



Date: 8.4.16

Name: Forest Oak School

Our School:

Forest Oak School is situated in Smiths Wood, in the north of Solihull and is a school for pupils with moderate learning difficulties from 4 to 16. We also have a 6th form. We share a principal, site and governing body with Merstone SLD school and are situated in the same grounds as the local senior school. There are 147 pupils on role. For 2.1 % of pupils English is not a first language. 67.4 % of pupils are eligible for FSM (compared with the only other Solihull school for MLD which is 29.1 %.) 70 % are boys. 100% have a statement or EHC plan and pupils experience a range of learning difficulties. Forest Oak is a close and inclusive learning community, where every child really does matter. Staff are committed to enabling all pupils to achieve their potential, feel safe and enjoy their learning. It has been judged an outstanding school for 2 consecutive Ofsteds.

Performance and Curriculum:

As a Special school our cohort is changeable and our curriculum is adapted to meet individual needs and strengths. 2015 data.

In foundation 100% of pupils made 3 levels progress in PSHE. In English 2+ levels achieved by cohort.

In KS1 and 2, no pupils achieved in SATs last year. 1 pupil out of 5 passed the year 1 phonic test. All pupils in KS1 and 58% in KS2 made 2 or 3 levels of progress over the key stage. Value added measure was between 95.2 and 96.3 for core subjects.

In KS3 71% made 2 or more levels of progress in English.

IN KS4 2 pupils achieved a GCSE last year, one grade D in Maths, one grade A in Art.

All pupils achieve Entry levels in Maths, science, English and 4 other subjects, with the majority achieving Entry level 2 or 3 in all subjects. All completed Asdan award, with 50 % achieving bronze, and 50 % achieving silver or Gold. All pupils completed Asdan entry level or short courses in PSD and Sex and relationships. Last year 1 pupil completed course in hair and beauty and 6 in construction. Some pupils go on to our 6th form to complete level 1 or 2 functional skills in English and Maths and level 2 in Cope and PSD.

What needs did we identify and how did we identify these?

We were aware that Emotional health and wellbeing were emerging issues for Solihull schools generally through the HRBQ, with females in the north of the borough in years 8 and 10 having lower self esteem than other areas and years, with year 10 boys in the north of the borough having lower self-esteem than other areas. Of our current pupils 29% have ASD named on their statement or EHC plan and 18% have ADHD named, but only 11 pupils or 7% have 'ESBD' or refer to Emotional Health and wellbeing difficulties such as anxiety or panic attacks.

In reality we were aware that pupils with SEN are more likely to experience mental health difficulties during school and as adults. Many of our pupils will have additional risk factors associated with their social skills, past school experiences, parenting and family situations and socio-economic disadvantages. We knew from our pupils that many if not all of them experience emotional health and mental health difficulties and five pupils currently have Camhs involvement, two have recently been referred and another five receive counselling or therapy. Over time our cohorts have changed; with pupils in all key stages experiencing more emotional and mental health difficulties and displaying more challenging behaviour linked to this.

Considering all of this alongside the new focus for schools to be increasingly responsible for pupils' mental health and wellbeing we had already identified Mental health and Wellbeing as a key area on our SIP.

Pupil Emotional Health and Wellbeing

We had already in place strong PSHE provision through the curriculum and individual Passports to Learning (IEPs), a solution-focussed behaviour system with opportunities for pupils to talk and be listened to, behaviour plans with coping scales and a range of additional small group and individual interventions for targeted pupils. These included 1:1s with learning mentor and behaviour support LSAs, play, art and music therapist sessions and pet therapy through a new school dog.

We had identified self-harm and eating disorders as a growing behaviour in our KS3 and 4 cohorts, in line with a national increase and highlighted in HRBQ for Solihull; increasing girls wanting to lose weight. Key staff had received training from Pooky Knightsbridge and worked with the EP service to deliver training to all staff and target individuals with intervention programmes. But it became clear through this process that many of the challenging behaviours some of our KS3 and 4 pupils were displaying, for example swearing and punching walls or furniture, could be described as self-harm and were directly linked to their mental and emotional health and wellbeing despite not having a specific diagnosis or eligible to receive camhs support.

