



Solihull Healthy Schools Programme School Story template

(To be completed and submitted to QuAG in order to achieve Solihull Healthy Schools Enhancement status)

Having achieved your measurable health and wellbeing outcomes you will want to share your success within the school community and beyond.

We have suggested some headings to help you tell your success story.

Date: 16th April 2015 – 25th June 2015

School name: Windy Arbor Primary School

You may also wish to include school details such as:

Number of pupils - 10 children

20% SEN - this is likely to increase to 50% with post group diagnosis

20% FSM/Pupil premium 60%

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

We decided to work with a group of children from year 3 and 4. Historically, we have noticed that as children progress through the school, their behaviour and peer relationships change and as they reach years 4 to 6 and many problems present. We wanted to test if we could help prevent these issues or improve outcomes for the children by assessing and intervening before the associated behaviours emerge.

Initially, we identified children in year 3 and 4 by way of examining the data from the ECM perceptions. We selected children based on the answers that they gave in relation to feeling unsafe at home and a school, feeling sad and being bullied. We are very aware that the combination of these factors can affect self-esteem and can impact on mental health and wellbeing.

29 children were identified as having 2 or more presenting factors. We then interviewed the children and reduced the number down as some children had misunderstood the term bullying or had clicked the wrong answer in the survey. We also used our prior knowledge of the children based on observations around school.

Finally we identified 10 children who we interviewed 1:1 to gain an understanding of their own perception of self. We felt that we had a balanced group – some children had a history that increased their vulnerability. Some children were quiet and had low self-esteem. Some children presented as very confident or were perceived as bullies by other children.

A range of issues stood out in the group. Several of the children lacked social skills, were perceived as bullies and were very rough in physical in play. Concentration and hyperactivity was also an issue. A couple of the children were very quiet and stayed outside the group for a few sessions. Several children showed little emotion or showed conflicting body language. Lying and exaggerating was also a problem for a couple of the children. Half of the children had witnessed varying degrees of domestic abuse and over half had parents or carers with a history of depression or other mental health conditions.



How do these needs relate to the wider health data for Solihull and for your locality within Solihull?

Information from the 2014 HRBQ identified the following areas of wellbeing that were a concern:

- 39% of pupils had a medium to low self-esteem score
- Only 23% had a high self-esteem score

This clearly makes pupil wellbeing a concern for the whole borough.

For Windy Arbor school specifically, the following statistic stood out:

- Only 53% compared the Solihull average of 70% felt that their parents like to hear their ideas
- Only 63% compared to the Solihull average of 76% felt that their teachers listened to them at school.

Both these sets of statistics informed our wellbeing project.

What outcomes did we focus on and why?

Our initial expected outcome was to improve children's general feeling of wellbeing, to gain a greater understanding of their mental health and raise their self-esteem. We wanted to measure outcomes using the SDQ and Stirling Wellbeing test as well as staff observations and parent's feedback.

As time progressed, we realised that each child needed a more individualised response and we planned and signposted appropriately. This process is still ongoing.

We also hoped to measure improved attendance for our focus group and finally, improved ECM outcomes for the whole school.

We endeavoured to raise staff awareness and later (Jan 2016) introduced a whole school 'Bucket Filling' initiative whereby staff and children are encouraged to talk in terms of how full their emotional bucket is (out of 10). The language of bucket filling and bucket dipping is also used when talking to parents and carers in relation to understanding and responding to children's behaviour.

We have also re-introduced Playground Pals as way of enhancing playtimes and giving children someone to turn to if they need a friend. This had not been running effectively due to staffing issues and the lack of resources to train the Playground Pals. The Head teacher appointed additional mentors who have been able to organise and train the children.

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

Our group met every week for 2 hours for 10 weeks. Sessions were structured yet fluid and allowed for lots of discussion, observation and listening.

We followed the 5 ways to wellbeing in our programme and ensured that we incorporated elements into our sessions.





Connect

Give

We started by sharing our bucket numbers and subsequent discussion in a confidential, safe, circle time environment. Children could choose to share good and bad news publically or privately or not at all. Children were encouraged to actively listen and to show interest and empathy towards their peers. Being quiet and taking turns was really difficult for some of the group. They supported each other through incidents of bereavement (people and pets), family stressed and peer relationships. They celebrated everyone’s good news.

Be active

Take Notice

Keep Learning

Activities varied – with several being off site and in the community.

When walking to the community activities, we encouraged the children to take notice of their surroundings. We took our time and stopped, looked, listened and questioned the world around us. The children noticed the beauty around them (the birds/blossom/clouds/gardens) and some of the things that they disapproved of (litter/dog mess). The children chatted to each other as they walked along. They took responsibility for their road safety and were polite to passers- by.

