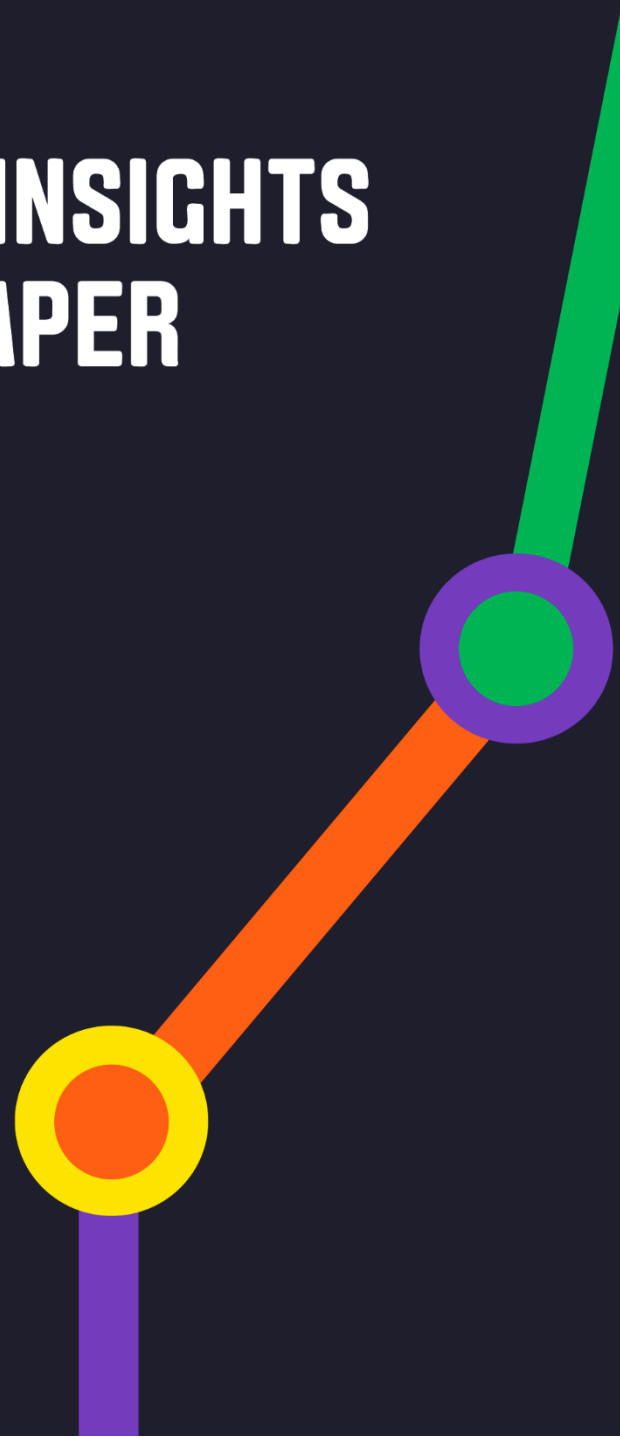




MENTAL HEALTH INSIGHTS WORKING PAPER

December 2022



EDITORIAL

The Carnegie Centre of Excellence for Mental Health in Schools was launched in 2017. Over the years, we have grown a Mental Health and Wellbeing Lead Community now made up of over 1200 members.

Our community is free to join and open to all School Mental Health and Wellbeing Leads or colleagues in Schools and Further Education Colleges, who have strategic responsibility for Mental Health and Wellbeing.

Our vision is to develop a community that supports and empowers School based colleagues who are committed to strengthening mental health and wellbeing for their whole school communities.

For this December 2022 edition, we have asked the community to submit case studies about **interventions** *within the school setting and school infrastructure* to illustrate best practice & sharing of ideas.

For future editions we will have different themes as we intend to continue to produce case studies to shine a light on best practice.

In every edition, there will also be valuable *Think Pieces* about how we can change culture & reframe our thinking and approaches in supporting the mental wellbeing for our students, staff and parents.

Introduction

The Power of Interventions

It is important we continue to raise awareness on the importance of pre-emptive and proactive mental health interventions and encourage schools to change the language of learning, to value these interventions, to ensure having positive mental health is recognised as important as achieving good grades.

Interventions within a school setting can range in format:

- Cross Curricular in lessons
- Assemblies
- Self-refer lunchtime safe spaces
- Staff referral interventions either as 1:1 or in group situations.
- After school Extra-curricular pop-up styled interventions

From reading the impressive case studies submitted for this edition, it is once again clear that intervention programs are not a threat to academic performance but are there to support and enhance the students' progress through their academic journey.

We need to be confident and supportive of the power of early intervention programs.

If they are specific to the student's or cohorts' needs; time bonded; closely tracked and data driven to measure impact; these intervention programs can be the turning point in promoting the resilience of their pupils and changing the whole school culture.

We hope you enjoy reading these impressive case studies on the *power of interventions* within a school setting and the inspiring Think pieces

Guest Editor

Clare Erasmus

Educator and Author of *The Mental Health and Wellbeing Handbook for Schools: Transforming Mental Health Support On A Budget* and *The Designated Mental Health Lead Planner: A Guide and Checklist for the School Year* (published by Jessica Kingsley Publishers).

Case Study

Organising Out of class support interventions

Name of Person Leading and their Role in the School

Caroline Stanley

Senior Designated MHWB Lead/DHT

Type of School

Nursery and Primary (including 2yr olds) Grove Street Primary School.