Our pupils' mental health needs are broader than one area, changeable and far reaching; needing us to target both staff and pupil awareness of emotional mental health and wellbeing. We needed to teach about general emotional health and wellbeing and model practical, positive self-help coping strategies, linking activities to behaviours, emotions and the development of further positive self-help coping skills.

Staff Emotional Health and Wellbeing.

In a recent national survey 83% of teachers reported workplace stress and 67% reporting work has had an impact on their physical or mental health. Disruptive behaviour is often named as a contributory factor and adult stress and pupil behaviour can be intrinsically linked. With poor mental health of pupils displaying itself in behaviour which is challenging to adults. This can be a challenge for staff wellbeing and we had committed through our SIP to target both pupil and staff wellbeing.

A range of support processes were in place for our staff from regular behaviour training and support, daily briefings, respite from behaviours through internal isolation and practical help such as de-briefs and opportunities for massage, life-coaching and social events but we recognised the impact of recent behaviour on current staff and needed to further target staff wellbeing.

Emotional health and wellbeing and behaviour.

It was apparent from a staff-governor meeting, sleuth data and behaviour lead-pupil questionnaires that there needed to be increased involvement of pupils with class staff in linking feelings and behaviours and in recognising and repairing harm. Restorative Justice is a process which enables all involved through honest communication to do just this and SLT could see this process would work well in our setting to improve behaviours linked to pupil and staff emotional health and wellbeing by refreshing and increasing the solution focussed, conflict resolution elements of our behaviour provision.

We completed an audit of our provision and practice for emotional health and wellbeing with SEIS and identified the following areas within emotional health and wellbeing to develop.

- classroom staff knowledge of mental health and awareness of emotional health and wellbeing
- classroom staff confidence to respond to behaviours linked to emotional health and wellbeing
- pupils' awareness of emotional health and wellbeing and practical ways to stay well.
- pupil emotional literacy and communication of feelings with staff and each other
- strengthening peer mediation system
- parent knowledge of mental and emotional health and wellbeing, ensuring parents with mental health issues are welcome in school

We used the WEMWBS (Warwick- Edinburgh Mental Well-being scale) to measure pupil and staff wellbeing. This is a positively worded measure of your own wellbeing. We adapted it for our pupils; simplifying the words, but keeping the focus and emotion of each question, and using faces to indicate the 5 answers.

never a bit some a lot all the time



1 2 3 4 5

What did we want to achieve?

The main focus of all activities was to:

1. Increase awareness of EHWB throughout the whole school community and the use of positive self-help coping skills through the nhs 'Ways to Wellbeing.'
2. Increase emotional literacy of pupils and in staff work with pupils by becoming a 'Restorative Justice School.'

What outcomes did we focus on and why?

We involved all staff in training and activities were whole school but our targeted group of pupils were KS3 & 4 pupils. 73 pupils from 6 classes.