- Visits to Bluebell Park – physical play and turn-taking
- Bluebell Community Garden – growing vegetables and flowers / sensory garden
- Olive Branch Café for milkshake and shortbread – social skills
- Police Station.
- Three Trees Centre for creative arts session – local storytelling and clay model making
- Castle Bromwich Hall Gardens
- In school activities
- Art session in school – making posters for the Community Garden
- Secret Garden story and role play outdoors in forest area
- Planting flower seeds in school grounds
- Relaxation, breathing, visualisation
- Discussion about good sleep routines/exercise/healthy eating/being a good friend
- Sharing food and drink – healthy snacks – fruit/milk/fruit juice/water
- Thank you cards to hosts

Individual Intervention	Outcome
<p>Child A – 1:1 discussion re: other children’s perception of them (a bully). Most children in the group had this perception. Session highlighted this child’s struggle to fit in as a new child to school in Yr 2 and how he missed his friends.</p> <p>Open discussion with parent re: child’s physical and mental health.</p>	<p>Child A was really upset that children thought this. He modified behaviour and showed children his nice side. He formed some good relationships in the group and perceptions changed.</p> <p>All children new to school have a ‘getting to know you’ meeting with a mentor then a follow up meeting 4 weeks later to ensure that they are settling in and know where to go for support. Extreme levels of low self-esteem observed and fear of failure was apparent. Mental Health problem developed – leading to a urgent referral to CAMHS. Parent’s mental health and significant loss has also impacted and Family Therapy is likely. Parent independently arranged counselling for the child and took steps to seek support for physical pain that needed an operation.</p>

<p>Child B - told bizarre lies and tall stories. Inflated view of themselves and inappropriate reactions to social situations. Referral to CAMHS (refused). Family support meetings ongoing, SISS assessments underway including SEMH assessment. Early Help request to support parent's mental health.</p>	<p>Child will be referred to Meadow Centre as assessments suggest that ASD is a possibility. Parent feels supported as has been struggling to understand her child and manage behaviour. Parent having support for her own mental health.</p>
<p>Child C – complex issues/history and behaviour at home. Referral to CAMHS refused. Referral to Meadow Centre pending. Early Help request.</p>	<p>This child is the only child that we feel we have not yet understood. His behaviour is difficult and is supported by a learning mentor. Family engaging meaningfully for the first time.</p>
<p>Child D – 1:1 sessions sharing that she did not fit in and lacked confidence. Discussion with parent and ensured that she was properly listened to and valued by the group. Given Playground Pal responsibility.</p>	<p>Staff quote: <i>DD has made big jumps forward socially in the past term. She even auditioned for a solo for the singing project yesterday in front of the whole year!</i></p> <p>Thriving as a Playground Pal. This child has been referred and accepted for assessment by Meadow Centre.</p>
<p>Child E – Allowed child to be distanced from the group and be in own space until felt comfortable. Did not force to contribute until ready. Gave strategies to support when felt insecure/uncomfortable. Referred to Play therapy to help deal with some separation anxiety. High anxiety around strangers prompted a flight response. Praised and encouraged creative talents which were shared with the group.</p>	<p>Staff quote: <i>EE speaks to me now if feels uncomfortable about anything or if another child has done something. Didn't do this before.</i> <i>Presents as very confident and lively. Very creative. Parents engaging very well.</i></p> <p>Play therapy referral.</p>
<p>Child F – Observations and discussions showed this child to be hypervigilant and highly anxious. What some may mistake for not listening, concentrating or 'naughty', we observed to be signs of anxiety and panic. Mentor allocated and high level school intervention in place.</p>	<p>Visit to the police station prompted a panic attack. The child. Family Support plan working well. Parents engaged with the process. CAMHS referral accepted – diagnosis of PTSD linked to experiences. 1:1 and family therapy planned.</p> <p>Child now works much better in class. Fewer incidents of panic and fewer physical incidents on the playground. Time with mentor is decreasing. Better relationship with his father as school worked with parents to develop a mutual contact arrangement. Father has also been into school to complete some 1:1 sessions with his son. Father shared that he has learning needs and has been offered advice for adult learning.</p>
<p>Child G wears a mask. Always looking happy and smiling. Assessments showed something else. IN secure family unit and periodic family breakdown complicated by bereavement. This child struggled with the group. At times wanted to be there and other times refused to come. We allowed choice.</p>	<p>Settled after 4 weeks and thoroughly enjoyed the activities. Likely to be the child who changed least in the time and has since left the school. The family is still not secure and the child's resilience is suffering. Children's Services involved.</p>
<p>Child H stood out as being very oppositional. Always</p>	<p>Parent did not know that the child had been affected</p>