Theme of the Intervention

Emotional Literacy Support Assistants (ELSAs)

<https://www.grovestreetprimaryschool.co.uk/page/elsas/117737>

Area of Need Identified in the School which Led to the Intervention

To improve children's emotional regulation and resilience

To provide targeted therapeutic interventions supporting children's mental health and wellbeing

Desired Outcomes

Short Term

- To develop children's ability to recognise, understand and regulate their emotions

Long Term

- To develop a whole school approach to mental health and wellbeing
- To embed universal and targeted approaches so that we reduce numbers of children needing CAMHS support

Numbers Involved in the Intervention

Approx. 114 per term (2 year olds – Y6)

Time Duration

Sept 2019 – October 2022

Intervention Put into Place

In Spring 2018, We applied for two funded places on a Local Authority pilot programme, training TAs (Level 3) in Emotional Literacy Support. This opportunity aligned with our school development objective of the implementation of a whole school approach to Mental Health and Wellbeing. Our aim was to embed universal and targeted support so that less children were in crisis and needing CAMHS support. [Putting Evidence to Work - A School's Guide to Implementation | EEF](#)

The ELSAs were trained by Educational Psychologists and received ongoing termly Ed. Psych. supervision. Each ELSA has a room of their own in which to facilitate interventions, their timetables are solely for working with children and families and are not class based. Initially, ELSA interventions were met, by some members of staff, with resistance. Staff queried the impact of children being taken out of class during core subjects and didn't necessarily buy-in to the premise that if we prioritise supporting children's mental health, their academic outcomes will also be improved.

Following initial impact results, we appointed and trained another TA, meaning we now had an ELSA for each Key Stage.

Pre and post intervention impact were measured using the [Boxall Profile](#) and staff completed referral forms indicating areas of need.

And then the pandemic happened.

During this time, the ELSAs developed their roles beyond comparison. They became unofficial Family Support Workers: making welfare checks; providing food parcels; phone calls home and emotional support to children and families alike.

Seeing the children they worked with in their Bubble settings, provided the ELSAs with a unique opportunity to observe the children's emotional resilience and their use of specific strategies within their class settings. Teachers encouraged the ELSAs to team teach with them and in turn, ELSAs provided staff with coaching opportunities as well as signposting to support strategies.

Autumn 1										
	Little Learners	Nursery	Reception	Y1	Y2	Y3	Y4	Y5	Y6	
Safeguarding	1 6%	7 21%	5 15%	2 6%	2 6%	7 15%	8 22%	6 14%	9 23%	
SEND	2 12.5%	7 20.6%	4 11.8%	2 5.6%	2 5.6%	8 17.0%	8 21.6%	4 9.1%	16 41%	
CLA	0 0%	1 3%	0 0%	1 3%	1 0%	2 4%	0 0%	0 0%	0 0%	
PP	0 0%	0 0%	2 6%	1 3%	4 11%	8 17%	10 27%	12 27%	15 38%	
Attendance	2 13%	5 15%	6 18%	1 3%	3 8%	3 6%	5 14%	5 11%	7 18%	
EAL	0 0%	0 0%	0 0%	1 3%	0 0%	2 4%	1 3%	0 0%	2 5%	
Aces	2 13%	8 24%	7 21%	2 6%	3 8%	11 23%	11 30%	13 30%	20 51%	
Male	2 13%	7 21%	6 18%	4 11%	2 6%	7 15%	9 24%	8 18%	8 21%	
Female	0 0%	5 15%	3 9%	5 14%	3 8%	7 15%	7 19%	6 14%	15 69%	

ELSAs have access to our Pupil Progress Meetings, which discuss children's mental health as an integral aspect of their progress. This includes using the [Leuven Scale](#) for wellbeing and involvement for all children from Y2s – Year 6.

This year, ELSAs are trialling using RISE Resilience assessments <https://www.edpsyched.co.uk/rise> to identify areas of strength and need, drilling down into the eight pillars of resilience.

The role of ELSAs in our school, aligns with and is integral to the following school policies: SEND, Attendance, Safeguarding, Behaviour and Mental Health and Wellbeing.

Impact Seen

Staff/Pupil/Parent questionnaires evidence high level of understanding of MHWB e.g. *Do you understand why you get angry or upset, why you can't control your anger sometimes?*

90.9% positive

Does your school teach you about your feelings and how to manage things like anger?

81.3% positive

Significant reductions in referrals to core CAMHS in 2020 – 2021, 2021- 2022 1 referral per year, in 2018-2020 7 per year.

MHST offers low to moderate support, ELSA support is more moderate to severe.

OFSTED October 2022, *“Leaders successfully ensure that pupils learn about the importance of physical and mental health. Pupils enjoy becoming well-being champions. Teachers take care to link all personal development activities to how they may affect pupils’ mental wellbeing.”*

Changes in parental attitudes: parents actively requesting ELSA support.

ELSA intervention is now requested by teachers; seen as integral to children’s progress.

We don’t need to buy in external services as we have invested in a sustainable ELSA team.

ELSAs are Early Help Trained and support families with signposting to Family Toolbox services. The ELSAs also run parent groups such as Youth Connect 5 and PEEP Mini Explorers to ensure early help and offer preventative strategies to families.

