p> <ul style="list-style-type: none"> – School Identified lead: Laura Kinch – Complete Mental Health First Aider training – Attend termly network meetings for Resilient Schools – Ensure training is disseminated into staff teams, pupils and parents – Promotion of Whole School Mental Health Awareness (through website & Resilience Board) – Run a Mental Health Awareness workshop for pupils (Anna Freud Toolkit/Mental Health Awareness) – All staff have a 1 hour inset on Mental Health Awareness – Run a mental health awareness workshop for parents – Complete on-going evaluations of the programme 	<p>Sept 2019 – July 2020</p> <p>September 2019 – January 2021 (and now ongoing) All actions completed, with exception of pupil and parent workshops</p> <p>Three other staff have now been trained in Mental Health First Aid (April 2020)</p>
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<p>Attend training: A Whole School Approach to Mental Health (full day) run by the Health Education Partnership Cascade information back to all staff via twilight INSET</p>	<p>November 2019 Completed as planned</p> <p>Additionally, between March and December 2020 many staff attended training: emotion coaching, dealing with anxiety, transition back to school, zones of regulation</p>
<p>2020-Wellbeing Week:</p> <ul style="list-style-type: none"> - A Wellbeing activity suggested for each day of the week such as Mindfulness colouring, listening to relaxing music, GoNoodle activity, guided meditations from HEP. - Two lessons planned and given out to each phase: 1. What is mental Health? 2. Emotions and coping strategies. - Assembly on the topic of Resilience <p>2021-Children's Mental Health week completed virtually during Lockdown:</p> <ul style="list-style-type: none"> • AJS Challenge. children set a challenge during week to show us how they like to express themselves. Made into video montage by end of week. • Key worker children: The children write colourful positive quotes and they are posted around school. • Prayer service: https://www.tentenresources.co.uk/children-mental-health-week-teachers/ • Circle time ideas given to classes. • Book of hopes guided reading activity that week. • Cross curricular- ART/DT linked to mental health and poetry task. <p>https://issuu.com/bloomsburypublishing/docs/thebookofhopes_interactivepdf/308</p>	<p>January 2020</p> <p>Completed virtually: January 2021</p>
<p>Introduce Mindfulness</p> <ul style="list-style-type: none"> - Introduce mindfulness-based activities to all classes as part of PSHE lessons and also through assembly programme - Calm for schools subscription - Offer an optional Mindfulness Club 	<p>January 2020 onward</p> <p>Completed as planned During lockdown Summer 2020 and Spring 2021 we offered daily mindfulness sessions for children virtually on Dojo.</p>
<p>Review and revise PSHE Curriculum</p> <ul style="list-style-type: none"> - Strengthen the social, emotional and mental health topics - Review against the RSHE 2020 guidance, including for mental health requirements - Modify curriculum as appropriate - Staff INSET on revised curriculum 	<p>March 2020</p> <p>Completed as planned</p> <p>Additionally, during the March – July lockdown/partial closure of schools, emphasis was placed on mental health</p>



<ul style="list-style-type: none"> - PSHE Leader to collate EHWP resources bank and signpost to relevant teaching and learning resources (eg PSHE Association Lessons on mental health, Media Smart, Anna Freud Talking mental Health) - Incorporate new resources into PSHE lessons, linked to Resilience, such as 'Bounce Back' and the Young Minds Academic Resilience Tutor pack resources 	<p>and well-being, this aspect of the curriculum was significantly strengthened across the school</p>
<p>Additional Support provided during Lockdown and School re-opening</p> <p>During lockdowns, we have supported pupils by providing a learning platform in which children had daily face to face teaching via Microsoft Teams, weekly circle times over Teams in which they could discuss how they were feeling, daily Mindfulness sessions which included guided relaxations by PSHE lead. All classes had a virtual worry box on their Class Dojo pages which would be checked daily by their class teacher. Children who were struggling emotionally would be called by their teacher to check in with them and their family.</p> <p>When we came back to school (Sept 2020), teachers led transition units for PSHE lessons from HUK across the whole school. This helped all pupils, including the targeted group, to transition back to school life. Teachers, staff and parents agreed that children settled back into school life extremely well.</p>	<p>March 2020 – January 2021</p>
<p>Support for Identified Pupils</p> <ul style="list-style-type: none"> - Create a 'Nurture Room' for sessions to take place - Order books relating to mental health and wellbeing - Complete Boxall Profiles for all pupils – pre and post intervention - Counsellor from Catholic Children's Society to run weekly sessions for children (5 maximum), as identified by staff - Weekly Social Skills group for Identified Pupils (as explained above) - Termly Supervision for Laura Kinch by Education Psychologist to support social skills group e.g. Lego intervention training. <p>The action plan had to be modified in light of the pandemic as small group work in school was unachievable for the targeted group.</p> <p>Resilient Schools/PSHE Lead checked the Dojo pages of the children she was supporting in her social and emotional group and comment on their work weekly. If a teacher identified a child as struggling, that child would be referred to our school counsellor, who would arrange a phone call with the family in order to support them further. Families were given details of BICs support workshops they could attend for further support.</p>	<p>January 2020 onward</p> <p>Jan 2020 - A nurture room was designed and created and books to support emotional health and well-being were purchased (on the advice of the Ed Psych).</p> <p>March 2020 – January 2021</p>



Any child who was not engaging in lessons for more than a day and uploading work was given a phone call check in to check wellbeing.

