



# Mental Health and Well-Being

Mental Health and Well Being Lead Sara El-Ghaly

2020- Current





PRIMROSE HILL 



MENTAL  
HEALTH



& WELLBEING



2020-21



## CURRICULUM POSITION

### CURRICULUM POSITION STATEMENT FOR : Mental Health

Created by...Sara El-Ghaly.....

Date...12/06/2021.....

#### **Does this subject have a policy statement?:**

We have our Mental Health written statement on our school website which has been updated with any amendments due to recent rules and regulations.

#### **Information about our Curriculum:**

The mental health policy acknowledges the extensive work being completed at Primrose Hill Primary to safeguard children's Mental Health. It was created to build awareness of our vision and aims. The importance of social, emotional and mental health (SEMH) is recognised as part of the School Development Plan 2019/20 with the aim of creating a successful SEMH strategy to ensure that students receive the mental health support they need quickly and efficiently.

The school intends to develop its current systems for SEMH through the implementation of a whole school strategy led by the Mental Health Lead. The school intends to promote mental health as part of school life through:

- Improving the emotional wellbeing of our staff and pupils
- Ensuring mental health problems are identified early and appropriate support provided
- Offering provision and interventions that matches the needs of our students and staff
- Engaging the whole-school community in importance of mental health awareness
- Capturing the views of parents, carers, students and staff on mental health issues

#### **Teaching & Learning:**

The school promotes and provides a range of services to pupils/staff & parents.

:

- Our own child/adult mental health counsellor -Sue Doolan
- Private counselling services offered to children, who are identified as benefitting from such services.
- Parental Engagement Lead- Karen Mackey (EYFS teacher)
- School council to act as ambassadors for other pupils
- Teaching staff who are first aid and paediatric first aid trained
- Co-ordinated support from a range of external organisations:  
SEND/Safeguarding/PCSO/Church/Health/Police/Fire services/Art Therapists
- Rigorous PSHE Curriculum

Whole school staff trained on early identification of signs and appropriate actions to take

Emotions Gremlins interventions to develop social and emotional skills

Anti-bullying ambassadors trained in employing restorative approaches

A worry box situated within school for children to post their concerns to be sensitively addressed by the safeguarding team.

#### **Assessment & Standards:**

Assessment of Mental health needs are currently the role of the SENCO. Teachers have received in house training pertaining to the identification of risk factors and are then expected to relay to the SENCO for further analysis. In line with the current mental Health policy teachers are expected to support the ethos of the school, which involves a safe, caring and nurturing environment, where children are supported and restorative practices are used to challenge behaviour.

#### **Equal Opportunities & Inclusion (inc SEND):**

A strong school ethos which empowers tolerance and respect, including respect for difference and diversity

Cyber Bullying initiatives led by Jon Samuels (ICT Lead)

High profile of anti-bullying procedures and policy through child and adult produced posters, assemblies and events such as national anti-bullying week and using PSHE/SMSC programmes in school

Active listeners, to whom any child can turn, [well-being hub](#) is first port of call.

A democratic process for the election of school council representatives

Timetabled meeting time for members of the school council

School Council, which gives every child a voice

Involving pupil voice in subject appraisals

Allocating a school council budget

Opportunities in assemblies

#### **Home/School Links:**

Drama performances and music events in the community  
Involvement in school trips and extracurricular activities

Regular communication and involvement over pupil progress, behaviour and pastoral issues

Parental Engagement events within class whereby children interact with their parents within class

Regular updates through the forum Dojo

Involvement in trips and excursions

Open door policy whereby parents can quickly and easily engage with class teachers

**Links to well-being and personal development:**

Governments across the UK recognise the need to include mental health and well-being with the taught curriculum for schools. The Department for Education in England has published a package of support for all schools to support the implementation and teaching of the Relationships Sex and Health Education (RSHE) curriculum. Its guidance supports the wider work of schools in helping to foster pupil wellbeing and develop resilience and brings together all existing information available to schools, including the Mental Wellbeing teacher training module (June 2020), the statutory guidance, guides for parents and guidance on engaging parents and carers in relationships education. Generally, it is important to make sure that pupils have regular opportunities to talk openly about mental health across all areas of school life. By supporting pupils to better understand their own mental health and how to take care of it, schools and colleges can encourage more open discussions and help break down the stigma around mental health.

**Links to other subjects:**

Mental Health and Well-being has strong links with creative subjects such as music and art and artistic tasks have become embedded as brain break initiatives. Mental Health and well-being is explored through PSHE and the strategies learnt and discussed through mental Health and wellbeing have a consequence for all subjects, as positive attitudes are supportive to progression within school.

**Reporting to Parents:**

Parent questionnaires regularly  
Specific Parental Engagement Lead allocated and working closely with parents.

Regular consultation about change and development through questionnaires and special meetings

Parents evenings

**Monitoring & Evaluation Arrangements:**

Pupil voice is obtained as are questionnaires to gauge parental perspectives.

**Top three priorities you have been working on this school year:**

- Establishing the role of Mental Health Lead
- Introducing systems post COVID to safeguard children's mental Health such as brain breaks
- Familiarise myself with the plethora of documentation

**Top three priorities you intend to work on next year:**

- Introduce a whole school system for Mental Health and Well-being
- Continue to work with the SLT to ensure the curriculum support Mental Health and Well-being
- Introduce Anti-bullying ambassadors to support restorative practice in the playground

**What two examples can you think of where you help improve provision and impact on standards in your subject area?**

- Well-being Wednesday was launched in Primrose Hill in January 2020, so far we have engaged in yoga, Pilates, a psychic medium remotely visited, dodgeball and quizzes. Upcoming is meditation, candle making, pasta making and music bingo. I have been inundated with positive feedback from staff- commenting on the positive impact the initiative has had on their well-being. Having documented participation in either one or more activity, we found that since it start the initiative has engaged 63% of staff which is extremely high for a new enterprise.
- I participated in a plethora of government endorsed webinars to inform the best approaches to supporting children's return to school after such a prolonged absence. This helped to ensure all practice was supported by government recommendations.

**What has been the impact of COVID-19 on your subject area?**

After being informed by a plethora of government endorsed documents to inform the best approaches to supporting children's return to school after such a prolonged absence, we recognised the necessity of allowing opportunities for age-appropriate, open, frank discussions to mitigate any misinformation acquired during lockdown.

Government recommended texts were shared throughout school supplemented by activities which encouraged focusing on the positive aspects of lockdown- new skills learnt, concepts of hope and resilience.

Brain breaks were introduced including such activities as yoga, power poses and meditation.

Shorter lesson times were established with foundation subjects now being taught in the morning to ensure continued engagement. Core subjects were divided into two lessons to accommodate the lengthy gap in academic studies.

Virtual assemblies led by Mr. Ashton are regularly led within school

The implementation of the Anti-Bullying Ambassador programme created by the Diana Foundation, whereby children are trained in peer restorative practice methods to be utilized at lunch and [breaktimes](#). They will then train future classes in these practices.

Whole school awareness of Mental Health and Well-being raised, through recognizing anti-bullying week and Mental Health Awareness week. Whereby an abundance of activities, discussions and live feeds were engaged in to raise awareness and challenge stigmas around Mental Health and bullying  
Children engaged in Yoga streamed live from a tutor which was particularly successful.

Adopted a predominantly online approach to our blended teaching offer, the qualification for this stemmed from a myriad of risk factors we observed when we piloted the approach in Oct 2020. These included children being up and out of bed and being consistently present.

**How will the impact of COVID-19 on your subject be addressed?**

Constantly evaluate the efficacy of current strategies through obtaining pupil voice and teacher perspectives.

Continue to complete training to support deliverance of an up to date Mental Health Curriculum

Continue to develop staff knowledge through training



# MENTAL HEALTH POLICY



## Mental Health & Wellbeing Policy

Name of school: Primrose Hill Primary School

Date of policy publication: December 2021

Author/s of policy: Sara El-Ghaly  
Lead Governor: David Dobson

Date of last review: N/A Date of next review: September 2022

### Policy review dates and changes

| Review date | By whom | Summary of changes made | Date implemented |
|-------------|---------|-------------------------|------------------|
|             |         |                         |                  |
|             |         |                         |                  |
|             |         |                         |                  |

The national criteria states:

*"A healthy school ensures that when pupils are unhappy, anxious, disturbed or depressed there are open channels for them to seek or be offered support, without stigma and with appropriate confidentiality. A healthy school actively seeks to promote emotional health and well-being and helps pupils to understand their feelings.*

*Mental health is a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community"*

(World Health Organisation)

Mental Health and Well-Being Lead:

Sara El-Ghaly

Mental Health and Well-Being Lead Governor:

David Dobson

Safeguarding Leads

Lee Ashton (Headteacher)

Sue Doolan

Nathalie Marshall

SENCO

Sharon Franks

Helen Clarke

Looked After Children Lead

Nathalie Marshall (Deputy Headteacher)

The school intends to develop its current systems for Mental Health and Well-Being, through the implementation of a whole school strategy led by the Mental Health and Well-Being Lead (Sara El-Ghaly), in conjunction with the Well-Being Award for School (WAS). The school intends to promote mental health as part of a whole school strategy, through:

- Improving the emotional wellbeing of our staff and pupils
- Ensuring mental health issues are quickly, identified and appropriate support provided
- Offering provision and interventions that matches the needs of our students and staff
- Engaging the whole-school community in the importance of mental health awareness
- Capturing the views of parents, carers, students and staff on issues surrounding Mental Health and Well-Being

In addition to promoting positive mental health, Primrose Hill Primary aims to recognise and respond to mental ill health. Research suggests, in an average classroom three children will be suffering from a diagnosable mental health issue. By developing and implementing practical, relevant and effective mental health policies and procedures, we can promote a safe and stable environment for students affected both directly and indirectly by mental ill health.

Any member of staff who is concerned about the mental health or wellbeing of a student should speak to one of the SENCO Team or SLT in the first instance. If there is a fear that the student is in danger of immediate harm then the normal child protection procedures must be followed with an immediate referral to the Designated Safeguarding Lead (DSL)- **Mr Lee Ashton, Miss Sue Doolan or Nathalie Marshall**. If the student presents a medical emergency then the normal procedures for medical emergencies must be followed, including alerting first aid staff and contacting the emergency services if necessary

### CONTEXT AND RATIONALE

Emotional health and wellbeing promote school success and improvement by:

- Contributing positively to priorities such as enhancing teaching and learning, raising standards, promoting social inclusion and improving behaviour and attendance
- Helping pupils and staff develop skills linked to resilience, which promotes well-being, confidence

and motivation.