CAMHS have requested to use our blueprint of ELSA support as a training model for other schools. They have also asked to use us as a research project, using our data from SDQs to measure impact.

Chester University Attachment, Trauma and Mental Health audit: “A range of evidenced based interventions are in place to ensure progress is measured and that interventions are initiated in a timely manner. The staff team recognise need and are knowledgeable about in-house referral pathways.”

Social media contacts for Caroline Stanley - Twitter @PrimaryGrove

Case Study

RISE Up: A Physical Education intervention

Name of Person Leading and their Role in the School: Neil Moggan, *Director of Sport, Health and PSHE*

Type of School: Secondary school City Academy Norwich.

Theme of the Intervention: proactive early intervention approach focusing on mindfulness alongside a rigorous but bespoke physical education program

Area of Need Identified in the School which Led to the Intervention:

As a physical education (PE) teacher since 2004, I have been alarmed by the decline in our students' mental health through the duration of my career. I became a head of year in 2007 and would support approximately three pupils from 160 per year group with mental health issues and the vast majority were girls. Fast forward to 2021 and it is closer to six pupils per class of 25, with both boys and girls being affected and even younger children being impacted.

Intervention put into place

As the Coronavirus pandemic kicked off and the country descended into lockdown for the first time, I used the Easter of 2020 to find a solution so that I could help my students. I kept thinking about this question: "We wouldn't wait for a child to become obese to work on their physical fitness, so why do we wait for children to suffer mental health difficulties before working on their mental fitness?"

I wanted to be proactive and tap into positive psychology so that young people were better placed to cope with difficulties later on. I researched and studied numerous approaches, such as Cognitive Behavioural Therapy (CBT), Neuro-linguistic programming (NLP), Trauma

Informed Practice and the [Mental Fitness model](#), as well as speaking to leading experts in the field to create a model that would be effective in a secondary school setting.

As the summer wore on, I road-tested these concepts on our students who were children of key workers (and therefore in school), focusing on mindfulness alongside a rigorous, personalised circuit training programme. I was startled by the impact that it had on our relationship, their behaviour and their learning. It also brought our PE team closer as we opened up and discussed our own mental health.

From September 2020, all Key Stage 3 groups and some Key Stage 4 groups at our school, City Academy Norwich, have studied 'RISE Up' alongside a differentiated yoga programme as part of our recovery curriculum. As time has moved on, students have been offered 4 different categories of physical activity for mental wellbeing benefits.

I created the acronym RISE to help teach young people in a memorable way how they can boost their mental wellbeing now and long after they have left school.

The 4 different categories of activities boost mental wellbeing in a variety of ways to meet young people's individual needs and give them greater ownership over how they can manage their mental wellbeing.

Repeaters

Repeaters are activities where we have repetitive movement over a prolonged period of time such as running, walking, rowing etc. Deep breathing in yoga also has the same effect. Repetitive deep breathing calms the amygdala increasing their window of tolerance leading to calmer, more relaxed young people. It incorporates [Polyvagal](#) theory and has shown to improve students' relationships, behaviour, progress and attainment in our partnership schools.

Inclusive Teams

Inclusive team sports are ideal for boosting our mental wellbeing. We strive for social connection as human beings. When we feel included, working together towards a common goal and part of something bigger than ourselves our body releases oxytocin, one of the happiness chemicals which makes us feel loved.

For many young people one of their biggest losses over the pandemic was missing out on their competitive sports fixtures with their teams and missing their teammates which led to a sense of loss and bereavement.

The return of fixtures has created an opportunity for our young people to heal and bring our schools' community back together again.

Stress Busters

Many of our young people are struggling to deal with the pent-up anger and frustration over what they have lived through and missed out on over the last few years. We need to find a way for them to release this stress and anger in a safe and controlled manner. Physical activity is a great vehicle to incorporate trauma informed practice to push our frustrations away and calm our amygdala.

Stress busting activities such as boxing, weight training, contact rugby, smashing a ball, or yoga for our introverts relieve stress and tension by releasing endorphins.

Energisers

Energising activities such as circuit training, high tempo dance, & HIIT training are great physical activities to trigger the release of dopamine and serotonin which boost our confidence and motivation and make young people feel energised and happier.

The programme has evolved and been refined into the 9 Step RISE Up Roadmap. It gives inspirational teachers a proven method to transform student and staff wellbeing across the whole school alongside a differentiated exercise programme designed to meet the needs of individual students. It is an early intervention programme for all, one that reduces the chances of students suffering from anxiety and depression in the future, so that they can thrive academically and personally instead.

In Stage 1, we develop awareness of what the RISE Up programme means and how we can identify those students who are struggling with their mental health but sneaking under the radar to create a proactive culture around student wellbeing. Identifying students by using the mental health continuum has been particularly powerful for signposting those in need to expert help from our SEMH counsellors and beyond. We then introduce body scanning and journaling to help students to develop self-awareness.

Stage 1 steps

- 1 – Introduction to mental fitness - 🧘
- 2 – Identification - 👁
- 3 – Self-awareness - 🧐

In Stage 2, we equip students and staff with a toolbox of self-care strategies to build confidence and self-kindness, use worries as a positive, raise aspirations, develop healthy habits, and help students understand how to access the four happiness chemicals (endorphins, dopamine, serotonin, oxytocin).