OVERALL

STRENGTHS: Describe the overall strengths of your project.

EXAMPLES:

- *A zone structure was developed so that the playground had designated zones for different types of activities. The zones have been the major change to the school environment – the playground has structured titled zones e.g. music zone, construction zone, ball games zone. The children and lunchtime staff are clear about the zones which means that equipment in each zone stays in its designated zone all of the time. This has ensured the playground environment is less chaotic and more organised and structured.*
- *Tasting sessions provided an excellent opportunity for children to discuss unfamiliar fruits and vegetables and try these, then choose these independently in the lunchroom.*

Overall strengths of our work:

During In ‘Regular’ School Times

- PSHE/Resilient Schools Lead attended Barnet CPD training as did other staff members on topics such as anxiety, transition back to school, emotion coaching. This helped to increase staff knowledge, skills and confidence with helping children to cope with the many transitions they were facing.
- PSHE/Resilient Schools Lead led staff meeting with headlines from these courses to support all staff/pupils, including with transition back to school.
- PSHE has had a higher profile, in part due to the Coronavirus pandemic. However, this has raised the status of this important subject area, including regular lessons and strengthened PSHE across the school.
- All children and staff were encouraged to tell their story once back at school of their Covid-19 experience through various mediums (only if they were comfortable to do so). This was supported with literature from Professor Barry Carpenter which was crucial in opening up discussion about the different feelings associated with being back together (Recovery Curriculum [Launching – ‘The Recovery Curriculum.’ – Barry Carpenter Education](#)).
- Zones of Regulation adopted across the school. This has been received well by adults and children. Individual ones have been used and tailored to specific children’s needs. This has been a useful tool to explore and regulate emotions.



- Emotional check in boards are in every class. These have been designed by each class and allow an open dialogue between adults and children about how our emotions do not just change daily but also are fluid and flexible throughout the day. This has given children more ownership with controlling their emotions.

During In Lockdown/Restricted Opening School Times

- Daily Mindfulness and wellbeing sessions on the timetable contributed to more value placed on well-being for staff and children. Daily Mindfulness activities/Kindness calendar activities provided for children, which include: Loom videos with PSHE Lead of guided relaxations, breathing exercises, mindfulness colouring sheets, mindful eating, rainbow walks where children went for daily walks and looked out for examples of nature that was the colour of the rainbow.
- Weekly well-being emails sent to all staff to signpost staff to well-being support and also for fitness challenges, Guess who? Music challenge whereby teachers gave the music teacher their favourite song or a song who defines them and staff had to guess on a weekly basis.
- Parent surveys tell us that children responded really well to seeing faces and hearing voices of staff who are familiar to them on Dojo/ Teams.
- Phone calls to check well-being and engagement from office/class teachers.
- -Online Friday assemblies with Headteacher and Deputy Headteacher, with star of the week and celebration of children's work included
- -Communication ongoing with outside agencies e.g. School Counsellor/ CAMHs/ Barnet advisors/Grief Encounters to support children and families emotionally
- Parent interaction is actively encouraged and celebrated such as providing mindfulness family activities from: <https://mindup.org.uk/families/>
- Parents signposted to Support e.g. digital books about Coronavirus and links to advice and support services on our school website
- Special activities organised for year 6 including a JCA style themed week and a play.
- Kooth Online workshop for year 6 to help with the transition to secondary school.
- Happy Easter video messages/ Jerusalema dance challenge from all staff to children.

LESSONS LEARNT: Describe what went well, what didn't go so well, and what recommendations you would you make for the future.