- Ensuring legal, ethical and curricular obligations are met

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#### **AIMS**

- Resilient and motivated pupils and staff
- Pupils who are more engaged in the learning process
- Improved attainment in all subjects
- More effective teaching
- Parents and carers more involved in school life and learning

*The skills, knowledge and understanding needed by our pupils to keep themselves and others physically and mentally healthy and safe are included as part of our subject curriculum and are embedded in the school's ethos.*

*We will follow the Jigsaw PSHE Curriculum, to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner, which is supported by explicit directives, aimed at promoting Mental Health and Well-being, through being aware of, and discussing our feelings.*

#### **BEHAVIOUR AND ATTENDANCE**

- Pupils with high self-esteem and confidence
- Pupils who have a say in what happens at school through the SMART council
- Fewer disaffected pupils, disengaged from learning
- Improved behaviour and attendance
- No instances of bullying
- Motivated pupils who want to be in school as they feel secure and safe emotionally

#### **STAFF CONFIDENCE AND DEVELOPMENT**

- Improved morale
- Lower absenteeism
- Positive and effective relationships with pupils

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#### **What works well at Primrose Hill Primary:**

*The school promotes and provides a range of services to pupils/staff & parents:*

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- Our own child mental health counsellor -Sue Doolan
- Parental Engagement Lead- Karen Mackey (EYFS teacher)
- School council to act as ambassadors for other pupils
- Pastoral TAs who are also first aid and paediatric first aid trained
- Co-ordinated support from a range of external organisations: SEND/Safeguarding/PCSO/Church/Health/Police/Fire services/Art Therapists
- Rigorous PSHE Curriculum
- Highly trained school adept at early identification of signs and appropriate actions to take
- Emotions Gremlins interventions to develop social and emotional skills

*The school promotes an anti-bullying culture through:*

- A strong school ethos which empowers tolerance and respect, including respect for difference and diversity
- Cyber Bullying initiatives led by Jon Samuels (ICT Lead)
- High profile of anti-bullying procedures and policy through child and adult produced posters, assemblies and events such as national anti-bullying week and using PSHE/SMSC programmes in school
- Engaging with the Anti-Bullying ambassador programme, led by the Diana Award Trust

*The school promotes and strengthens the pupil voice through:*

- A democratic process for the election of school council representatives
- Timetabled meeting time for members of the school council
- School Council launched which gives every child a voice
- Involving pupil voice in subject appraisals
- Allocating a school council budget
- Opportunities in assemblies

*The school promotes the involvement of parents and carers in the life and learning of the school through:*

- Parent questionnaires regularly collated
- Specific Parental Engagement Lead allocated and working closely with parents.
- Regular consultation about change and development through questionnaires and special meetings
- Parents evenings
- Drama performances and music events in the community
- Involvement in school trips and extracurricular activities
- Regular communication and involvement over pupil progress, behaviour and pastoral issues
- Parental Engagement events within class whereby children interact with their parents within class

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- Regular updates through the forum Dojo
- Involvement in trips and excursions

*The school facilitates a context for learning through:*

- Enhancing school and classroom layout; facilities and resources
- Recognising the context of individual pupils and their physical, social and emotional needs
- Establishing clear rules, routines and expectations about behaviour for learning and social cohesion.
- Encouraging positive, caring and constructive relationships through the teaching of the 6Rs across the school.

*The school enhances pupil motivation and learning through:*

- Consistent support for vulnerable children and those with SEND from trained teams of pastoral learning support, teaching assistants and other agencies where appropriate.
- An exciting and varied range of extra-curricular events and trips-some external and some involving visitors to school
- A balanced curriculum with opportunities for intellectual, physical and expressive development
- Encouraging independence in learning
- Using a range of teaching styles such as Circle Time appropriate to pupils' age, ability and level of maturity

*The school enhances pupil self-esteem and personal development through:*

- The Personal Development Curriculum which includes PSHE
- Information, advice and guidance on sex and relationships and drugs
- Opportunities for pupil leadership through school council
- An emphasis on praise and reward through dojo, assembles and points accumulation
- Opportunities for reflection and spiritual development through art, literature and the RE curriculum

*The school enhances staff motivation, learning and professional development through:*

- Whole school training events, including Safeguarding on a regular basis
- Open door policy to liaise with the Headteacher regarding any concerns or comments
- Access to appropriate external training
- Involving all staff in decision making
- Provision of non-contact time to allow for planning, delivery and evaluation of healthy school activities

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*Monitoring/Review*

- The Governors are committed to reviewing the impact of the Emotional Health and Wellbeing policy and meet regularly with the Mental Health Lead and the WAS award Change team. This has direct links to other school policies such as: (this is not an exhaustive list). This is also stated on the school website as all policies are informed by this one.
- Behaviour Policy
- Attendance Policy
- Safeguarding Policy
- Code of Conduct Policy
- Absence Policy
- Staff Induction Policy
- Equality Policy
- Curriculum Policy

**By the end of Primary School:**

- Understand mental well-being is a normal part of daily life
- Know how to recognise and talk about their emotions
- Develop resilience
- Be aware of the benefits of physical exercise
- Simple self-care techniques
- Discussing isolation and loneliness
- Understand how to deal with bullying, including cyberbullying
- To eradicate the stigma attached to mental ill health and to reinforce support is available.

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## TYPES OF MENTAL HEALTH ISSUES

### **Self-Harm**

Self-harm describes any behaviour where a young person causes harm to themselves in order to cope with thoughts, feelings or experiences they are not able to manage in any other way. It most frequently takes the form of cutting, burning or non-lethal overdoses in adolescents, while younger children and young people with special needs are more likely to pick or scratch at wounds, pull out their hair or bang or bruise themselves.

Online support includes:  
[www.selfharm.co.uk/National](http://www.selfharm.co.uk/National)  
[www.nshn.co.uk/](http://www.nshn.co.uk/)

#### Books:

- Pooky Knightsmith (2015) *Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies*. London: Jessica Kingsley Publishers
- Keith Hawton and Karen Rodham (2006) *By Their Own Young Hand: Deliberate Self-harm and Suicidal Ideas in Adolescents*. London: Jessica Kingsley Publishers
- Carol Fitzpatrick (2012) *A Short Introduction to Understanding and Supporting Children and Young People Who Self-Harm*. London: Jessica Kingsley Publishers

### **Depression**

Ups and downs are a normal part of life for all of us, but for someone who is suffering from depression these ups and downs may be more extreme. Feelings of failure, hopelessness, numbness or sadness may invade their day-to-day life over an extended period of weeks or months, and have a significant impact on their behaviour and ability and motivation to engage in day-to-day activities.

Online support includes:  
[www.mind.org.uk/about-us/what-we-do/depression-alliance/](http://www.mind.org.uk/about-us/what-we-do/depression-alliance/)

#### Books:

- Christopher Dowrick and Susan Martin (2015) *Can I Tell you about Depression?: A guide for friends, family and professionals*. London: Jessica Kingsley Publishers

### **Anxiety, Panic Attacks and Phobias**

Anxiety can take many forms in children and young people, and it is something that each of us experiences at low levels as part of normal life. When thoughts of anxiety, fear or panic are repeatedly present over several weeks or months and/or they are beginning to impact on a young person's ability to access or enjoy day-to-day life, intervention is needed.

Online support include:  
[www.anxietyuk.org.uk](http://www.anxietyuk.org.uk)

#### Books:

- Lucy Willetts and Polly Waite (2014) *Can I Tell you about Anxiety?: A guide for friends, family and professionals*. London: Jessica Kingsley Publishers
- Carol Fitzpatrick (2015) *A Short Introduction to Helping Young People Manage Anxiety*. London: Jessica Kingsley Publishers

### **Suicidal Feelings**

Young people may experience complicated thoughts and feelings about wanting to end their own lives. Some young people never act on these feelings though they may openly discuss and explore them, while other young people die suddenly from suicide apparently out of the blue.

Online support include:  
[www.papyrus-uk.org](http://www.papyrus-uk.org)  
[www.nspcc.org.uk/preventing-abuse/research-and-resources/on-the-edge-childline-spotlight/](http://www.nspcc.org.uk/preventing-abuse/research-and-resources/on-the-edge-childline-spotlight/)

#### Books:

- Keith Hawton and Karen Rodham (2006) *By Their Own Young Hand: Deliberate Self-harm and Suicidal Ideas in Adolescents*. London: Jessica Kingsley Publishers

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- Terri A. Erbacher, Jonathan B. Singer and Scott Poland (2015) *Suicide in Schools: A Practitioner's Guide to Multi-level Prevention, Assessment, Intervention, and Postvention*. New York: Routledge

### **Eating Problems**

Food, weight and shape may be used as a way of coping with, or communicating about, difficult thoughts, feelings and behaviours that a young person experiences day to day. Some young people develop eating disorders such as anorexia (where food intake is restricted), binge eating disorder and bulimia nervosa (a cycle of bingeing and purging). Other young people, particularly those of primary or preschool age, may develop problematic behaviours around food including refusing to eat in certain situations or with certain people. This can be a way of communicating messages the child does not have the words to convey.

Online support includes:  
[www.b-eat.co.uk/about-eating-disorders](http://www.b-eat.co.uk/about-eating-disorders)

#### Books:

- Bryan Lask and Lucy Watson (2014) *Can I tell you about Eating Disorders?: A Guide for Friends, Family and Professionals*. London: Jessica Kingsley Publishers
- Pooky Knightsmith (2015) *Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies*. London: Jessica Kingsley Publishers
- Pooky Knightsmith (2012) *Eating Disorders Pocketbook. Teachers' Pocketbooks*

## Links to Useful Websites linked to Mental Health and Well-Being

Parenting or caring for a child or young person can be tough. It's important to make sure you look after your own mental wellbeing, as this will help you support yourself and those you care about.

Young Minds has lots of support for parents, including a helpline and guidance around parenting with a mental illness

<https://www.youngminds.org.uk/parent>

<https://www.youngminds.org.uk/parent/a-z-guide/parental-mental-illness>

Mind has information and suggestions on how to manage parenting with a mental health problem.

<https://www.mind.org.uk/information-support/tips-for-everyday-living/parenting-with-a-mental-health-problem/parenting-and-mental-health/>

Scope has advice on managing stress when caring for a disabled child.

<https://www.scope.org.uk/advice-and-support/manage-stress-caring-for-disabled-child/>

## Get support

If you're concerned about a child or young person's mental health, you can get free, confidential advice via phone, email or webchat from the Young Minds Parents Helpline.

<https://www.youngminds.org.uk/parent/parents-helpline-and-webchat>

Action for Children has lots of tips to help you spot signs of mental health issues in children and advice on the action you can take to help.

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#### Current Initiatives

- We have developed a Mental Health and well-being policy and vision statement, to clearly focus our attentions and approach, within school.
- We have introduced a system which promotes discussing our feelings, through the use of Emojars, in class. This is regularly shared with parents on our class pages
- We work with parents through our change team half termly meetings to develop a sense of whole-school responsibility.
- We are developing a cool and calm room, to facilitate counselling and meditative practices within school, for children who need them.
- We are developing an aspirations development project, in March, linked to careers week, whereby leading professionals will discuss their career journeys with children, as a tool to develop self-motivation which is strongly linked to well-being.
- Children completed questionnaires to assess their feelings towards our current provision to ensure they are included in the process.
- Regular pupil voice is obtained to ensure initiatives are developed and their success assessed.
- The worry box was developed and promoted, which allows children to write their worries down and ensure they are actioned by a member of the SENCO team.
- Children engage regularly in meditation, philosophy for children and other mindful promoting activities through brain breaks
- We are looking to develop educational games to start the school day to promote attendance and wellbeing.
- Children regularly engage in enrichment activities, such as a magician and circus skills team, who visit, as a tool to support overall mental health and well-being.

#### Staff Mental Health and Wellbeing

Questionnaire data revealed staff viewed interacting with each other, learning and new skill and engaging in quizzes as having the greatest positive impact on their well-being. This led to the concept of Well-being Wednesday being developed, whereby staff engage in an activity together every Wednesday. Well-being Wednesday was launched in Primrose Hill in January 2020. So far we have engaged in yoga, Pilates, a psychic medium remotely visited, dodgeball and quizzes, meditation, candle making, pizza making and music bingo. Collaborative working is encouraged at Primrose Hill Primary, as a supportive measure for Mental Health and wellbeing. Staff receive their PPA time together, in school to promote team working practices. Teachers are also given the opportunity to book subject leader time to support work life balance. Annual appraisals allow teachers the opportunity to develop their careers and aspirations, through a dedicated commitment by the leadership team to support progression and training, linked to interests.

An open door policy is in operation by the headteacher, who promotes all staff freely discussing any issues or celebrating any successes.

A 'compliments' display is currently being developed which promotes acknowledging all staff successes through staff and children writing compliments to each other on it, as a tool to embed a culture which acknowledges the positive acts and traits of the whole school community .

#### Parent Mental Health and Wellbeing

Parents are kept abreast of all developments through a well-being wednesday post, on the communication platform Dojo.

Parents are encouraged to contribute to all matters pertaining to the whole school community approach to mental health and well-being, through the half termly, change team meetings.

An open door policy exists for parents, who have concerns for their child, or themselves, whereby a member of the SENCO/ SEND will offer advice and support.

There are links to a plethora of useful websites on our Mental Health page and within our policy.