- **Increase KS3 and 4 pupils' ability to name 1 or more self-help coping skills for EHWB from 39% to 80%.**
Reduce number of pupils mentioning unhelpful coping strategies from 11% to 0%.
 When surveyed 39% could name 2 or more self-help coping skills for emotional health. Many pupils mentioned deep breathing, stress balls and sensory resources showing techniques of teaching relaxation and de-stressing strategies are working.
 Most pupils thought health was about eating vegetables, exercising and in some cases sleeping. No pupils were aware of nhs 'ways to wellbeing.' Not many pupils mentioned activities which involved socialising, learning or moving. 32% involved computer games, tv or screens. 11% mentioned punching walls or getting aggressive on computer games.
 The number of KS3 and 4 pupils seeking emotional or behavioural support outside of the classroom had increased over recent years. This would affect learning time. By providing support from SLT or behaviour support staff outside of the classroom, staff could become de-skilled. We want our young people to leave school with the ability to manage their own emotions and cope with all life's challenges themselves in and out of school.
- **Reduce number of KS3 and 4 pupils assessing own wellbeing from very low and low, to average or above, from 15% to 10%.**
 15%, 11 pupils scored themselves as very low or below average on the WEMWBS
 Many of our children join our school with no understanding of what wellbeing is and low self esteem. Some pupils join part way through these critical adolescent key stages, having had a negative experience of primary and secondary school, perhaps through academic or social pressure or perceived failure. They may have experienced bullying linked to their special needs We want to teach our young people that their wellbeing is important and to feel positive about themselves.
- **Increase number of pupils saying they can deal with problems some, a lot or all of the time from 74% to 80%.**
 Generally younger children(year 7) and older children(year 11) answered the question on WEMWBS more positively than those in years 8 and 9. 26% (19 children) felt they could deal with problems a bit or never.
 Most of our pupils have poor emotional literacy and difficulty communicating and being independent. We want the children to develop the ability to problem solve in the safe environment of school and to feel positive about the future.
- **Reduce need for isolation of KS3 and 4 pupils outside of classrooms in supervised isolation from 9 (spring 2015) to 4 a week and sustain it.**
 Our school, like most senior schools, has provision for isolation from class for inappropriate behaviours. In spring 2015 there were on average 9 pupils referred to isolation by class staff each week, on some days there could be 4 pupils in the room, making preventative support work difficult. By Summer term 2015 we had reduced this to just over 4 a week but we needed to ensure reduction was sustained and longer term through increased pupil and class staff involvement in behaviour problem solving and consequences
- **Reduce time spent out of classroom by KS3 and 4 pupils needing to access support from behaviour support team from 4 a day to 4 a week .**

Forest Oak KS3 and 4 has a quiet room where pupils have an opportunity to talk and discuss problems with different staff in key stage and return to lessons. Pupils had started to bypass this system and seek out emotional support from behaviour support team further away meaning they missed learning time. We want pupils to feel listened to and supported and also provide an option of change of face but to miss minimal learning time. It is key this support is accessed inside classrooms through positive relationships with class staff to ensure support is consistent and affective.

- **Increase staff use of positive self-help measures they could take to improve wellbeing by reducing unhelpful strategies from 21% to 15% of those mentioned. Increasing number of staff naming 5 or more positive self-help coping strategies from 78% to 88%.**

During the SEIS whole school inset we asked staff to identify self-help measures for their own wellbeing. Staff had a range of activities they were already using to maintain mental and emotional health with 78% of staff being able to mention 5 or more strategies they used. 79% of those activities mentioned could fall into one or more of the of the nhs ' Ways to Wellbeing,' with the majority of 39% involving 'connecting' or socialising as main staff strategy. 21% of those mentioned could have been considered 'unhelpful' according to MHFA guidelines.

- **Reduce percentage of staff measuring own wellbeing at low or very low from 7.5% to 2.5%. Increase percentage of staff measuring own wellbeing at average or above from 22% to 27%.** Staff used WEMWBS to measure own mental wellbeing at start of the year. Although confidential, they were given advice about responding to a low score, support and counselling services. 16/53 completed and returned. 4 staff scored low or very low. 12 scored average or above.
- **Increase number of staff saying they can deal with problems some, a lot or all of the time from 13 to 20.**

On the WEMWBS 13 staff out of 16 said they can deal with problems some, a lot or most of time. (81% of those completing or 23% of whole staff.) 4 staff out of 16 said they rarely or never dealt with problems well. (7.5% of whole staff.)

What activities/ interventions did we put in place in order to achieve our outcomes?

These activities have taken place from May, 2015 to April 2016.

Staff Training and activities

Key staff

- Behaviour lead trained as Mental health first aider.
- Audit of school wellbeing provision with SEIS
- Restorative Practice training and facilitator training to Deputy/DMS and behaviour lead.