Stage 2 steps

- 4 – Confidence and kindness - 🤝
- 5 – Worries as a positive - 🧠
- 6 – Habits 📅
- 7 – Happiness 😊

In Stage 3, we show staff how to embed the programme across the whole school in seven different ways to have maximum impact and celebrate students' and staff success.

Stage 3 steps:

- 8 – Whole school impact - 🏫
- 9 – Celebrate 🏆

Impact Seen

By giving students greater choice over the activity, we are seeing evidence of their wellbeing improve and them demonstrate greater effort, engagement and progress.

As part of the programme, a lesson on the mental health continuum has helped staff to identify young people who are struggling with their mental health but sneaking under the radar. This helped to identify, on average, three students per class and direct them to additional, specialist support from the school's social, emotional and mental health (SEMH)

counsellor. It also helped to identify three safeguarding issues and put support in place for those students.

Sam, a student in Year 8 said, "My best subject has been PE because my mental health has gone from really low to the highest level it has ever been. I've realised that I can turn my problems into solutions for my future. The RISE Up unit has helped me in many ways, such as building my confidence and my self-esteem. Now my body knows that it can go further than I ever expected and my confidence about my mental health is higher than ever before."

The programme has evolved with an optional Key Stage 4 group covering the Building Mental Fitness content during 'Walking for health' in core PE. It has been fantastic to see the group's willingness to discuss their own mental health grow and to create a culture of peer-support so the young people know they are not battling their mental health challenges on their own. We have also added a 'RISE Up' enrichment activity for Year 7s as part of our innovative UCAN programme to develop cultural capital.

The course content has also been used by PE to impact on the whole school. All Year 8 students have covered Building Mental Fitness in RSHE this year to reinforce the importance of proactive self-care strategies and all form groups cover the content as part of Mindful Mondays, Wellness Wednesdays and Physical Fridays to create and reinforce healthy habits throughout the school. These strategies are then posted on social media so the wider community can benefit from the programme.

With the uncertainty created by Covid, there was also a decrease in staff wellbeing, so a dedicated staff programme was created on Google Classroom. This enabled staff to benefit from pre-recorded videos explaining the strategies in a way that they could access confidentially. The online course was used to upskill all of the PE staff as part of the department's continuing professional development programme and is available to all teachers and support staff within school. Bryony Radley, PE teacher, said, "The RISE Up course has given me a number of strategies and greatly enhanced my confidence in supporting young people struggling with their mental health".

The programme's impact has been dramatic, with 94 per cent of students who have completed the unit believing that they feel more equipped to manage their mental health now

and in the future with the skills they have been taught. Consequently, we see happier young people and staff, calmer behaviour across our school, increases in progress and attainment, and have attracted new students to our school because of the priority we give to their wellbeing.

The programme was also a major contributing factor to us being awarded the Association for Physical Education (afPE) Quality Mark with Distinction. Former Chair of afPE, Mike Crichton, cited the school's highly effective links between physical education, school sport, physical activity and wellbeing, including a very innovative approach to COVID-19 recovery, as one of the reasons why the school was so successful.

Social Media Contacts: To find out more about the programme please feel free to connect on LinkedIn – Neil Moggan

Twitter handle: @neilfutureact

Case Study

Post-covid reintegration focusing on recovery, realignment and growth in and out of the classroom

Name of person: Helen Keevil Pastoral & Mental Health Lead on Senior Leadership Team, Assistant Head in charge of Pupil Welfare

Type of School: Independent day and boarding aged 11-18 years Epsom College

Theme of intervention: post-covid reintegration focusing on recovery, realignment and growth in and out of the classroom to enable all key stakeholders to flourish (pupils, parents, support and teaching staff)

Areas of need which led to the intervention:

1. Social anxiety amongst some staff and some pupils (particularly eating in dining hall or attending assemblies in large spaces with large crowds), hesitancy and reluctance of a few to return to school normality
2. Newly emerging neurodevelopmental difficulties of certain vulnerable pupils spotted by parents over the summer but slight shame in reporting them to the College or conversely telling the college too little too late in terms of practical solutions that parents wanted put in place for their child eg Ed psych reports to support extra time, rest breaks or special circumstances in forthcoming examinations
3. Pupils with significantly difficult home lives post pandemic, either through family member bereavement, parental job loss, or a sibling struggling with poor mental health

Desired outcomes:

Short term - to re-engage a particular pupil/staff member and their family with the busyness of College life as we work six/seven days a week and when the mind is occupied it functions more securely and manages to flourish.

Long term - to build trust, compassion and empathy with parents and staff and to consolidate that sense of understanding and acceptance that what we've all been through has been tough but that if we pull together we can collaborate, pool ideas and learn from each other to move forward.

Numbers involved in the intervention:

In a school of over 1000 pupils we have facilitated successful interventions with close to 10% of the population, through a range of 1-2-1 strategies to offering small focus group work and on occasions whole year group assemblies

Time duration: summer term 2022 then new initiatives implemented September onwards

Intervention(s) Put into Place

Mental health lunchtime drop-in sessions in a dedicated classroom for staff and senior students to upskill on key topics, one theme per week led by senior peer mentors overseen by senior member of staff such as social anxiety, OCD, fussy eating, over exercising, self harm, parental expectations, self-care, self-acceptance, sleep issues, body confidence, supporting vulnerable friends/students - the library became a safe space as a drop in wellbeing zone as too did my study in the tuck shop

Mental health first aid training - The majority of teaching and support staff have received some mental health first aid training and we have a team of ambassadors who've received extra bespoke training ranging from the accounts department, bursarial staff, librarians and teachers, we act as mentors or signposting colleagues and pupils towards further support and I've trained over eighty peer mentors during the afternoons 4-6pm twice a week in their extra curricular slots in stress and anxiety management to help younger pupils in need.