# LITERATURE REVIEW

The World Health Organization (WHO,2011) defines mental health as not simply the absence of disorder but 'a state of wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community'. Subjective wellbeing refers to how children are feeling whereas objective wellbeing refers to the conditions which affect how they are feeling such as health and education (TCS,2015). Both these perspectives interplay in determining children's overall Mental Health and the quality of their lives. Low subjective well-being is associated with poor mental health, increased depression, isolation and is acknowledged as an outcome in itself as well as a key determinant of other positive outcomes in children's lives (Foresight,2008). The Childrens society (2015) found six key factors which affect children's subjective well-being. These are: a positive view of themselves; have the conditions to learn and develop; have a safe environment and suitable home environment and local area; have enough of what matters; have positive relationships and have opportunities to participate in positive activities. However, policy has mixed impact on children's subjective wellbeing. Some policy reform has targeted parental income which has the potential to negatively impact children's subjective well-being such as the introduction of universal tax credits (DFE,2015).

There has been a transformation in mental health over the last 50 years. Advances in care, the development of anti-psychotic and mood stabilising drugs, and greater emphasis on human rights led to the growth of community based mental health services. In the 1990s, the Care Programme Approach was developed to provide more intensive support to people with severe and enduring mental illness. There was a new emphasis on promoting public mental health and developing services for children and homeless people. In 1999, the National Service Framework for Mental Health was launched to establish a comprehensive evidence based service. This was followed by the NHS Plan in 2000 which set targets and provided

aiding to make the Framework a reality. A National Service Framework for Children, Young People and Maternity Services was then launched in 2004 (DFE,2016).

Over the last five years, public attitudes towards mental health have improved, in part due to the Time to Change campaign. In turn, this increased awareness has heightened understanding of an urgent need to act on improving the experiences of people with mental health problems, both within and beyond the NHS. In this context, NHS England and the Department of Health published Future in Mind in 2015, which articulated a clear consensus on the way in which we can make it easier for children and young people to access high quality mental health care when they need it. This strategy builds on these strong foundations. Mental health has not had the priority awarded to physical health, has been short of qualified staff and has been deprived of funds (DFE,2016).

In 2011, the Coalition government published a mental health strategy setting six objectives, including improvement in the outcomes, physical health and experience of care of people with mental health problems, and a reduction in avoidable harm and stigma. The strategy is widely welcomed. However, despite these initiatives, challenges with system wide implementation coupled with an increase in people using mental health services has led to inadequate provision and worsening outcomes in recent years, including a rise in the number of people taking their own lives. Mental Health has only been on the government agenda since 2006 when David Cameron observed the importance placed on economics over wellbeing and began funding research into the societal implications of Health and Well-being. (The Children's Society,2015). Policy makers then began the immense task of understanding how subjective wellbeing can be enhanced through the design and implementation of policy. Research showed some common factors in children which affected their subjective wellbeing such as attainment, bullying and exercise among others, which began the journey for creating policy interventions (Pople,2011, Rees et al,2010)

Children and young people have been identified as a priority group for Mental health and well-being (DfE,2015). The statistics surrounding child mental health are extremely worrying. The British Child and Adolescent Mental Health Surveys in 1999 and 2004 found that 1 in 10 children and young people under the age of 16 had a diagnosable mental disorder. Among the 5 to 10 year olds, 10% of boys and 5% of girls had a mental health problem while among the 11 to 16 year olds the prevalence was 13% for boys and 10% for girls (CAMHS,2004).

Mental health problems in children and young people can be long-lasting. It is known that 50% of mental illness in adult life (excluding dementia) starts before age 15 and 75% by age 18.20 In addition, there are well-identified increased physical health problems associated with mental health (Gaskell,2004). In 2008, approximately two million children were living in a household where at least one parent had a mental health issue (Parrot,2008). Studies suggest two thirds of these children will go on to develop their own Mental Health issues (SEU,2004).

There are strong links between mental health problems in children and young people and social disadvantage, with children and young people in the poorest households three times more likely to have a mental health problem than those growing up in better-off homes. (Green et al, 2005) Parental mental illness is associated with increased rates of mental health problems in children and young people, with an estimated one-third to two-thirds of children and young people whose parents have a mental health problem experiencing difficulties themselves (Manning & Gregoire,2009).

Mental health problems in children and young people are associated with excess costs estimated as being between £11,030 and £59,130 annually per child (Surkhe,2008). These

costs fall to a variety of agencies (e.g. education, social services and youth justice) and also include the direct costs to the family of the child's illness (Weisz et al,2012). There are clinically proven and cost-effective interventions. Taking conduct disorder as an example, potential life-long savings from each case prevented through early intervention have been estimated at £150,000 for severe conduct problems and £75,000 for moderate conduct problems (Friedle & Parsonage,2007). This serves as an impetus for Government agencies to take action now to try to manage the growing epidemic which is mental illness (Sabates,2009).

Self-harm among young people is a major concern. The rate of self-harm in 5–10 year olds was 0.8% in those with no disorder, rising to 6.2% in those with an anxiety disorder and 7.5% among the group of children with hyperkinetic disorder, conduct disorder or one of the less common disorders. The prevalence increased dramatically in adolescence with rates of 1.2% in those with no disorder, rising to 9.4% in those with an anxiety disorder and 18.8% in those with depression. (CAMHS,2004).

A survey of over 4,500 children seen by CAMHS found 'Family Relationship Problems' to be the biggest presenting problem (Wolpert and Martin, 2015). One in five mothers suffers from depression, anxiety or in some cases psychosis during pregnancy or in the first year after childbirth. Suicide is the second leading cause of maternal death, after cardiovascular disease. Mental health problems not only affect the health of mothers but can also have longstanding effects on children's emotional, social and cognitive development. Costs of perinatal mental ill health are estimated at £8.1 billion for each annual birth cohort, or almost £10,000 per birth. Yet fewer than 15 per cent of localities provide effective specialist community perinatal services for women with severe or complex conditions, and more than 40 per cent provide no service at all (DfE,2016).

Early years has become an increasing age-group of grave concern regarding Mental Health and Well-being in children. Research has shown that negative early childhood experiences

have persistent negative effects which will continue into childhood and beyond. One study showed that the prevalence of problems for 3-year-old children was 10%, with 66% of parents sampled having one or more concerns about their child.<sup>6</sup> A further study showed that 7% of children aged 3–4 years exhibited serious behaviour problems (CAMHS,2014). Differentiating normal from abnormal behaviour in younger children can be difficult and a substantial proportion of children will 'grow out of' early childhood problems, particularly among the under-3s. However, longitudinal studies suggest that 50–60% of children showing high levels of disruptive behaviour at 3–4 years will continue to show these problems at school age.<sup>8</sup> Moreover, neurodevelopmental problems including language delay, ADHD and autism spectrum disorders are first manifest in the pre-school years.

Research seems to suggest that these Mental Health issues have grown over time, although it could be argued that Mental Health has not been adequately monitored or safeguarded hence the apparent rise (DFE,2009) However, new data shows a stabilising of childrens subjective wellbeing (DFE,2017). Girls are also shown to be more at risk than boys in developing anxiety disorders than boys, although evidence suggests boys experience a decline in their mental health during adloescents (age 13-15)(DEF,2009). A lack of epidemiological data could also be a contributory factor to this apparent rise in prevalence. Research looking over a 25-year period from 1974 to 1999 found increases in conduct problems in young people, affecting males and females, all social classes and all family types.<sup>9</sup> There is also evidence for a rise in emotional problems, but mixed evidence in relation to rates of hyperactivity However, evidence for a recent rise in levels of psychological distress is provided by data from the West of Scotland Twenty-07 study<sup>10</sup> in which marked increases in GHQ 12 'caseness' (a scoring system for mental health) were found in females between 1987 and 1999 and among both males and females between 1999 and 2006. In addition, self-harm rates have increased sharply over the past decade, as evidenced by rates of hospital admission<sup>11</sup> and calls to helplines,<sup>12</sup> providing further indications of a possible rise in mental health problems among young people.

Interestingly, research (DFE,2017) found that children who were acknowledged as having a special educational need were found to have little or no difference in the wellbeing compared with their non- SEND peers although this finding contradict previous research which found clear disparaities (DFE,2009) however could be linked to the well-being measures implemented during research as well as children denoting emotional difficulties but not well-being declines which suggests that well-being and mental health are two separate entities which need to be viewed as such (DFE,2017).

Research on the longer-term consequences of mental health problems in childhood and adolescence have found associations with poorer educational attainment<sup>13,14</sup> and poorer employment prospects,<sup>13,14</sup> including the probability of 'not being in education, employment or training' (NEET).<sup>13,14</sup> Social relationships can be affected both in childhood and adolescence and in adult life.<sup>13</sup> Other increased risks include drug and alcohol use, particularly for young people with conduct disorder, ADHD and emotional disorder.<sup>13</sup> Conduct disorder and ADHD are also both associated with an increased risk of offending<sup>13</sup> and conduct disorder in girls is associated with an increased risk of teenage pregnancy. The risks are not confined to psychosocial problems. There are also associations between mental health problems in childhood and adolescence and poorer physical health as well as the possibility of developing at-risk health behaviours. In the B-CAMHS surveys,<sup>2,3</sup> parents of children and young people with mental health problems were more likely to report that their child's general health was poor. There are particular risks associated with some mental health problems, for example psychosis, which is associated with premature mortality in adult life,<sup>15</sup> and anorexia nervosa,<sup>16</sup> which can be life-threatening and lead to longer-term health problems. Adversity in childhood – including abuse and neglect, parental mental illness, parental drug and alcohol abuse, and domestic violence – has been shown to be associated with an increased risk of the major morbidities of mid-life, including heart disease and some cancers.<sup>17,18</sup> It is thought that the development of mental health problems and at-risk health behaviours act as mediating factors in the link between early adversity and

later-life problems. For example, it is known that young people with histories of conduct problems, depression and suicidality are 4–6 times more likely to smoke<sup>13</sup> and 2–4 times more likely to use alcohol regularly.

Research (CAMSH,2004;Yokishawa,2012) shows that socio-economic status can be a determinant when discussing the prevalence of Mental Health disorders. In lone-parent (16%) compared with two-parent families (8%);in reconstituted families (14%) compared with families containing no stepchildren (9%);whose interviewed parent had no educational qualifications (17%) compared with those who had a degree-level qualification (4%);in families with neither parent working (20%) compared with those in which both parents worked (8%);in families with a gross weekly household income of less than £100 (16%) compared with those with an income of £600 or more (5%);in families where the household reference person was in a routine occupational group (15%) compared with those with a reference person in the higher professional group (4%);living in areas classed as 'hard pressed' (15%) compared with areas classed as 'wealthy achievers' or 'urban prosperity' (6% and 7% respectively) (JRF,2015).

Sahnkoff and Garner (2012) attribute this prevalence to the stresses living in poverty can present which will exacerbate adult and consequently child mental health (Conger et al,2002). Living in those stresses will affect the ability of adults to be sensitive to their children's needs which will lead to attachment disorders. Poverty is linked to higher rates of maltreatment among children (Gilbert et al,2009). However, positive parenting has also been shown to offset the potential impact on mental health of poverty (Kim-Cohen et al,2004).

Interestingly, another factor which research has shown effects Mental Health is that being among the youngest in the school year is associated with educational disadvantage and in (1999) CAMHS survey being among the youngest in the school year group was found to be associated with a slightly greater risk of mental disorder (Dogra et al,2012).

Bullying is a recurring key predictor in childrens overall sense of wellbeing and mental health predictor. 17% of children reported experiencing bullying at some point in their academic career (CSEW,2018) .There are some prevalent trends for different sub-groups. Younger children, of white ethnicity, with a longterm illness or disability, who received extra help at school and those from more deprived areas showed greater instances of bullying than their peers (CSEW,2018). In 2017, girls showed greater reporting of bullying than boys, although these statistics had not presented in previous studies and research shows they are more susceptible to cyber bullying which may link to evidence suggesting their overall well being is lower than for boys (DFE,2017).