Whole staff

- 1 day Whole school training 'Decoding Mental Health; promoting emotional well being in pupils with learning difficulties,' from Barry Carpenter.'
- ½ day Whole school inset with SEIS on mental and emotional health, including ALGEE approach and Ways to Wellbeing.
- 1 day Restorative Justice training for all teachers and LSAs. (RP)
- 2 Mental and emotional health and wellbeing planning meetings with behaviour lead for all staff focussing on risk factors, ways to wellbeing and helpful and unhelpful coping and wellbeing strategies. Through this, as a team we planned a whole school wellbeing day and set up a working group to organise and deliver activities.

Changes to Provision

- Behaviour support assistants used in targeted classes to model and provide additional emotional health and wellbeing support for a term, 1 in year 9E and 1 in year 10.
- Daily 'check ins' in all tutor groups at start of the day. These are RP recommended circles which promote speaking, listening and emotional literacy. (Many classes also used check ins at end of day)
- Change in language with pupils to use affective language with both praise and correction; linking feelings to behaviours and effects of behaviour.

- Use of Restorative practice questions with all pupils for incidents and arguments:
 - what happened?
 - what were you thinking then and now?
 - what were you feeling then and now?
 - who do you think has been affected and how?
 - what needs to happen now to put this right?
- RP level 1: Restorative circles, using above questions used by staff and pupils to solve problems and decide consequences instead of quiet room after warning and 5 minutes thinking. Pupils during these to make promises to keep.
- RP level 2: Formal circles led by RP facilitators when RP level 1 promises not kept to create monitored agreements.

Pupil Interventions

- **Behaviour support interventions** in KS3 and 4 for individuals adapted and shortened to focus on developing positive emotional health and wellbeing, including talking about anxiety openly and modelling ways to wellbeing activities.
- Pupils in KS3 and 4 with identified emotional health and wellbeing needs provided with '**Butterfly Journals**,' recommended by Barry Carpenter. (10 pupils.)
- Behaviour lead provide individual **weekly emotional health intervention** to those in KS3 with lowest wellbeing self-assessment score. (3 pupils)
- **Music, play and creative arts therapy weekly sessions** made available to identified pupils in KS3 and 4 with emotional health and wellbeing needs. (7 pupils in KS3/4)
- **Learning mentor** continue to work with pupils in KS3/4 with most significant ESBD needs, linking with families and additional agencies. (10-12 pupils.)

Pupil Activities

- **RP** introduction to pupils in KS3/4 from behaviour lead and key staff
- '**Oakleigh**' The Principal's new pet therapy dog across both schools, providing support and intervention to individuals and groups of pupils to enhance emotional health and wellbeing provision and provide support to individuals where needed.
- **Whole school Wellbeing Day**, where pupils were vertically grouped across all key stages and involved in activities promoting Ways to Wellbeing which were adapted to enable pupils to recall and retain. 'SMILE' **S**ocialise (connect) **M**ove Interest (take notice)**L**earn **E**ngage (give)
Focus for day was : "Give me 5 to make me SMILE.'
Activities included everyone taking part moving activities, teamwork and problem solving, art and craft, nature and sensory walks, making aroma dough, visiting a school café and making emotional communication resources. Staff volunteers led activities and other staff took part with pupils.

What did we achieve, and how did we know?

Outcomes	Achievement
Increase KS3 and 4 pupils' ability to name 2 or more self-help coping skills for emotional health and wellbeing from 39% to 80%. Reduce number of pupils mentioning unhelpful coping strategies from 11% to 0%.	100% of pupils could name 2 or more positive ways to well being. 0 pupils mentioned unhelpful coping strategies. There was an increase in strategies named that involved all of the 5 ways to wellbeing; socialising, moving, taking an interest, learning and engaging.
Reduce number of KS3 and 4 pupils assessing own wellbeing below average, to average or above from 15% to 10%. 3 pupils scored very low 8 pupils scored below average	Pupils scoring themselves below average reduced to 4%. 0 Very low-2 pupils in year 8 both increased, 1 to below average, 1 to average (1 left.) 3 Below average- 5 pupils in KS4 increased to average(1 left.)