EXAMPLE: *We found that there was actually an increase in students accessing support for mental health and well-being. To begin with I felt this was a negative thing and felt concerned that the work we had put in had been unsuccessful. However, after talking to our pastoral managers we realised more students had accessed support because they felt more confident to talk about their own mental health, which is actually a positive thing and was one of our targets.*

- *I received feedback from teachers that cooking can be complex due to the location of our equipment, the need for a second adult to take food to ovens and the time taken for everything to be cleared away from classrooms. All of these things made cooking less desirable and taught less frequently. However, following these discussions I have made a proposal to our head teacher for a classroom to be built specifically for cooking.*



What Worked Well

- Having all of the staff on board with supporting children’s emotional wellbeing and mental health/PSHE/Resilience. Staff were very engaged with the materials and activities provided to them to support their class. As an example, staff logged in to join circle times with the classes, even when they didn’t need to.
- Calm for Schools: staff really liked the activities and were very willing to use the ideas and saw the benefits for pupils
- Cultural Capital was seen as being important to staff for our school community. Many of our cultural capital activities also had a positive impact on wellbeing. This included art competitions, collages and talent afternoons. The whole school mentality was ‘let’s make this the best we can’ and staff therefore were positive about the opportunities, with the pupils really liking the options open to them.
- Daily emotion check ins – was uplifting at a time when it could have been such a struggle for our families
- See also strengths section above

What Didn’t go Well

- Endline survey and results – refer to issues discussed earlier
- Targeted support was not possible to offer remotely as planned due to lockdown
- We had secured funding for a counsellor to run one to one sessions with identified children. Due to lockdown this had to be reduced to weekly ‘check in’ sessions and so we did not capitalise on the amazing resource and funding we had secured. We no longer have this counselling support as funding was time limited.
- Due to the Pandemic, it has not been possible to meet with small groups of children because we have not been able to cross over bubbles, which means we did not achieve one of our planned outcomes for the targeted group. However, moving forward, it will be possible to support small groups from different year groups, so this is something I feel passionate about getting set up and running.

What we Learnt/Recommendations

- We have greatly benefited from taking part in the Resilient Schools programme. This has provided training opportunities, network meetings and resources, all of which supported the implementation of our action plan.
- Mental First Aid training is really valuable, and it is good to have more staff complete this training too. In our case, 2 teachers and then 2 TAs completed the course
- Importance of taking a whole school approach, with all staff signed up and supporting the implementation

SUSTAINABILITY: Describe what you will do in future to sustain the project.

EXAMPLES:

- *Mindfulness has become an integral part of our school. The children and staff and many parents have loved doing it and have felt far reaching benefits from the programme. Our aim is now to keep developing our practice and to become a lead school and share our experiences with other schools. The PTA has enthusiastically agreed to support and fund the creation of a mindful area of the school playground. The intention is for the children to design and paint a wall*



mural in the area; to grow flowers and herbs and to position various items (e.g. wind chimes, glitter bottles etc.) which will create an area of calmness and reflection.

- *This year we have had a very positive response to our school council deputies becoming salad monitors and encouraging children to eat more salad. Next year, we intend to give every child in KS1 an opportunity to be a salad monitor.*

As mentioned, Mindfulness has been positively received by our school during the last year. This is something we wish to continue to implement so as subject lead I will ensure that it is included on our Medium Term Plan for PSHE and teachers know where they can access resources to enable them to use it as a daily relaxation tool. I will also attend relevant CPD training and plan a PSHE staff training in Spring term 2022 in which I will share resources again with teachers that I have been given at The Resilient Program Mindfulness training.

Staff have been signposted to the Mentally Healthy Schools website to gain access to resources that will support needs in their class and staff are encouraged to adapt the programme of study to suit the needs of their class.

We have recently gained access to the PSHE association and memberships have been set up for all staff so they can access full resources. We have revised the PSHE framework to incorporate this scheme alongside another Catholic scheme of work that we feel will have greater coverage of PSHE to equip our children with the necessary knowledge and skills needed.

As mentioned an area that we could not fulfil for our action plan was the small group interventions due to COVID restrictions. However, as restrictions are now lifted, to support the social and emotional needs of the children, I have created a flow diagram for teachers and staff who are concerned about the wellbeing of any children in their class. In the first instance they are encouraged to talk to parents/carers, do playground observations and talk to the student themselves. If these options do not work, my role from spring term will be to facilitate group work for those who need further support, under the guidance of the Educational Psychologist and SENCO. During these group sessions I will include Mindfulness, The Bounce Back programme amongst other group work such as transition to secondary school and Lego therapy.

PHOTOGRAPHS & QUOTES: Include any photographs, quotes, feedback or other evidence from your project.

'I love doing the daily Mindfulness. It is really calming and helps me to relax.' Year 4 child.

Staff survey: 'I think the circle time on a Thursday is fantastic - it is really nice to hear from all of the children (especially those who don't always participate in the lessons).'

'Overall, I think the support for staff well-being is really good in our school. I feel confident / comfortable to approach anyone if I have any problems or I am feeling worried or stressed.'



Other results from our staff survey:

- 100% of people said they know where to ask for help and support if they need it and also that they know where to get wellbeing support.
- 100% said they liked the Wednesday Wellbeing email.

Results from our Parent survey:

- 99% said their children knew where to get wellbeing support
- 99% said their children know how to stay safe online
- 90% say they know how to support their children learning at home.
- 94% said they know where to access wellbeing support