There is a plethora of evidence suggests early intervention as soon as symptoms present is the best way to support children with Mental Health issues(Khan et al,2015)and to prevent escalation into cycles of distress and depression (Patel et al,2007). Although research suggests there is a ten year delay between children experiencing their first symptoms and receiving the help they need. Furthermore, only a quarter receive any help at all due to the difficulties accessing the numerous services and agencies tasked with helping (CMH,2016). This seems to be particularly prevalent in the Early Years, where up to ten percent of children are already presenting signs and symptoms of mental health problems. Societal costs is another factor which supports early intervention (Knapp et al,2011).

Factors which can inhibit parents seeking help are observed as the potential stigma surrounding Mental Health(DFE,2015). Goffman (1963) describes stigma as emerging from 'emerging from dominant attitudes which devalue, discredit and spoil another persons identity and status in a social context.' Young minds (2010) suggests the causes are linked to lack of knowledge, negative attitudes and discriminatory behaviours. To combat stigmas attached to Mental Health these three arenas need to be challenged. Stigma has its own detrimental effects on a person, essentially eroding self esteem and depriving people with mental health of social opportunities (Corrigan (2004). The public perceptions surrounding

mental health further are exacerbated in the media and through negative stereotypes which further compound the problem and sustain distress (Corrigan,2004).

Clements et al (2015) highlighted the delays to seeking intervention which stigma may present through feelings of being embarrassed or ashamed which may arise. This can also transfer to the wider family unit who will also feel the pressures which stigma presents (Mak & Cheung,2008). Parents of teens or adolescents were observed to be less likely to seek help citing their fears attached to being blamed or criticised (Chandra & Minkowitz,2007). Children have been found to be particularly susceptible to the ill effects (Pescosolido,2007) with young men found to be particularly sensitive to the stigmas surrounding Mental health (Kranke et al,2010). Rickwood (2005) noted that although young adults and adolescents are the greatest age group at risk of developing mental health issues they also the age group which is the least likely to seek help from outside agencies and services which compounds the issues.

Cultural implications attached to stigma seem prevalent in BME groups. Whereby latent cultural pressures force silence around the exposure of Mental Health issues resulting in feelings of shame attached to failure,coupled with culturally inappropriate services being offered increases the risk of adequate help not being sought (Khan,2015). BME communities have also been found to have particularly high levels of fear and mistrust surrounding formal mental health services due to the over-representation of the most restrictive forms of psychiatric care, which has been linked to excessive delays in accessing the appropriate services (Keating et al,2002).

Recent Government initiatives have been tasked with tackling the issue of stigma around Mental Health as well as a campaign led by the Royal family through Harry and William in memory of Diana, in efforts to begin to engage in healthy conversations around Mental Health. Evans-Lacko (2013) found some interventions were successful in reducing stigmas around Mental health, particularly educational interventions within schools addressing

stigmatising attitudes (Pinfold et al,2003). Other interventions attempt to break stigma through normalising people with mental health issues through greater contact while simultaneously not exacerbating the Mental Health issues of the contact or conforming to standard stereotypes (Reinke et al,2003)

Mental Health literacy is the ability to identify Mental Health problems; knowledge surrounding the risks and effects and the ability to access the relevant services and information (Jorm,2000). Lack of health literacy has been cited as a factor affecting access to services with only fifteen percent in one study feeling able to adequately identify the notions of depression or anxiety. Those who already showed depressive tendencies were the least effective in identifying their emotions (Lam,2014). Jorm (2012) attributes this lack of mental health literacy as accounting for a total of seven years delay in obtaining treatment which is further exacerbated by parents with a similar lack of ability in identifying the signs and symptoms (Khan,2014). Educators were similarly found to be ill equipped in the identification of Mental Health issues through lack of training and awareness, a further barrier to early intervention and access of services and resources (Short,2009 & Santor et al,2009). This is particularly important as research has shown children are more likely to seek support from a trusted professional such as a teacher or counsellor rather than a formal mental health service (Andrews et al,1999). This explains why whole school initiatives are essential in promoting early intervention and access to relevant services.

Parents have also noted their lack of knowledge surrounding the services on offer (MH,2016).

Three approaches can be taken when addressing children's mental health. Promote change at a universal level, targeting at risk populations or targeting children when they first show signs of a diagnosable mental health condition such as through a school led intervention (JFE,2012). The least effective approach according to The Early Years Foundation (2015) is universal intervention. The results have not so far proven effective except those which target

parenting approach. The Triple P Parenting approach has proven to be particularly successful, [however had](#) little or no effect on maltreatment (Prinz et al,2009; Fives et al,2014). More research is needed around this field to determine the true long term efficacies.

More successful approaches include interventions targeted at specific groups, such as targeting parents with known risk factors or children with a history of trauma or attachment difficulties (Barlow et al.,2015). Kersten Alvarez et al (2011) found that parental interventions focussing on how they interact with their children resulted in parents interacting with their children more sensitively and consequently gained more pleasure from the role. There is a plethora of research to show that maternal mental health interventions have been successfully implemented such as those recommended by NICE (2014). However, currently, only half the women/parents who need intervention are receiving assistance (Bauer et al,2014). Mothers who have sought help have expressed concerns regarding being stigmatised as not being able to cope when addressing issues with health visitors which acted a deterrent for seeking more help (Bauer et al,2014). Also unreliability and exorbitant waiting times for help have acted as barriers to attaining the help they need ( Khan, 2015).

Conduct disorder interventions have proven to be effective (CMH,2012). Children who display persistent challenging behaviours are of high risk of developing Mental Health issues (Ferguson et al,2002 & Moffit,2006). The most common age group for this disorder is between 5-10 (DfE,2015).However, only 5% at pre-school age receive the help they need (Kataoka et al,2002). This could be attributed to parents reporting feeling stigmatised by their child's challenging behaviour by professionals, who see their child as unruly or 'naughty' (Khan,2014). In Scotland, strengths and difficulties questionnaires have become embedded in Early years care as a preventative tool and to support parents accessing the support they need (EFS,2014). Parsonage et al (2014) denotes this as a cost-effective approach mitigating future drains on resources.

Mental Health is widely recognised as impacting on cognitive development and academic attainment hence why schools play an important role in its promotion (PHE,2015) There is now substantial evidence of the role wellbeing, resilience and mindset plays in raising student attainment (PD,2015). Schools are in a unique position to support pupils [mental health and wellbeing](#) (DFE,2019). They can support children's mental health through the environment they provide, identification of symptoms, referrals and supporting children (DFE,2017). Promotion of mental health within schools currently is seen as the normalising of mental health, increasing awareness of where help can be sought and promoting emotional literacy and resilience in efforts to help children understand and explain their feelings and manage their mental health.

The DfE (2015) states schools have an important role in supporting children develop resilience and safeguarding their well-being. NICE (2015) explicitly requires schools to develop a culture which pervades the [academic](#) and promotes the social and emotional well-being of children. The Children and Young Peoples Mental Health Taskforce (2015) has committed to supporting schools in developing a whole school approach as a protective factor for children's mental health. Although the onus isn't wholly placed upon schools the DfE (2015) acknowledges that [this is requires](#) a multi-agency approach such as that [outlined](#) in the The Healthy Child Programme (2009).

The promotion of well-being cannot be confined to the provision of PSHE classes. To achieve the whole school approach, senior leadership must embed well-being throughout their provision and culture. Doing so will have implications for staffing and training and the balance of provision and delivery of subjects across the curriculum to allow more time to focus on well-being and building resilience. We believe that this would be in the best interests of children and young people (DfE,2017).

There are eight important principles outlined by the DfE (2015) in supporting children's Mental Health and Well-being. Leadership and management is the most important factor in securing a successful approach in the promotion of Mental Health and Wellbeing in schools. Having a champion who is on the leadership team as well as a governor who is well versed in Mental Health ensures that the initiative is taken seriously by all members of the workforce. However, the development of improvement plans should include the whole staff as a means of ensuring whole school buy-in. The next important principle is school ethos, supported through the relationships between pupils and staff free from bullying and violence (NICE,2015). Incorporating PSHE into the curriculum is the next principle. Ensuring its application is practical and relevant to guarantee engagement. Ofsted (2014) states the obligation of the school environment to promote moral and spiritual well-being. Student voice is an extremely important principle, involving allowing students to feel they have a voice in decisions through school councils. Ofsted (2016) have involved pupil voice in their inspectorate process for a number of years gaining their views on the overall ethos of a school. Staff health and well-being is the next principle. The DfE(2015) acknowledges the importance of staff being adequately trained in identifying risk factors associated with pupil health and well-being and how to best support them through the commissioning of the relevant services such as through [www.minded.org](http://www.minded.org) (CAMHS,2015). NICE(2015) further supports the necessity of teachers receiving adequate training in the fields of health and well-being in children. Identifying need and monitoring impact on a formal basis is crucial for informing decisions at a whole school level. Strengths and difficulties questionnaires are a widely used tool to measure pupil well-being. Ofsted(2015) will report on the efficacy of schools in assessing and responding to the mental health and well-being of children. Working with parents and carers must be integral to any approach adopted by a school. Evidence shows that approaches which integrate parenting approaches and family life will yield social as well as economic benefits. NICE (2015) recommends this extends to informing parents on policies promoting mental health and well-being in schools. Targeted support is essential to effectively supporting children who are identified with mental health

issues. Research has shown that delays in accessing support can have detrimental long term consequences for children impacting on many facets of their lives. The newly developed Links Project (2019) has been tasked with forging greater links between schools and mental health services in efforts to ensure children receive timely support for their needs. NICE(2015) recommends a stepped approach to preventing and managing children's mental health through continual engagement with parents and providing a range of interventions to specifically target children's needs. Access to resources is the last principle. The government has produced a plethora of documents as well as commissioning services to support schools in achieving their well-being goals.

The most common types of support offered for pupils with identified mental health needs were educational psychological support (61%) and counselling services (61%). More clinical forms of support, such as cognitive behavioural therapy (CBT) (18%) and clinical psychological support (14%) were much less commonplace, though more prevalent in specialist settings. Individual counselling was by far the most recommended mental health provision across all institution types. Counselling was particularly recommended for older pupils, whilst primary schools also recommended therapies such as nurture groups and play and art therapy (DfE,2019).

Research demonstrated having a dedicated space, whether for universal or targeted support was pivotal. These spaces were often calming environments used for children and young people to have a break from the classroom. There were also examples of more specialist provision being provided such as a nurture room for reception and key stage one children and a sensory room used for children with additional needs. The sensory room helped to support a child's mental health by providing them with a place where they could release their anger and anxiety (DfE,2019).

Barriers which were acknowledged as a hindrance to the success included difficulties in commissioning local services and a lack of funding. Research (DfE,2017) uncovered

The so-called positive model, or strength signatures model, which aims not merely to help the individual to return to normality (normality being understood to be an absence of disturbances), but above all to strive for optimal functioning and development. The objective of positive psychology is therefore to initiate a change in psychology as well as in the social sciences, a change to cause a re-orientation and turning away from being exclusively busy with repairing the worst things in life, towards developing the best qualities in life (Seligman 2005a,b). Positive psychology as a science is based on three pillars. The first is a positive life experience for individuals – exploiting positive emotions. The second pillar is a person's positive physical properties – exploiting positive personality traits, mainly virtues and strengths, but also aptitudes. The third pillar is a positive society – exploiting positive social institutions, in particular those such as democracy, a strong family, and education which promotes positive development (Seligman 2005a).

Clarke (1978) believes that belief in people's lovableness is reinforced by giving and receiving affirmations for Being, that is, unconditional positive messages that affirm people's value and right to exist just because they are alive. Likewise,

belief in people's capability is reinforced by giving and receiving affirmations for

Doing, that is, messages that reinforce positive behaviour and that encourage helpful

societal values, standards, and limits. Thus, Clarke's definition of self-esteem contains

the elements mentioned by Mruk (1995): a dynamic evaluation of one's worthiness

(i.e., Clarke's "lovableness"); and socially responsible competence (i.e., Clarke's

"capability") that is a result of affective, cognitive, behavioural, and social phenomena.