Outcomes	Achievement
39 scored average 19 scored above average	48 scored average 21 scored above average
Increase number of pupils saying they can deal with problems some, a lot or all of the time from 74 % to 80%.	Increased to 83%. Some pupils in all classes increased.
Reduce need for isolation of KS3 and 4 pupils outside of classrooms in supervised isolation from 9 to 4 a week and sustain it.	Supervised isolation has reduced from 9 a week in spring2015 (95 whole term) 4.2 a week in summer term 2015 (58 whole term) 4 a week in Autumn 2015 (55) 0.3 a week Spring 2016 (4)
Reduce time spent out of classroom by KS3 and 4 pupils accessing support from behaviour support team from 4 a day to 4 a week.	This has reduced. Pupils in KS3 and 4 rarely access support outside of classrooms now. If they do it is at the request of class staff or as a formal RP. There have been 44 RP level 1s by class staff and 6 formal RPs in whole term by behaviour lead or deputy, demonstrating RP with class staff is providing both support and consequences which are changing behaviour in majority of cases. Certain individuals in KS3/4 will utilise the room during periods of emotional difficulty, for example end of term or staff changes.
Increase staff use of positive self-help measures they could take to improve wellbeing by reducing unhelpful strategies from 21% to 15% of those mentioned. Increasing number of staff naming 5 or more positive self-help coping strategies from 78% to 88%.	96% of staff could name 5 or more positive, self-help coping strategies Unhelpful strategies mentioned reduced from 21% to 13%. Strategies involving socialising had reduced in overall percentage of those given from 39% to 23% but those linked with learning new skills, taking an interest and moving had increased showing staff have been taking up new ways to wellbeing and relying less on relationships with others.
Reduce percentage of staff measuring own wellbeing at low or below average from 7.5% to 2.5%. Increase percentage of staff measuring own wellbeing at average or above from 22% to 27%.	15% of whole staff measured own wellbeing at low or below average unfortunately showing an increase in perceived low wellbeing from the start of the year but 36% of whole staff completed and scored at average or above. Overall staff below average was increased by 7.5% and staff average or above was increased by 14%. The change is mostly due an increase in staff completing questionnaire and sharing, hopefully demonstrating more openness to talk about mental health and an interest in own wellbeing. Only a third of staff handed in the first time and over half handed in the second time. Those who weren't comfortable last time completing or handing in, may well have done so as scored low and not been comfortable sharing. Where you can compare individual scores, some people have stayed same, some have increased a lot, some have decreased and where people shared additional verbal information it was clear life changes outside of work had impacted on scores.
Increase number of staff saying they can deal with problems some, a lot or all of the time from 13 to 20.	23/26 staff said they can deal with problems some, a lot or all of time. Increase from 81% to 88% of those completed. 23% to 41%of whole staff. 3 people said dealt with problems rarely or never 5.6% of whole staff which has reduced.

What evidence is there that we have achieved long-term behaviour change?

All data and results need to be considered objectively as changes have happened over a short time (RP has only been in place for a term,) and our pupil cohorts change every year, as do pupils' circumstances, staffing situations and resulting behaviours. Individuals' behaviours and needs will undoubtedly continue peak at times as is the nature of pupils with special needs and general mental and emotional health of everyone.

We have made mental and emotional health and wellbeing a priority and this ensures it will continue to be talked about with reduced stigma and greater understanding by staff and pupils.