Peer support - Senior peer mentors helping to deliver junior lessons on all the above topics as well as digital wellbeing, anti bullying assemblies and workshops and sessions on understanding consent and sexual assault as part of our RSE delivery, these actions have led to a deeper understanding of current issues, removing the stigma that it's ok to be open and honest in discussing them. They also hosted a parents' evening on digital safety and

drugs education to upskill parents on how to have those tricky conversations whilst explaining the college's policies on acceptable use of ICT and social media and drugs/substance/vaping,

It was very empowering for them and very liberating and proud for us as teachers to facilitate their ideas

Online parents' talks - We hosted online parents' talks during covid on all PSHE topics, to help keep the conversations going at home, these are now back on in real life where we invite them to sit in on lectures by experts about self harm, gambling addiction, harmful effects of porn, suicide prevention, cancer awareness by *Oddballs and The Boobettes* (PSHE speakers who visit in person or join us online to give expert advice on testicular and breast cancer.)

We then record them and offer the talk for a two week period through our private media parent portal with discussion worksheets for the chat around the dining table at home. We also offered those recorded talks to local state schools as part of our outreach programme providing we'd sought permission from the speakers

Enhancing our PSHE lessons on Sleep Hygiene, Talking more openly about Death and Bereavement and Coping with Exam Pressure as all feedback was gained from the wellbeing survey and listening to pupil voice focus groups which saw older students help create top tip sheets and mini presentations to share their wise words and experience with younger pupils

TellMi App - At the beginning of the pandemic, we collaborated with an anonymous mental health app for teenagers called *TellMi* which allows young people to post how they're feeling and seek advice through peer support. Our senior students have loved to offer support and advice on the platform whilst also upskilling their own empathy, compassion and reaching out to others, they have found that helping others lifts your own mood and wellbeing which has revolutionised our caring community.

This company continue to work closely with the college, they provide a termly report which helps me tweak our PSHE programme depending on which topics feature most prominently on their platform, it ties in with the main themes from our own college data from regular wellbeing surveys so we are aware of what young people want more support with.

Impact Seen

By working with the TellMi App company this has enabled us to truly be in tune with the "pupil voice" by listening, learning, reviewing, reflecting, then responding to their ideas in a meaningful, well thought out manner, linked to all our college policies. Using the well-being survey data and TellMi themes I can then present to SLT and governors, safeguarding committees and middle management pastoral leaders a snapshot of where we are as a college and future ideas can be launched following discussion with senior students

We've had particular success with certain neurodiverse pupils whose families have worked closely with the college explaining how we can bend and flex the curriculum to suit their son of daughter's individual needs, this may initially have involved stepping away from a chapel service or year group assembly, leading to sitting by a door once confidence and courage had improved, to then being fully integrated and even speaking in such an event.

Anna Freud has massively helped us with the occasional school refuser too as we've used their excellent resources to talk through a strategy with parents, matron and pastoral staff updating teachers every step of the way.

The practice of mindfulness which many enjoyed during lockdowns has now become standard practice across campus, (we were involved in a pilot study of Mindfulness in Schools programme with The Anna Freud Institute in 2019) the Headspace app has been centrally pushed from the IT department to all college devices both for staff and pupils.

Social Media Contacts: @EpsomC_PSD

Case Study

Post Covid: A Re-engagement program involving Wellbeing Steering Groups for Students, Staff and Parents.

Name of Person Leading and their Role in the School: Laura Anthony. Learning Manager and Mental Health Lead

Type of School: An all-girls Secondary with a co-ed 6th form and together with another local Primary, we form an academy, (HEMAT), made up currently of 1936 students The Hertfordshire & Essex High School.

Theme of the Intervention: Learning to navigate the 'post-covid' world that all schools are experiencing is proving a challenge, and for us it very quickly became crystal clear that rebuilding our sense of *belonging* was key to improving the wellbeing of our whole school community.

Area of Need Identified in the School which Led to the Intervention: We were mindful of the importance of 'belonging' as a cornerstone for building resilience, and how covid has impacted this negatively for many within our school community, certainly returning to 'normal' school-life has not equated to just picking up where we had left off as a school community pre-covid.

Desired Outcomes

Short Term To re-engage all of our stakeholders to feel that their voices matter and are being listened to post-covid

Long Term To enrich our school culture and ethos by successfully having the essence of 'Belonging' at its heart, as evidenced through the success of our wellbeing steering groups.

Numbers Involved in the Intervention: Student (whole school), Staff (whole school), Parental (27ish)

Time Duration: Ongoing, the groups have become integral to our school environment.

Intervention Put into Place

With 'belonging' and 'staff wellbeing' as two strands of this year's Annual Development Plan, our starting point has been to engage the many voices from within our school community, to truly hear and understand how everyone is feeling. Accordingly, we set up three Wellbeing Steering Groups for Students, Staff and Parents.

The student group is run by eight sixth form Wellbeing Ambassador Prefects, who have proactively reached out to the larger student body by going into each of the forms to get a sense of what being a student at Herts & Essex is really like.