A person having "high" or "positive" self-esteem in all of the references reviewed by Mruk, as well as Clarke, are understood to have a positive sense of valuing oneself and one's

creativity and rights, but also a sense of valuing others, and respecting societal rules of safety and social responsibility.

The term affirmation has come to mean an intentional positive statement that is supposed to bring about positive change in oneself or others. Although some authors (Mitchell, 1991; Paulhus, 1993) credit the term and technique to the so-called New Age movement, the term may have grown out of the efforts by researchers who explored internal dialogues. For example, Beck (1967) studied severe depression and concluded that a negative view of self contributed to its development. He noted that people tended to unreasonably attribute their failures to personal shortcomings, to focus on negative feedback from others while ignoring positive feedback, and to make unfounded pessimistic predictions of the future. Ellis (1973) labeled this kind of thinking "catastrophic," and pointed out that peoples' beliefs that contain words like must, ought, should, always, and never form the irrational thoughts that are the foundation of catastrophic thinking. From this research, psychologists have reasoned that if thoughts influence behaviour, then modifying thoughts ought to lead to modified behaviour. For example, if the thought "I need to smoke a cigarette" sets in motion a series of behaviours that leads to smoking, then the thought "My lungs are clean and healthy" should reduce the urge to smoke. Affirming the desired outcome is thought to help people change their behaviour.

Affirmations first appeared in the 1920's where Coue conducted research around participants repeating the phrase 'Each day I am better and better,' which elicited positive results in the candidates. The idea was lost until the 1980's where LaMascus (1985) introduced affirmations in an educational setting. She identified the ability for affirmations for helping children learn. She defined affirmation as "a positive assertion of a personal goal" (p. 3), and urged teachers to help students learn the skill of developing self-affirmations to achieve goals. The rules she offered for writing affirmations were that they must be personal, positive, stated in the present tense, assume success, never include comparison, and

contain action words. In a similar article, Downing (1986) urged teachers to help children develop written affirmations and to use them to counter negative self-fulfilling prophecies. He asserted that affirmations should be individualized for each child, and the child should be involved in the actual writing process. The three guidelines he proposed included stating the affirmation as if it was already accomplished (e.g., "I know all of my times tables"), making the goal or objective of the affirmation reasonable for each child (e.g., "I try hard in my math work"), and stating the affirmation in positive terms (e.g., "I behave well in class"). When the child says the affirmation, it should be said as an I-statement as in the above examples, but if a helper offers one, it should be said as a you-statement, such as, "You like school." Downing stated that children should say three to six affirmational statements at least two times every day, with each affirmation repeated at least six times each session. If the child is unable or unwilling to say or to repeat the affirmations, then several adults can offer the affirmations 6 to 10 times a day, but without informing the child of the target behaviour and without explaining why. Downing offered three case illustrations where children were successfully dissuaded from negative behaviour and self-beliefs by these methods.

By focusing on positive traits and capacities, adults can influence children to relinquish self-defeating behaviours and adopt appropriate behaviours. Bandura (1977) pointed out the powerful impact of a person's social learning. His research indicated that children are greatly influenced by the messages provided by significant others. Counselors, operating from a social learning orientation, find that childhood suggestions may continue to influence behaviour in adulthood (Stuart, 1980). The use of positive suggestion is derived from the concepts of learning theory (Lefrancois, 1985). Within the reinforcement paradigm the use of suggestion involves the programming of positive expectations. Using this approach, teachers often make remarks such as, "I know you will all work quietly while I am doing this." Counselors and teachers have found that positive and reasonable expectations produce growth for children and their parents (Downing, 1983).

Guided fantasies, focusing on current behaviorus, visualization of goals, and positive affirmations were techniques Campbell (1991) advocated for teachers to use when working with under-motivated students in small groups or in classrooms, although no research was cited to support these recommendations. To develop affirmations, teachers should help children identify their goals, figure out the negative messages they give themselves, and then rephrase the messages in positive terms. For example, the statement "The work is too hard" can be rephrased into the affirmation "I am bright and capable."

# Training



Pupil mental health:  
Whole school training  
Sept 2020

## Deepening Understanding By Sara El-Ghaly



### Mental health webinars



#### Confident Self Worth

By Andrew Casas

How Andrew explores the concept of confident self-worth in children and young people. The webinar is particularly relevant for those working with adolescents.



#### Perfectionism - Practical tips for staff

By Jenny Langley

In this video, Jenny explores the concept of perfectionism in children and young people, with practical tips on supporting them.



#### COVID-19 Stress Response

By Andrew Casas

Within this webinar, Andrew discusses how the current COVID-19 pandemic can impact our stress response. He explains how we might manage this as an individual and offers top tips for both adults and young people.



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#### Window of Tolerance

By Jenny Langley

In this webinar, Jenny explores the concept of a 'window of tolerance', with practical suggestions for supporting younger children.



WHOLE SCHOOL TRAINING REGARDING MENTAL HEALTH AWARENESS WAS CONDUCTED, BY MYSELF, THE MENTAL HEALTH AND WELL-BEING LEAD IN SEPTEMBER, 2020. I ALSO ATTENDED MANY WEBINARS TO BECOME CONFIDENT IN SUPPORTING A WHOLE SCHOOL APPROACH TO MENTAL HEALTH AND WELL-BEING.



# Supporting Back to School 2020-2021



WE CREATED A MENTAL HEALTH POLICY WHICH CONSIDERED CURRENT PRACTICE TO BE REVIEWED ANNUALLY AND LIAISED WITH PROVIDERS, HOWEVER WE DECIDED TO PROVIDE AN INDIVIDUALISED APPROACH CATERING TO OUR CHILDRENS PERSONAL NEEDS.



## Mental Health & Wellbeing Policy

of school: Primrose Hill Primary School  
 Date of policy publication: September 2020  
 Author of policy: Sara El-Ghaly  
 Date of next review: September 2021  
 Date of last review: N/A

| Policy review dates and changes | By whom | Summary of changes made | Date implemented |
|---------------------------------|---------|-------------------------|------------------|
|                                 |         |                         |                  |
|                                 |         |                         |                  |
|                                 |         |                         |                  |

The national criteria states:  
 "A healthy school ensures that when pupils are unhappy, anxious, disturbed or depressed there are open channels for them to seek or be offered support, without stigma and with appropriate confidentiality. A healthy school actively seeks to promote emotional health and well-being and helps pupils to understand their feelings.  
 Mental health is a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community"  
 (World Health Organisation)

al Health and Well-Being  
 Primrose Hill Primary  
 2020-21  
 Sara El-Ghaly

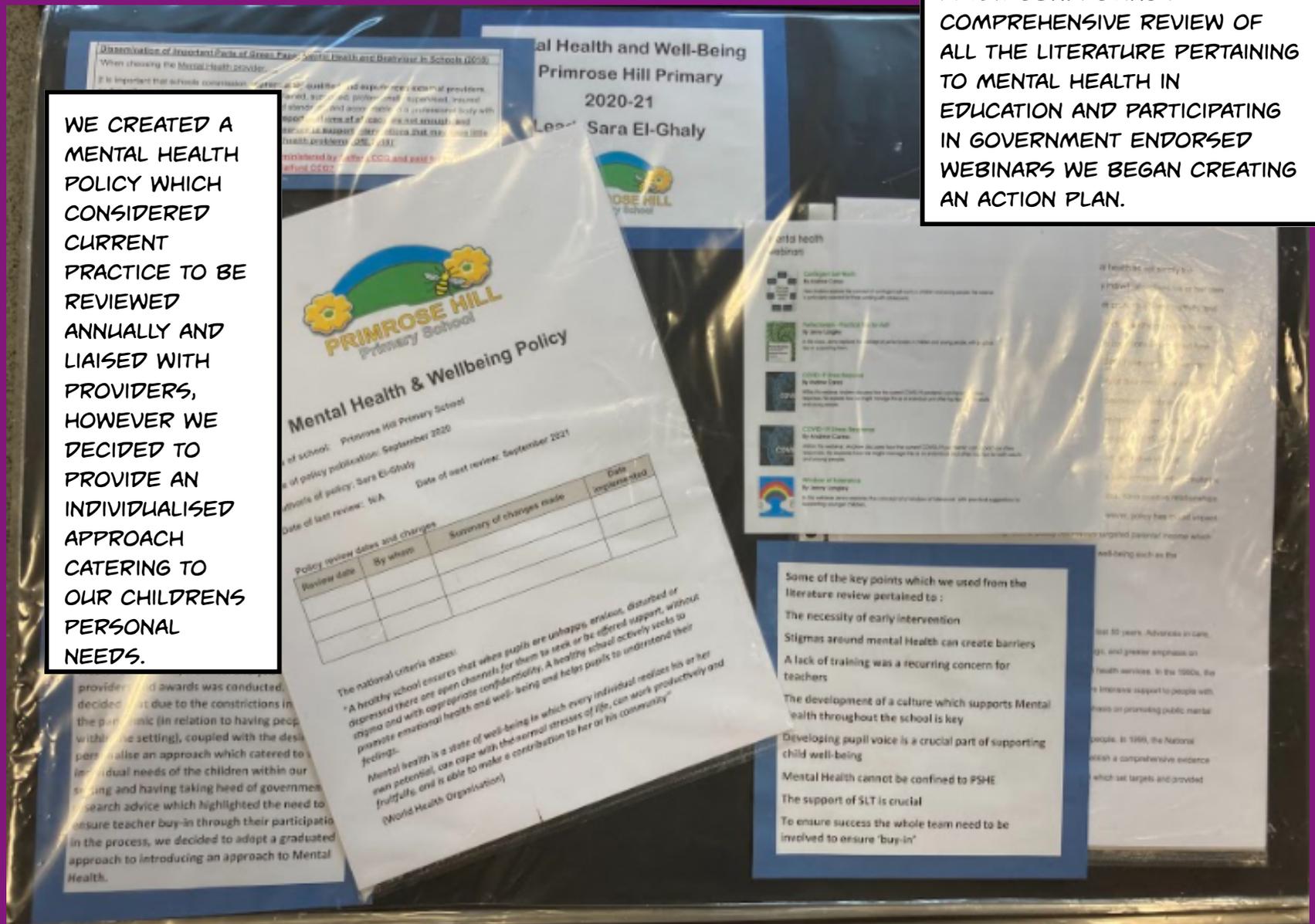
Some of the key points which we used from the literature review pertained to :

- The necessity of early intervention
- Stigmas around mental Health can create barriers
- A lack of training was a recurring concern for teachers
- The development of a culture which supports Mental health throughout the school is key
- Developing pupil voice is a crucial part of supporting child well-being
- Mental Health cannot be confined to PSHE
- The support of SLT is crucial
- To ensure success the whole team need to be involved to ensure "buy-in"