doing different to the rest of the group. Lack of empathy and hurt others. Suffered a significant bereavement (murder) of close friend of grandmother but we were not made aware. Child did not have capacity to show emotion – instead was refusing to join the group and walked off. Time, space and listening were all that was needed.	so much. We noticed behaviours that had not noticed in the classroom setting. After discussion with mother, referral to Meadow Centre was done and child now as Asperger’s diagnosis. Sibling also has ASD. Parent is accessing support in managing the complex behaviours of the children. She was pleased that she was listened to.
Child I quiet and blended in. Came out as the most settled child in the assessments and gained a lot from listening to other children’s viewpoints. Showed caring and empathy. We encouraged the other children to listen to her and value her contributions.	Staff quote: She is confident in the classroom and cheerful in school. Happy to answer questions. She can get easily upset when things go wrong and will cry quickly but it is quickly dissolved once the problem is sorted.
Child J quite impulsive and liked to be centre of attention. Part of a large family. Always wanted to be first, push the button at the crossing, to be the leader. Responded to the rules of the group and turn taking but needed lots of reminders and modelling. Responded to praise and liked responsibility.	Staff Quote: is confident to speak out and appears happy in school and comfortable in the classroom environment. Still struggles to co-operate in group work, can be very self-centred.

We extracted data from the Teacher SDQ scores and the Stirling Children’s Wellbeing Screen. The screens were carried out in March 2015 (pre-group) and July 2015 (post-group)

SDQ – we were able to use data from all 10 of the SDQ questionnaires.

Stirling Children’s wellbeing Screen – we were able to use data for 9 of the 10 children only. This is because a child answered every question as positively as they could as they wanted the group to continue. This child has since been diagnosed with Asperger’s.

What did we achieve, and how did we know?

Outcomes	Achievement
Improvement to the emotional health of the group. Two thirds of the group showed an improvement in their emotional wellbeing. (Data- SCWS)	The most improved areas were; 55% indicated increased positive mood 67% indicated enjoying what each new brings 67% indicated feeling that a lot of people care about them 78% indicated feeling more cheerful than before 78% indicated that they were finding more fun things to do
Improvements to children’s self esteem	
Improved mental health – feeling calm and relaxed (Data- SCWS)	The data indicated that a third of the children struggled to feel calm (chilled out and rested). They also indicated that they struggled to sleep. 44% indicated that they were stressed and worried and unable to relax.
Improved mental health and wellbeing observed in the classroom. (Data- Teacher SDQs)	Teachers indicated that 70% of the group had improved scores. Only two children had reduced scores. This child was identified as having deeper issues so we have referred to Play Therapy. One child is being assessed by CAMHS due to possible PTSD.



Emotional indicators assessed by staff	Half of the group showed indicators of improved or stable emotional wellbeing.
Conduct indicators assessed by staff	40% showed improved conduct with the remaining 60% stable.
Hyperactivity indicators assessed by staff	30% showed lower levels of hyperactivity within the school environment.
Peer relationship indicators assessed by staff	30% showed improved peer relationships.
Whole school assessment (ECM)	See below
Reacting to bullying	All 10 children reported feeling bullied. When we spoke to the children individually, 60% of children had perceived bullying to be when other children annoy or hurt you but they did not understand the difference between rough play and targeted bullying. A child in the group had been identified by half of the group as being unkind and a bully. By the end of the 10 sessions, all of the children got on well with the child. Four children said that they had become his friend.

As we selected our target children based largely on the results of the ECM perceptions questionnaires, we looked at how their responses had moved on when the questionnaire was repeated one year later. The results are shown in the table below:

Child	Negative responses 2015	Negative Responses 2016	comment
A	6	4	Feels safer at school, does not think he is being bullied but is still not usually happy
B	9	6	Only 3 of the 6 negative responses were the same as the previous year, she still feels she is being bullied and does not enjoy going to school and does not feel safe from accidents at school.
C	7	6	Gave very similar responses to the previous year but no longer feels that he doesn't enjoy going to school.
D	4	6	She still does not usually feel happy but now seems to feel safer but is concerned about health, the internet, helping good causes and coping with challenges.
E	11		Absent
F	7	8	Gave similar responses but is now concerned that he does not enjoy school and is not doing as well as he can. No mention of bullying.
G	7		Left the school
H	6	5	Feels safer and more able to cope with challenges, but still not happy.
I	8	3	Feels much happier and safer, is now just concerned about coping with challenges.
J	5		Absent

What possible explanation might there be for any results that are not quite as you expected?