The detailed feedback and breadth of understanding this has provided has far exceeded the online yearly wellbeing survey that we have traditionally used. We now have a very real and far reaching sense of what students would like to see happening. Some of this has already been implemented, for example by student led assemblies, clubs and far greater interaction across the year groups.

Younger students wanted meaningful engagement with older students and to benefit from their lived experience. Moving forward the lead Student Wellbeing Ambassadors plan on creating Wellbeing Ambassadors' for every form in every year group, that will represent their peers and feed into regular meetings with them, and they will in turn meet regularly with pastoral leads.

We were so impressed with the content of the student feedback, and it was so pertinent to our wider school community, that we collated a document of these findings and took this to our online Parental Wellbeing Steering Group. This enabled us to have discussions with parents around what their young people were feeding back to them at home about their day to day experiences in school, and importantly, their views around this. This forum has

become hugely worthwhile as we have been able to address parental concerns. For those struggling themselves to adjust to the Primary/Secondary transition, at the suggestion of a new Year 7 parent we are looking at forming a 'buddy' system to enable more experienced parents to offer support to those just starting out on the secondary road. Parents and our Wellbeing Governors are also contributing their own expertise and research interests, so our conversations really imbue a shared purpose and understanding.

The addition of our Staff Wellbeing Steering Group is very much focused around the bigger picture – what do we want wellbeing for our staff to look like on the ground, now and in the future.

Impact Seen

Whilst these are still early days, the value of all of these steering groups is already bearing fruit. Already there is a growing sense of unity in a shared conversation.

As a school we now have a certainty that the voices we are hearing are now authentically equal partners, invested in building a school community that is aspiring to be the best version it can be for the benefit of everyone within it.

Social Media contacts for Laura Anthony - school twitter is @HandEHighSchool

Think Piece

Positive Education and Wellbeing by Dr Sue Roffey

Many children come to school ready to learn and excited about new experiences, having heard from their families about all the interesting things they will do. For some pupils this happy anticipation is fulfilled, especially in their primary years. There are schools working hard to ensure that children are motivated, engaged and see themselves making progress. For those individuals, school is a safe place where they have a voice, make friends, experience respect, have fun and do not fear being a 'loser'.

The current situation

Sadly, especially in English schools, that is currently not the case for a significant proportion of young people. They do not feel positive about themselves, other people or the world around them. For the last two decades, education policy has focused on getting through an ever more rigid and packed academic curriculum rather than helping children become the best they can be. What has become the overriding priority in school is the grades pupils attain. The Times Education Commission Report (June 2022) estimates that education is leaving at least 30% of young people behind as it is irrelevant both to their needs and to those of the 21st Century. Where wellbeing is at the core of a school's endeavours however, this underpins achievement as well as mental health and resilience, pro-social behaviour and teacher satisfaction. The evidence is unequivocal.

Positive education

Positive education is aligned with wellbeing. It is not a panacea - but has a great deal to offer those who will listen – and across the world many are doing just that. It makes sense to promote the positive both in the micro-moments of every day and in the construction of policy and practice. Good practice not only makes a difference for disadvantaged youth but also helps to address the needs of pupils who may do well academically but are also at risk of poor mental health.

So what does positive education entail?

Although definitions and detail may differ from one school to another, most agree that it is about empowerment of all stakeholders, actively promoting positive feelings together with a strengths and solution focused framework across the learning environment. There is a strong focus on the quality of relationships including emotional literacy, social and emotional learning and constructive communication.

Positive emotions

With increased research into neuropsychology, we know that negative emotions such as anxiety and anger can shut down cognitive pathways whereas positive emotions enhance both problem-solving and creativity. In order to maximise their potential, pupils need to be experiencing positive feelings such as feeling safe, valued, acknowledged and heard. As schools are eco-systemic environments, what happens in one part of a school impacts on what happens elsewhere. Teachers who are struggling with overload, micro-management and negativity will not have the psychological resources to respond well to young people, especially those they find more challenging. A teacher who feels supported and valued is more able to access their knowledge base, foster healthy relationships and be innovative in engaging pupils.

Belonging

Feeling that you belong somewhere is now recognised as a basic psychological need. Whereas inclusive belonging welcomes everyone, exclusive belonging only benefits those who are the privileged 'insiders' whether this is a teenage gang or an elite club. How people are spoken to and about creates culture and positions people as 'worthy' or not. Exclusive belonging can be at the root of many social ills, including racism, homophobia, and misogyny. In one school a teacher told me that it was not acceptable to bad-mouth students or their families. This helped to create a high level of social capital, the opposite of a toxic environment.

Collaboration promotes belonging. There are a few pupils who may thrive in a competitive environment and do well personally, but a culture of competition is unhelpful for students

who feel they can never be good enough, aim for unachievable perfectionism or simply give up. It also does not meet the needs of a business environment where employees are often expected to work collaboratively in teams. A sense of belonging in school is not only being accepted for who you are but also being able to participate and add value to projects. It is also seeing yourself making progress in learning so that school has meaning and purpose.

Strengths based language

Strengths based language ensures that no child is negatively labelled. Effort is acknowledged as well as any small steps in both learning and character. Over time this creates a more positive self-concept, When children are spoken about as naughty, lazy or selfish that is how they see themselves. When we label a pupil as having a 'conduct disorder' we place the problem and responsibility for change squarely in them, rather than looking to modify the environment. When we tell pupils they are friendly, helpful, a good listener or becoming a team player, they begin to see themselves differently and are likely to look for ways to reinforce this version of themselves.