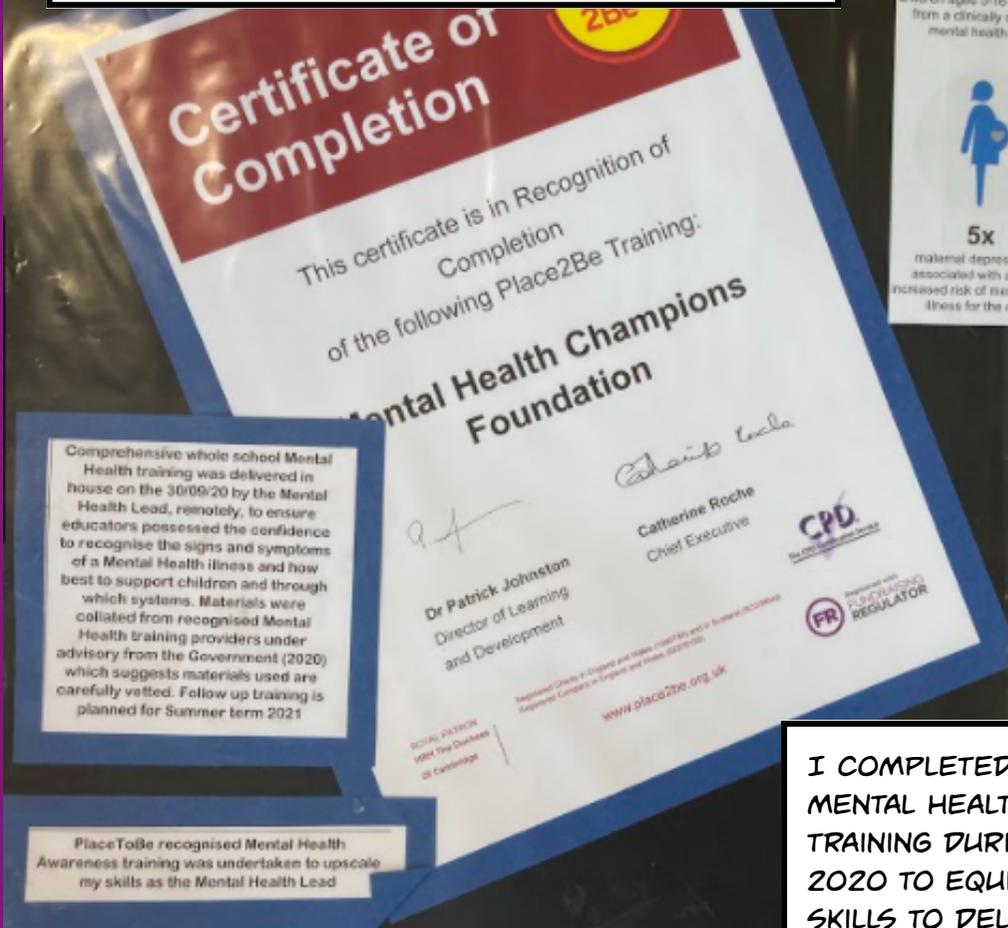
AFTER CONDUCTING A COMPREHENSIVE REVIEW OF ALL THE LITERATURE PERTAINING TO MENTAL HEALTH IN EDUCATION AND PARTICIPATING IN GOVERNMENT ENDORSED WEBINARS WE BEGAN CREATING AN ACTION PLAN.

mental health webinars

- COVID-19 and Mental Health: An Update from the Nuffield Institute for Health
- COVID-19 and Mental Health: An Update from the Nuffield Institute for Health
- COVID-19 and Mental Health: An Update from the Nuffield Institute for Health
- COVID-19 and Mental Health: An Update from the Nuffield Institute for Health
- COVID-19 and Mental Health: An Update from the Nuffield Institute for Health

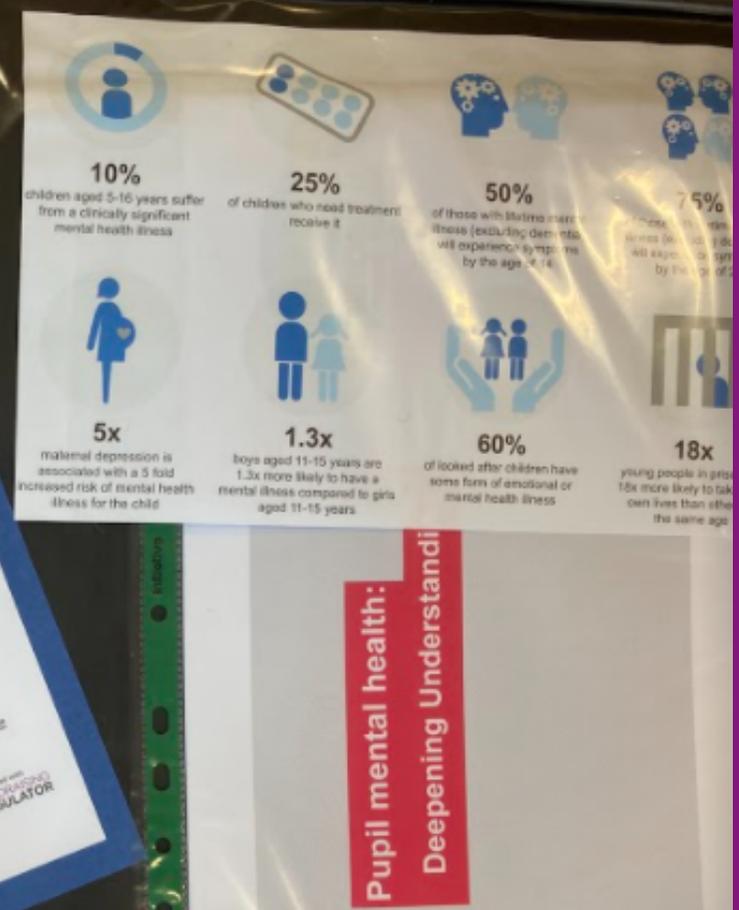


RIGOROUS WHOLE SCHOOL MENTAL HEALTH TRAINING WAS DELIVERED, WHICH FOCUSED ON THE KEY IDENTIFIERS AND THE PROCESS SHOULD CONCERNS NEED TO BE RAISED.



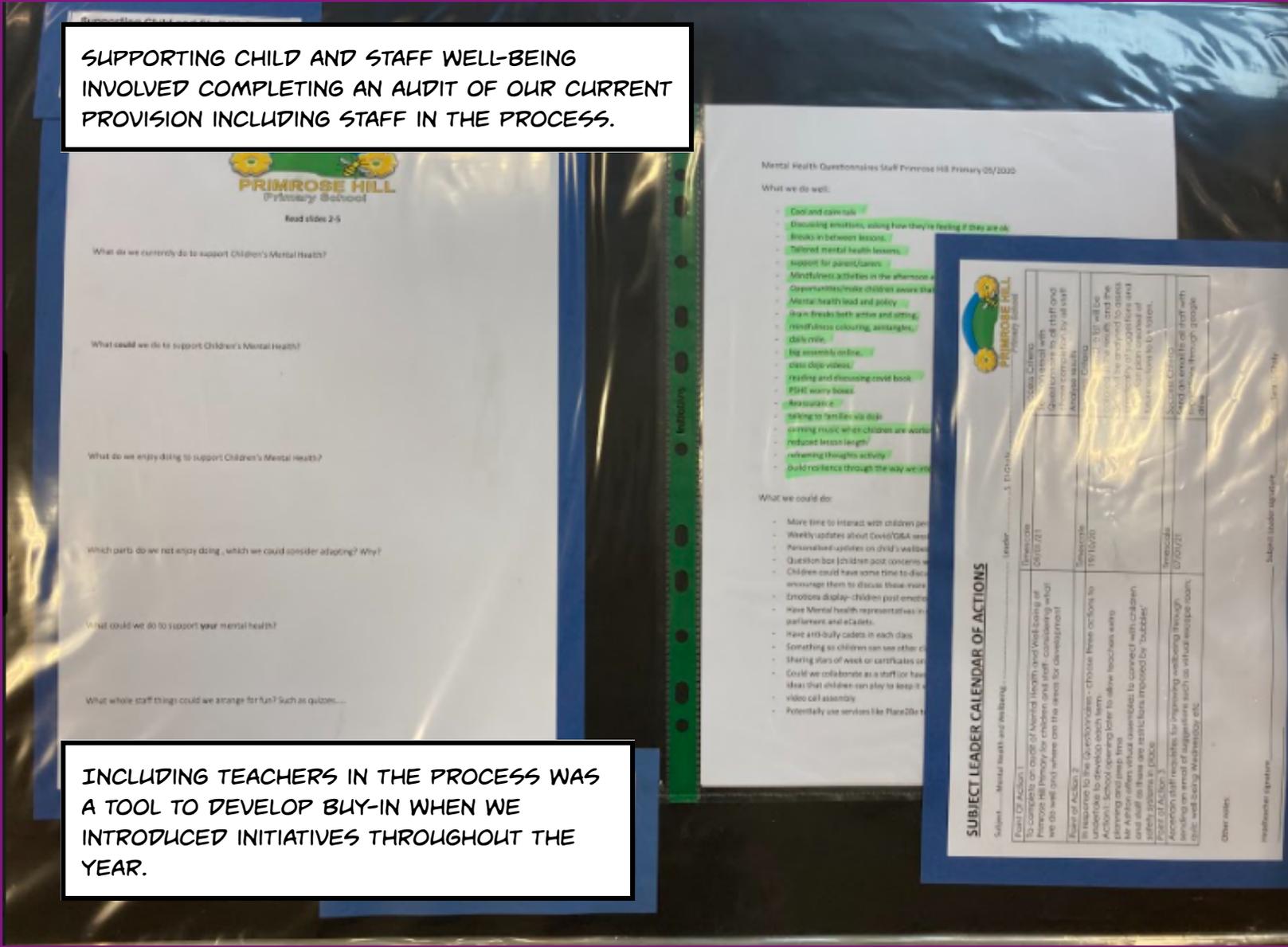
Comprehensive whole school Mental Health training was delivered in house on the 30/09/20 by the Mental Health Lead, remotely, to ensure educators possessed the confidence to recognise the signs and symptoms of a Mental Health illness and how best to support children and through which systems. Materials were collated from recognised Mental Health training providers under advisory from the Government (2020) which suggests materials used are carefully vetted. Follow up training is planned for Summer term 2021

Place2Be recognised Mental Health Awareness training was undertaken to upscale my skills as the Mental Health Lead



I COMPLETED THE SIX WEEK MENTAL HEALTH CHAMPIONS TRAINING DURING SUMMER 2020 TO EQUIP ME WITH THE SKILLS TO DELIVER TRAINING.

**SUPPORTING CHILD AND STAFF WELL-BEING INVOLVED COMPLETING AN AUDIT OF OUR CURRENT PROVISION INCLUDING STAFF IN THE PROCESS.**



**INCLUDING TEACHERS IN THE PROCESS WAS A TOOL TO DEVELOP BUY-IN WHEN WE INTRODUCED INITIATIVES THROUGHOUT THE YEAR.**



**PRIMROSE HILL**  
Primary School

Read slides 2-5

What do we currently do to support Children's Mental Health?

What could we do to support Children's Mental Health?

What do we enjoy doing to support Children's Mental Health?

Which parts do we not enjoy doing, which we could consider adapting? Why?

What could we do to support staff mental health?

What whole staff things could we arrange for fun? Such as quizzes....

Mental Health Questionnaire Staff Primrose Hill Primary 05/2020

What we do well:

- Diet and exercise
- Encouraging emotions, asking how they're feeling if they are ok.
- Breaks in between lessons.
- Different mental health lessons.
- Support for parents/carers.
- Mindfulness activities in the afternoon.
- Openness/make children aware that Mental health lead and policy.
- Break breaks both antes and after.
- Mindfulness colouring, activities, daily role.
- Big assembly video.
- class dip videos?
- reading and discussing covid book
- PSHE worry boxes
- Newsletter
- taking to families via dips
- playing music when children are working
- reduced lesson length?
- rehearsing thoughts actively
- Build resilience through the way we work

What we could do:

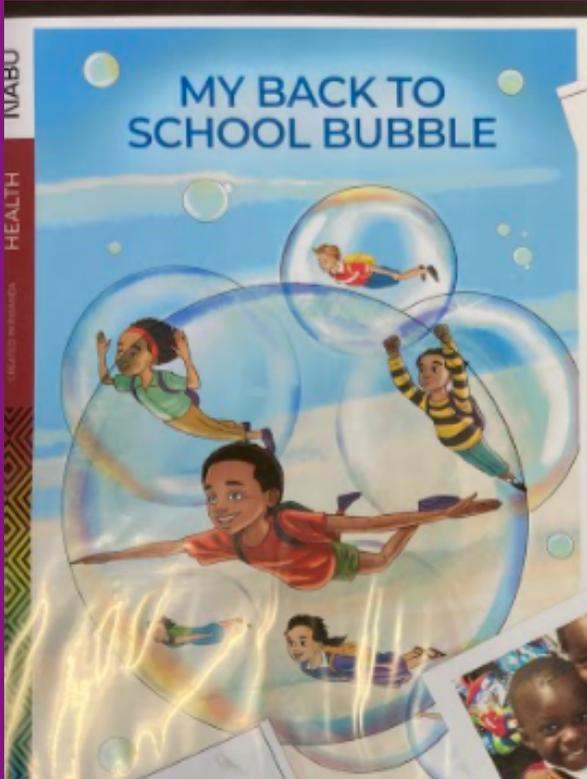
- More time to interact with children per lesson
- Weekly updates about Covid/OSA work
- Personalised updates on child's wellbeing
- Question box (children post concerns we encourage them to discuss these issues)
- Emotions display - children post emotions
- Hire Mental health representatives in parliament and cadets.
- Have anti-bully cadets in each class
- Something so children can see other children's stars of week or certificates or ideas that children can play to keep it a video call assembly
- Potentially use services like Place2Be