We feel that the post-group data may have given lower than expected outcomes for several reasons.



Firstly, the assessment was done 7-10 days after the final group session. Even though we had prepared the group for the ending and we had a reunion lunch planned, the children were sad when the group ended and we feel that their 'positive outlook' had decreased. Half of the children indicated a more negative outlook at the end of the group. The children had formed a bond and had so much fun and a degree of freedom during the sessions. We could sense that they would miss these opportunities.

The data taken in July coincided with the end of term transition when children naturally get anxious about leaving their teachers and moving up in the school. The school holidays were looming and children indicated that they may feel bored. A lack of fun and positive activities out of school were a factor in many discussions. Some children who have a difficult home life can often feel low when holidays are looming.

As our weeks progressed and we got to know our children more, we unearthed issues such as ASD and PTSD. These conditions affect thinking, perception and mood.

'LIFE HAPPENED' during the 10 week period. 3 children suffered bereavements including a murder in the community. 3 children reported the loss/death of their pets. 1 child broke their collarbone and another reported suffering long term pain from a historic injury. These are all significant life events that are known to create stress and alter mood.

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

The long term change for the individuals in our group can only be evidenced over time. Many of our group have difficult problems to overcome and have only just started their journey to wellness.

The fact that the parents have fully engaged with the process, have supported their children and have been very interested in getting the best for the children is very encouraging. Working with the families to gain a better understanding of their child's behaviour and mood has enabled them to think and reflect before acting. As a result we are seeing improved relationships.

We have sent advice and information home to parents, including signposting to activities in the community and highlighting the 5 ways to wellbeing.

ECM outcomes for the whole school

The ECM data shows that the percentage of children feeling happy has remained the same as last year at just below 80%. In the key areas of feeling safe there is a moderate improvement in the data for 2016 compared to 2015, however it is a concern that over 40% of children don't feel safe from accident and injury at school, we need to find time to interview pupils to find out what things make them feel unsafe. 20% of children do not feel safe from other people at school just up from 19% last year. Again it would be useful to know exactly what makes these children feel unsafe. We suspect that these figures may be related to the increase in pupil numbers meaning that the playground is more crowded but we will discuss this in classes through circle time and pupil interviews. In terms of bullying there has been a slight drop in numbers of children who think they are being bullied from 25 to 21% while numbers of children who know others who are bullied has reduced from 50% to 38%. This is due in part to some work by the school council on what does, and does not constitute bullying.

Data from years 3 and 4 (the target year group for the wellbeing project)

Levels of perceived bullying in year 4 have dropped substantially in this year's year 4 compared to last year, levels of happiness have stayed the same while feeling safe in school has risen. However, levels



of perceived bullying have risen in year 5, the current year 5 are considerably less happy than last year's year 5 and they feel considerably less safe. We are aware that this is a particularly unhappy cohort and are working with the class teachers to address this.

It is worth noting that the current year 4 has the highest number of child protection plans and school support plans of any year group in the school. They are clearly the most vulnerable year group. However they are absorbing the majority of the school's pastoral resources meaning that we are unable to put sufficient measures in place to support the emotional needs of children in year 5.

What will we do next?

Two members of staff (Wellbeing Group Leaders) are now trained mental health first aiders and will use this knowledge to further support children and families, and school staff.

We have a planned project aimed at supporting the mental health and wellbeing of 60 children in year 2 and year 3. This project is lottery funded and is based in a forest setting and combines stories and role play. Parents will also be involved in workshops.

We hope to run another 10 week Wellbeing Project when we have assessed the data from the new ECM perceptions questionnaires.

We are trying to improve our playground experiences and are investing in new equipment and resources.

We continue to encourage our school to be emotionally literate and to embed 'Bucket Filling' words and actions into the everyday life of the school. We hope to ensure that every child feels listened to and worthwhile.

Senior leader quote:

We have invested a substantial part of the budget in developing a team to work around inclusion and well-being. There are very many 'needy' children and families at Windy Arbor and although we work at capacity, we still have to prioritise those needing support. The skill of the team in identifying this group and working with them has produced some pleasing results whilst identifying further issues. The most pleasing result has been the engagement of parents in the process and although some are still at early stages in their journey to wellbeing, the engagement of parents in the process will enable the journey to progress more rapidly. Without the time, energy and expertise of those that identified the pupils and found new and creative ways to engage them, these children would not have begun their journeys.