Solution focused approaches

Language is also important in the way issues are addressed. There is a great desire amongst many to think and talk ad nauseum about problems and although this might be cathartic it does not move the world on. Solution focused meetings are where people discuss what has gone well, what we might learn from this, how we might build on the positives, what the next target is and what actions might be taken towards this.

Kindness, gratitude, compassion and having fun

There is not enough space here to detail the many aspects of positive education that might be threaded through everyday interaction. Social and emotional learning sessions can provide a place to learn about the importance of these qualities and discuss with peers why they might be valuable in life. Giving pupils agency to develop a safe and happy class for all has more chance of being actioned than imposing a set of teacher devised rules.

ASPIRE to wellbeing

Positive Education can be summarised by the ASPIRE principles: This acronym stands for

Agency: Empowerment, having a voice and taking responsibility

Safety: Physical, emotional and psychological – being accepted for who you are.

Positivity: Strengths, solutions and positive emotions, kindness, compassion and having fun

Inclusion: Feeling you belong, you can participate and your contributions matter

Respect: For individuals and for culture; courtesy and consideration; being heard and not judged.

Equity: Being flexible and responsive to need, ensuring everyone has equal opportunities to learn and thrive.

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Think Piece

Setting up a Therapeutic Space within your School

By Caroline Peacock, Children's Psychotherapist, School Mental Health Wellbeing Lead at Beech Hall School, Tytherington, Cheshire and Group Mental Health Representative for Chatsworth Schools

My background

I have a deep desire to empower and help children and young people heal from the events in life and to facilitate this I have spent the last decade developing the 'good enough' therapeutic space with the 'blank canvas' environment that I was given. I have taught in pre-schools and nurseries around Cheshire before qualifying as an Accredited Play and Creative Arts Therapist in 2015.

Subsequently I have trained as a Certified StoryPlay™ Practitioner; Heart-to-Heart Practitioner; Baby Bonding Practitioner; Life Story Practitioner; and a Creative Clinical Supervisor.

I have worked in private practice, within primary and secondary schools, PRUs, a hospice (with the pre and post bereaved) and within children's residential homes. I am now incumbent as a full-time psychotherapist in an independent school in Cheshire.

I get so much joy being allowed to take the journeys of mental, emotional and psychological healing with the pupil I work with and their families. My hope is to empower those to come together to have a positive impact on each other's lives.

Background and development of Beech Hall school in the last 4 years

The great strength of Beech Hall School is that the Senior Leadership Team recognised and respect the staff who work there. They recognised that they needed to grow their Enhanced Learning Team four years ago, comprising a full-time psychotherapist and other specialist within their field including a dyslexia specialist, autism intervention specialist, a speech and language specialist, when there were less than 100 pupils in the school. Beech Hall now

proudly boasts over 150 pupils and is growing keeping the family atmosphere with small classrooms so we are still able to ensure all our pupils receive the support that they require.

Who will be using the space?

Prior to setting up a therapeutic space you must be conscious of how it makes you feel to practise within the space. You must feel comfortable both with the environment and with the items within the environment. The reason why it is so imperative that you must feel comfortable in the room is because when you are with a child or young person you cannot safely look after them therapeutically unless you are aware of your own triggers.

You can become familiar with your own triggers by using your items (toolkit) within the space conducting the activities that you will be doing with the children and young people and 'being' in the space. That said; there are times within your practice where you can be triggered through your senses unexpectedly. It is important that you take these scenarios, where you have been triggered by situations to supervision to explore. [Supervision is imperative within our profession and is a place where we discuss ourselves and our caseload to ensure ethical practice].

When thinking about setting up a therapeutic space one must consider the needs and the ages of those who are going to utilise the space. This is determined by how they are presenting at the time of referral, not necessarily their biological age. This is so they may gain a sense of familiarity, trust and relationship with the environment, which in turn strengthens the client / practitioner relationship.

During the beginning of our time together, I explain that the space will look nearly the same every time. I highlight the only exception will be the 'art area' where the materials change due to usage. It is imperative to have the room set up identically each session. This is to bring a sense of regularity and strengthen the therapeutic relationship.

When considering seating it is important always to ensure that it is diverse. You also need to feel comfortable using it. If the child or young person you are working has a choice of seating it is important that you can also sit at the level they have chosen. Quite often children choose to be on the floor (where you may need a beanbag to feel comfortable, a simple offer of a beanbag to them should suffice in my experience). Generally older children prefer an easy chair to relax and either talk or layback for a visualisation. All children and young people may conduct artwork or a sand tray work and it would be appropriate for them to be offered a chair.

When using easy chairs and you are in conversation with another person it is useful to sit at an angle as in image 1. For artwork and sandtray work, it is useful to sit next to the person at an angle as in image 2, but always check in with the child or young person to find out what they prefer.



Image 1 – Chairs in conversation



Image 2 – Art Area – chair positioning

If you are working with physically disabled individuals, you may need to bring in chairs that have wheels to allow them to be empowered to move around the room. An example would be if someone were constructing a sandtray and using the miniatures; they would need to move between the miniatures and the sandtray ideally unaided.