**SUBJECT LEADER CALENDAR OF ACTIONS**

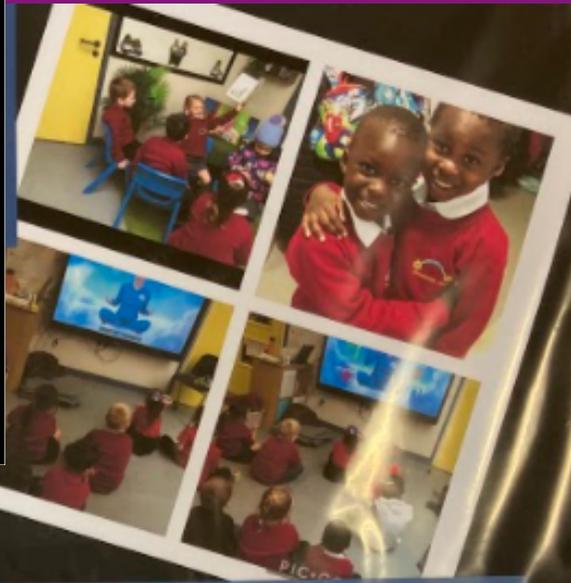
| Point of Action  | Lead              | Timeline           | Responsible              |
|--|-------------------|--------------------|--------------------------|
| Point of Action 1<br>To complete an audit of Mental Health and Well-being of all staff and children for children and staff considering what we do well (and where our strengths for development)   | Lead: Mrs. [Name] | Timeline: 05/2020  | Responsible: Mrs. [Name] |
| Point of Action 2<br>In response to the Governor's letter - choose three actions to undertake to develop each term.<br>Action 1: School opening letter to allow teachers writing and staff as there are restrictions imposed by 'bubbles' system, systems in place | Lead: Mrs. [Name] | Timeline: 15/11/20 | Responsible: Mrs. [Name] |
| Point of Action 3<br>Action plan for staff wellbeing through sending an email of suggestions such as virtual escape room, lunch, well being, mindfulness etc.  | Lead: Mrs. [Name] | Timeline: 07/20/21 | Responsible: Mrs. [Name] |

Other notes:  
Headteacher signature: \_\_\_\_\_ Date: \_\_\_\_\_





THE WHOLE SCHOOL SHARED GOVERNMENT ENDORSED TEXTS TO SUPPORT THE TRANSITION BACK TO SCHOOL POST COVID LOCK-DOWN PERIODS AND HAD A ZOOM SESSION WITH A YOGA INSTRUCTOR.



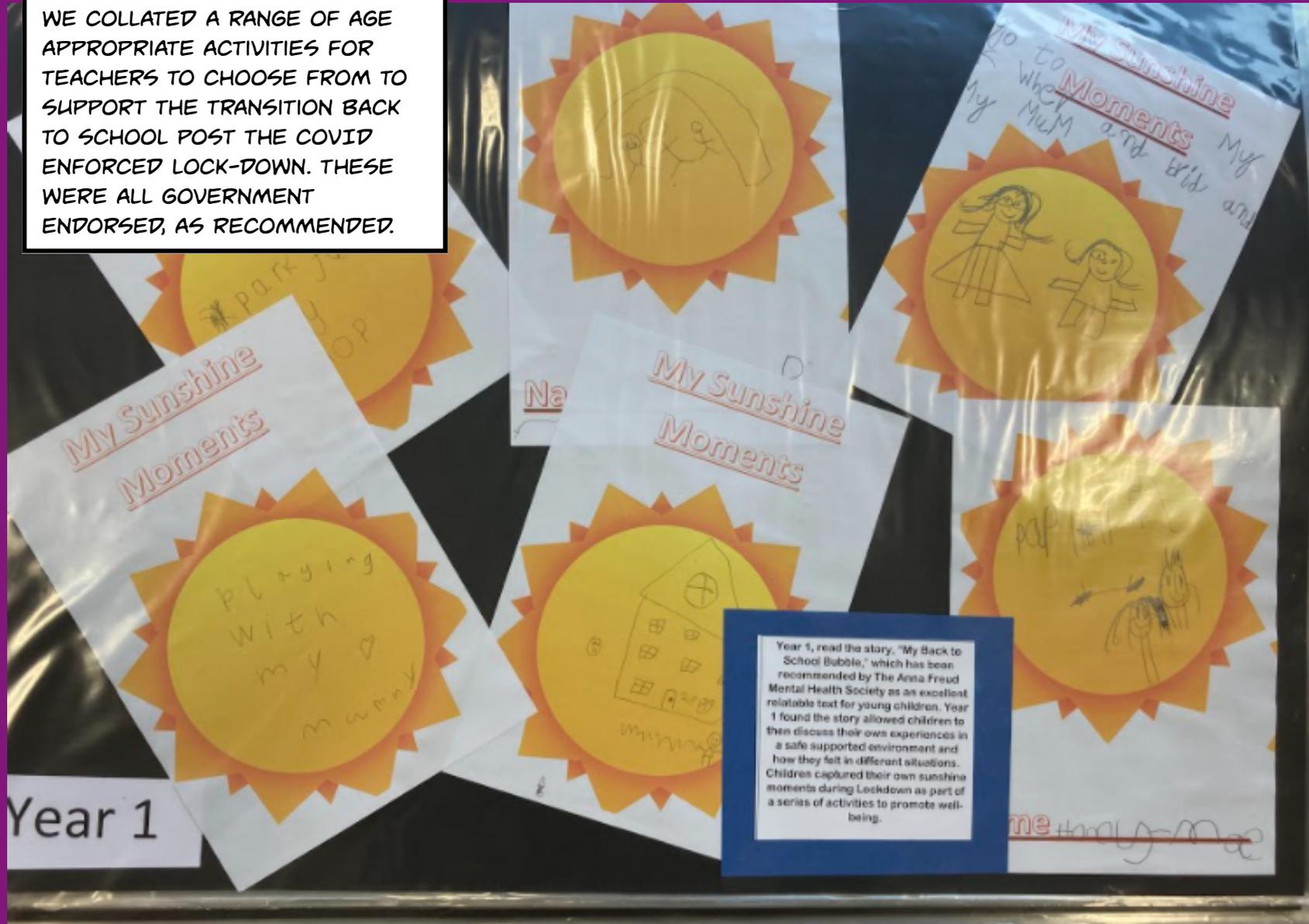
Providing clear information about the situation  
One of the best ways to achieve this is by talking openly about what is happening and providing honest answers to any questions children have, using words and explanations that they can understand. Explain what is being done to keep them and their loved ones safe, including any actions they can take to help, such as washing their hands regularly.



Reception



WE COLLATED A RANGE OF AGE APPROPRIATE ACTIVITIES FOR TEACHERS TO CHOOSE FROM TO SUPPORT THE TRANSITION BACK TO SCHOOL POST THE COVID ENFORCED LOCK-DOWN. THESE WERE ALL GOVERNMENT ENDORSED, AS RECOMMENDED.

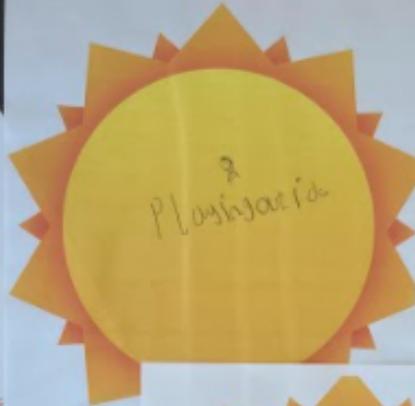
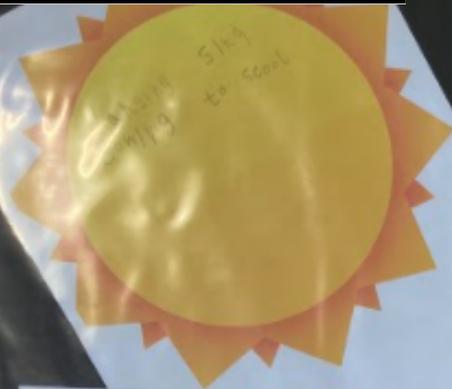


Year 1, read the story, "My Back to School Bubble," which has been recommended by The Anna Freud Mental Health Society as an excellent relatable text for young children. Year 1 found the story allowed children to then discuss their own experiences in a safe supported environment and how they felt in different situations. Children captured their own sunshine moments during Lockdown as part of a series of activities to promote well-being.

Year 1

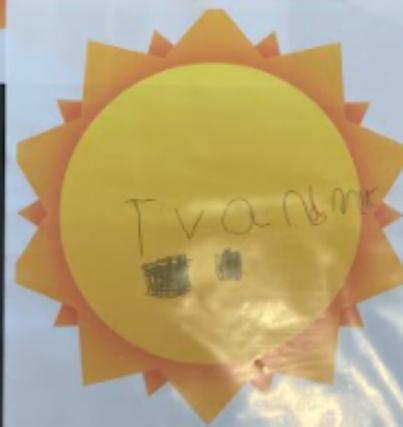
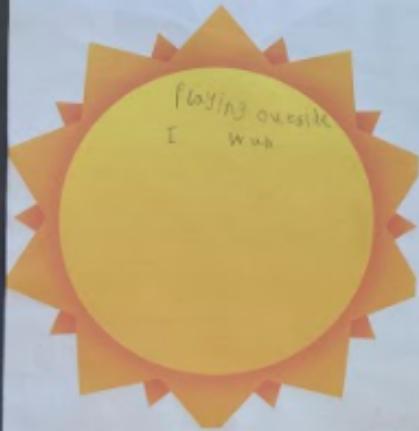
YEAR 1

My Sunshine  
Moments

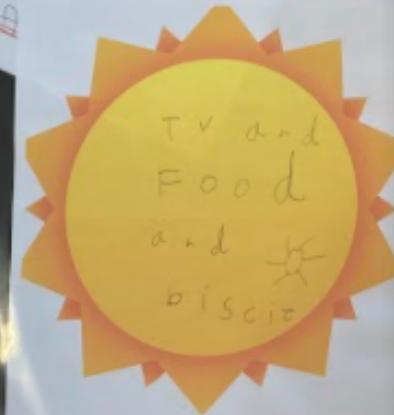


Name A

My Sunshine  
Moments



Name Mia



Name Grace King

# YEAR 2

Pupil Voice: Anasza Y2 Spelling  
What has the school done to help you settle back into school?  
We were bored being at home.  
GO outside and get over  
How do you feel being back in school?  
I feel overjoyed because  
I am back at school  
with my friends

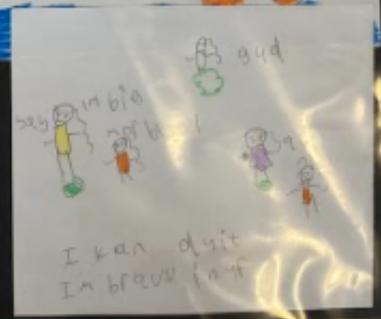
Pupil Voice: Isabella Y2 Kindness  
What has the school done to help you settle back into school?  
I was so bored at home. I love going outside.  
How do you feel being back in school?  
I get to see my friends



I wanted to put my  
zebra skin Loos I got  
they I was gonna slip  
but when I breezed my  
I did it.