The improvements seen from sleuth data in whole school behaviour incident levels have been apparent for a whole year now though, (with average weekly negative incidents reported reducing from 73 spring 2015, 37 Summer 2015, 29 autumn 2015, 19 spring 2016) although there are still challenges in behaviours with particular individual pupils with acute social and emotional needs; particularly in KS1 and 2. A significant observation is that this is the first year in many years we have not needed to have KS3 and 4 pupils on a 'base register' (immediate isolation for a day following incidents as other methods were not successful.) We have also been able to utilise behaviour support assistants in classes all year so far; both previously being used for KS3 and 4 isolation and individual support outside of classes. This has increased preventative work, demonstrating a change in culture for mental and emotional health and behaviour.

Staff feedback about restorative practice is particularly positive, many staff in a recent 'check in' described it as powerful and all staff are positive about using it. It will become clearer over a longer period whether its use in KS1 and 2 will impact on pupils when they come into KS3 and 4.

We will need to continue use the WEMWBS to measure wellbeing over a longer period to see if improvements in can be sustained and built on, it is hoped ability to deal with problems will increase further.

What will we do next?

As a whole school, we are committed to pupil and staff wellbeing and plan to build on success and develop further as a team. Through a restorative approach we have planned activities for the following areas and our SIP will continue to include these.

Staff knowledge and training

We are extending our training programme to increase number of restorative justice facilitators from 2 to 4 this year and are keen to increase Mental health First Aider training to key staff if the local authority provides opportunities.

Restorative Justice

We are developing as a Restorative School and have changed policies and practice, this will take time to completely embed into school.

MDS and governor training and adapted playground friend and mediator training is planned this term. Parent information meeting and resources are planned.

Sharing best practice and resources across key stages and in partner classes to further improve check ins, emotional literacy resources and circles. Particularly focussing on Foundation and KS1 class where staff have found it more challenging to adapt and establish.

Pupil wellbeing

Continued focus on 'Ways to Wellbeing' by building into our Friday merit time activities, class check ins and assembly links.

Solihull Unity Collaborative workers to work with targeted individuals in years 8 and 9 identified with below average wellbeing, linking them with younger children with emotional and communication difficulties through creative outside activities .

A working group is currently reviewing lunchtimes to improve provision for pupils and activities incorporated on wellbeing day, for example salad and vegetables shared on tables, family serving and changes to routines are being considered.

A continued flexible and creative approach to targeting pupils through a range of interventions and staffing models is needed, considering all on a term by term basis, continuing to use sleuth data and WEMWBS to focus work.



Increasing wellbeing activities through more freedom to prioritise EHWP in lesson activities will enable this and activities across school, such as shared exercise and social activities are being explored by staff, using suggestions following wellbeing day.

Documenting our school Emotional and Mental health and wellbeing provision through a policy will be key next year to ensure changes are sustainable.

Parent involvement and wellbeing

We are currently working with a group of parents and an EP to create a visual resource about mental and emotional health aimed at parents, which we hope to use to reach more parents to share ways to wellbeing for them to support their children and their own emotional and mental health.

Staff wellbeing

By continuing to have open and honest discussions about emotional health and wellbeing we aim for more staff to become increasingly involved in wellbeing activities to benefit their own and others' wellbeing. With greater awareness of wellbeing and ways to improve, staff commit to working together positively to reduce workplace stress. SLT are committed to finding creative ways to support staff and enable them to manage their own wellbeing.

Committing to a restorative approach to behaviour is enabling staff to feel more involved and satisfied with consequences and in understanding emotional and mental health and behaviour in more depth.

Senior leader quote:

"The outcomes of this project are long term and sustainable. The holistic approach to supporting pupils at Forest Oak has always been a strength but what this project has helped us to do is to bring the emotional health & well being agenda into open discussions. I believe that this project has brought lasting change and it has ensured that both staff and pupils have a greater skill set to manage their own well being and mental health - truly a skill for life. I am proud of the work of the school and believe that by supporting this aspect of a person's life we not only improve their happiness and well being but improve their academic achievements and improve their employability skills"

Amanda Mordey, Principal, Forest Oak School & Merstone School.