You need to consider the variety of children and young people visiting the space and be prepared to adapt the space accordingly and ultimately none of the seating should be fixed so they can be used in a manner of ways.

The Senses

The ways that we affect the senses need to reflect on when creating a safe therapeutic space as each element will have an effect on our children and young people who we work with. There are numerous factors to consider when considering setting up the space if you are working with diverse children and young people, including the neurodiverse; those with attachment difficulties; those who have been through extreme trauma (like refugees or neglect); those who find boundaries difficult; and physically disabled to name a few. The following are the five basic senses. However, you should also consider the other three: proprioception (how your brain understands where your body is in space); vestibular (how your brain understands the sense of movement); and interoception (how your brain understands the sense of your internal body).

Sight

If you can choose the colours of the walls, ideally choose soothing blues or greens, or if you are unable; the use of lighting to soften or harden (both up and down lighting) within a space is a way to change the aspect of a space. Having different types and levels of lighting is useful, including the use of daylight. The use of windows allows circulation, but also blinds can adjust the light within the space.

Another option would be to use splashes of colour and to highlight or mute the colour of the space. Research suggests that keeping plants, flowers or other parts of nature like a picture of nature may be associated with better mental health. The use of a fish tank (real or otherwise with bubbles) can be soothing to the eye and ears.

For the flooring, it is useful to have the homely feeling of carpet or rug on wood; but also the potential to have a mat to allow for a messy area, which can be used if children or young people regress involving messy play.

Touch

Layering a space is important to incorporate texture whether it be in cushions (as you will note in Image 1) or blankets. Each of the chairs have different cushions to allow for choice.

It is essential to consider the body's temperature of a child or young person especially when facilitating visualisations as body temperature can drop and for them to relax into the visualisation or meditation they will need to be offered a blanket. This is not something that should be forced as everyone is different.

In my 'landing area' (the place I generally start my sessions) there are, grounding and fiddle items within reach for people to hold to ground them to the space.



Image 3 – 'Landing Area' with grounding tools

Sound

Coming back to flooring, be aware how certain footwear, and other body parts sound on the flooring, as for some it can be sensitive to it.

Some children and young people find it useful to have white noise or non- lyric sound playing in the background to soothe them. This may be the case if they are not used to complete silence, whilst others may welcome the silence. A fish tank may be introduced to the space to create the noise to soothe the client.

Smell / Taste

Smell is a powerful sense in particular both as a healing but as also triggering. If you are not trained in aromatherapy, I strongly suggest not using essential oils. Some smells can be triggering to individuals; whether it be for a medical reason or remind them of a traumatic experience. The sense of smell, taste and sound develop and are prevalent in the womb so as practitioners we need to be aware of its potential to trigger historic trauma for the children and young people.

Exceptions

There may be times when I have to reduce what is available within a therapeutic space for a child or young person. The behaviour is varied and the reasons numerous including over stimulation, there may be a history of neglect, attachment issues, boundary issues, autism, and many more.

This piece highlights a brief outline of how to set up a therapeutic space and certain items to consider.

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Think Piece

The 'Happy' Question

What is happiness? I don't mean what is it for you individually - steaming bowl of soup on a cold day / fluffy puppies / long lie-ins at the weekend etc etc etc. But what is the notion of Happiness & is it a reliable measure of overall well-being, as is increasingly the case in education & in life?

My school recently undertook several surveys of the school community. Pupils and then parents in the first instance. We were asked as a staff to look at and then comment on some of the findings, especially to do with pupil happiness. The results don't need to be reflected on here or indeed the resulting discussions. However, some of us were left wondering, what actually is Happiness & is there a 'one answer fits all'?

As an ELSA & full time Head of an academic department, I deal in emotional vocabulary on a daily basis. In my former life I was also a professional actor - so, I can act Happy. I know what my facial expressions, tone of voice & physicality should be doing. Now, as an ELSA, I am confident pointing at pictures of faces, supporting pupils in learning what a happy face looks like, thinking about what makes them happy / sad / angry / anxious...

But still I am left wondering, what is Happiness & how do you feel happier? Are expectations of happiness different for each generation? Can you truly teach people to be Happy? Except maybe through trial & error. I think that most people agree that we must know & acknowledge unhappiness, in order to know what true happiness is. But isn't it by its very nature, different for everyone & therefore not easy to make judgements by or track & assess? I know that my own grandparents argued nearly every day of their very long marriage & seemed perfectly happy doing so! One person's Happy, could be someone else's idea of misery. Or even more problematic - what if someone's happiness comes at the expense of another person's?

But mental health & wellbeing in schools, seems increasingly to be judged on whether someone is happy. Professional sports people are increasingly vocal about their own happiness affecting their performance. Parents are quick to jump on the unhappiness of their

child at school & demand to know what the school is doing about it. Staff morale comes down to staff happiness.

Is happiness achieved by avoiding unhappiness? Is it a question of 'fake it til you make it' if you aren't feeling happy?

During the recent pandemic, many schools focused on 'fun activities' to keep pupils happy. But for every happy face, how many were truly happy (including the staff running the activities)?

I think it all comes down to 3 fundamental questions:

What is 'Happy' at this precise moment in time?

How do / can you improve it for all?

And then, how do you access, track & evidence it?

I continue to trial various ideas, happily with some successes along the way, in an attempt to answer some of these issues, but, for me at least, the Happy question remains.

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