Year 2, read the story, 'My Back to School Bubble,' which they found was a clear and easy way to discuss and introduce the events surrounding the Lockdown period. The Tortoise and the Hare story was also shared to teach children about the importance of patience relating to the current climate. A paper chain of strength was created to encourage the class to consider their own strength. An activity on believing in yourself, highlighted the fact that some children struggled to understand why believing in yourself is a useful attribute- however after lengthy discussions and activities encouraging celebrating successes, children were able to begin to understand the concept and its importance.



YEAR 2

Year 2







# YEAR 4

Pupil Voice:

What has the school done to help you settle back into school?

Brain Brachs Yoga mind fun

How do you feel being back in school?

like seeing my friends and learning.

lockdown. Did you  
with your family?

For a even days  
Playing outside  
and doing tices

COFFIN NEW LO PLAY  
Chess  
+ictoc

In lockdown  
I helped my  
dad decorate  
our house.



creep  
out  
+ictoc

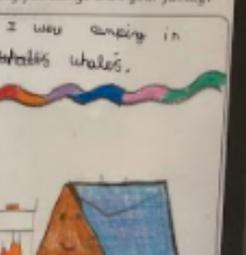
doing SPA  
CE  
+ictoc

spent at my  
a's he  
Whith her



Draw or v  
feel differs

I went to the  
Park



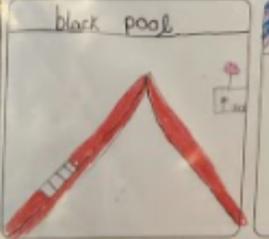
Draw or write about your feelings and experiences during lockdown. Did you feel different on some days? Did you do any fun things with your family?

On the lockdown I  
went on the sea in water  
but I also stayed at a caravan  
in the middle of the beach. The  
beach is full of people to play  
around and I went to the  
park and the water.  
And it was so fun.

I sat on the beach



Went to the park  
at home  
p p p p p p



I went to the  
Keys  
to the end of the line out  
with my friend and  
went shopping.

# YEAR 5

Three new things I did in lockdown:

1. went shopping for the first time  
2. cooked a widge dinner with my mum  
3. my mum the laundry

New hobbies or skills I learnt:

I learnt I am really good at reading!

Things I learnt about myself in lockdown:

1. I don't sleep  
2. I don't put an alarm  
3. I wake up really late  
4. I like sports

Something I enjoyed about lockdown was...

1. I had time to speak  
2. I had time to speak

3. I had time to speak  
4. I had time to speak

Something I disliked about lockdown was...

1. I wasn't able to see friends

If I was having a difficult time in lockdown, I would...

1. have a nap and get that rethink about how I feel about it

I would like to continue to...

1. spend more time with family

In the next school year, I would like to focus on...

1. being a teacher  
2. I would like to focus on...

Three new things I did in lockdown:

1. I went shopping  
2. I went shopping  
3. I went shopping

New hobbies or skills I learnt:

I learnt my pibroch  
1. I learnt my pibroch  
2. I learnt my pibroch  
3. I learnt my pibroch

Things I learnt about myself in lockdown:

1. I was good at running  
2. I was good at running  
3. I was good at running

Something I enjoyed about lockdown was...

1. sleeping in all day

Three new things I did in lockdown:

1. I went shopping  
2. I went shopping  
3. I went shopping

New hobbies or skills I learnt:

I learnt my pibroch  
1. I learnt my pibroch  
2. I learnt my pibroch  
3. I learnt my pibroch

Things I learnt about myself in lockdown:

1. I was good at running  
2. I was good at running  
3. I was good at running

Something I enjoyed about lockdown was...

1. geography and history

Three new things I did in lockdown:

1. I went shopping  
2. I went shopping  
3. I went shopping

New hobbies or skills I learnt:

I learnt my pibroch  
1. I learnt my pibroch  
2. I learnt my pibroch  
3. I learnt my pibroch

Things I learnt about myself in lockdown:

1. I'm actually really good at  
2. I'm actually really good at  
3. I'm actually really good at

Something I enjoyed about lockdown was...

1. not having to leave for 6 hours

Something I disliked about lockdown was...

1. It was sort of boring and I didn't really know what to do

If I was having a difficult time in lockdown, I would...

1. I had to figure out what to do for the whole day

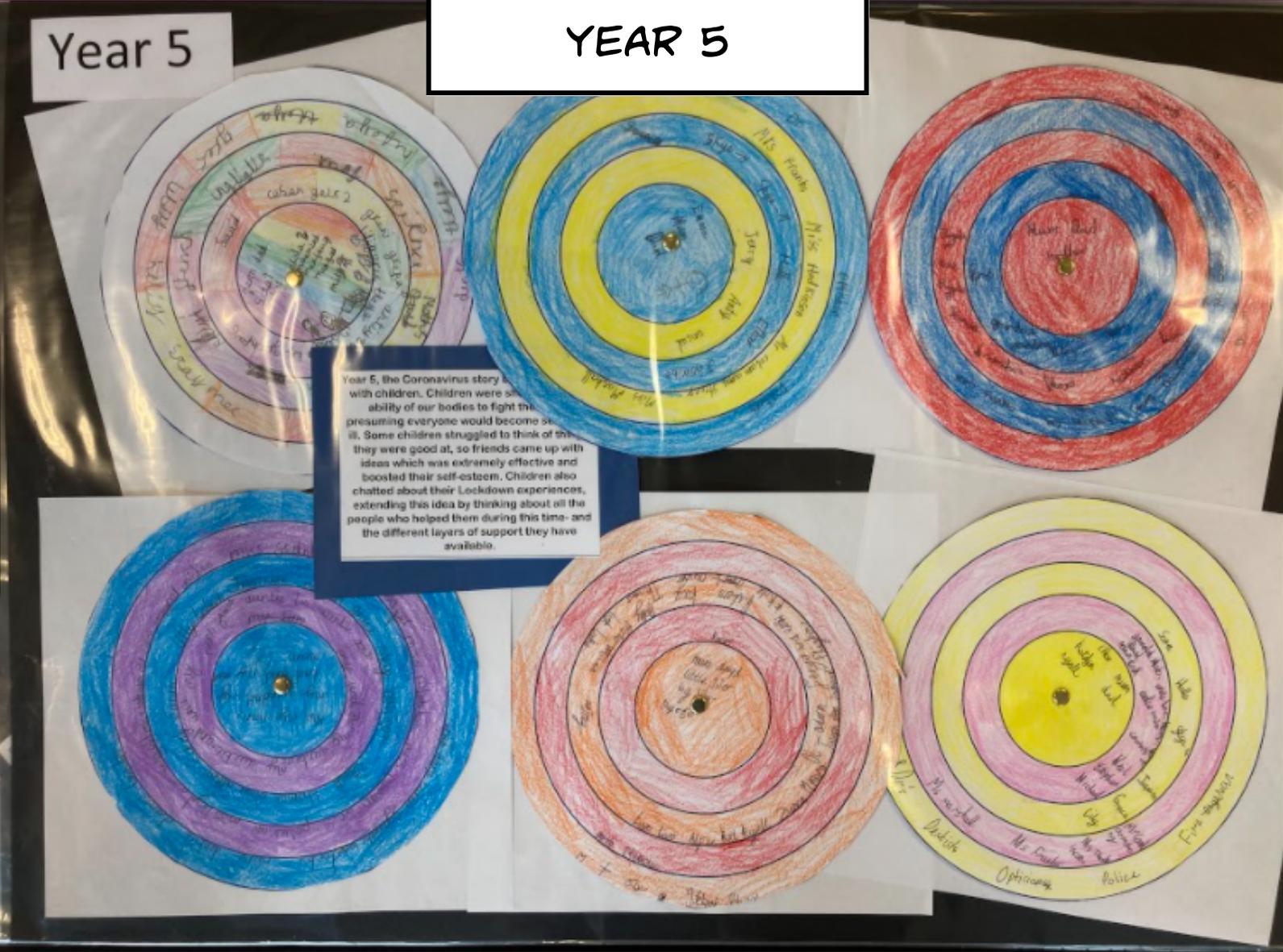
I would like to continue to...

1. watching TV



Year 5

# YEAR 5



Year 5, the Coronavirus story was shared with children. Children were shown the ability of our bodies to fight the virus, presuming everyone would become sick. Some children struggled to think of things they were good at, so friends came up with ideas which was extremely effective and boosted their self-esteem. Children also chatted about their Lockdown experiences, extending this idea by thinking about all the people who helped them during this time- and the different layers of support they have available.



# Year 6

# YEAR 6

Year 6, discuss 'Who's Mind?' health is and how to do it. The children's support network was explored as were general strategies for 'minding our minds.'

Jo loves to spend time with Grandad. Jo they often see each other at weekends. Jo helps Grandad with tidying the house and they watch films together. Jo's grandad is elderly and so has started to shield in order to protect himself from infection.

What could Jo and Mum do to let Grandad know they still care for him? Jo could buy a present for Grandad. They could buy a card. Cutting so they can go now.

Shakira is close to her older sister, Zara. They love going shopping together. Now there is a new baby in the family and Shakira has become an Aunt! Shakira was very pleased at first but found out she won't get to see the new baby too often as Zara lives in a different area with high infection rates.

What could Shakira do? Shakira could go live with Zara also her mum can go. What could Zara do? Zara could move back in near them.

Jesse loves seeing her friends at school. They are always really kind to her and make her laugh and she has no brothers or sisters at home to play with because she is an only child. She is now back at school and really nervous because she hasn't been around children in months.

What could Jesse do to overcome her fears and shyness? Jesse could ask a teacher or ask someone to play with her in school. Don't be worried and be considerate.

Dani has broken her leg playing football and is in hospital. It's Dani's birthday in a few days but her party has been canceled. Her friends are wondering how they can cheer her up.

What could Dani's friends do to show they care? Dani's friends could decorate her room. Dani could write a letter to her friends.

What could Shakra do? Shakra could buy the baby some presents.

What could Zara do? Zara could see some videos.

Jesse loves seeing her friends at school. They are always really kind to her and make her laugh and she has no brothers or sisters at home to play with because she is an only child. She is now back at school and really nervous because she hasn't been around children in months.

What could Jesse do to overcome her fears and shyness? Jesse could ask a teacher or ask someone to play with her in school.

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What could Dani's friends do to show they care? Dani's friends could write a letter to her or call her.

Jo loves to spend time with Grandad. Jo they often see each other at weekends. Jo helps Grandad with tidying the house and they watch films together. Jo's grandad is elderly and so has started to shield in order to protect himself from infection.

What could Shakra do? Shakra could buy the baby some presents.

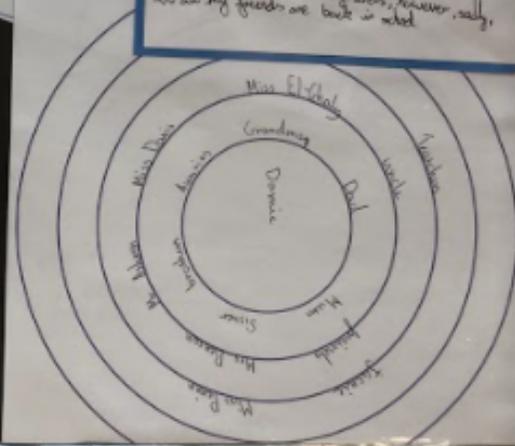
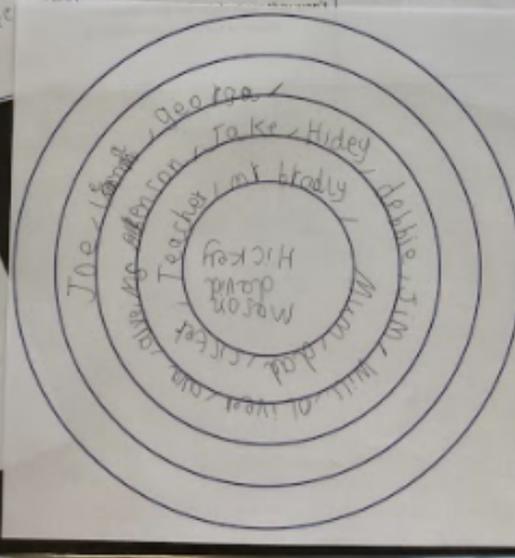
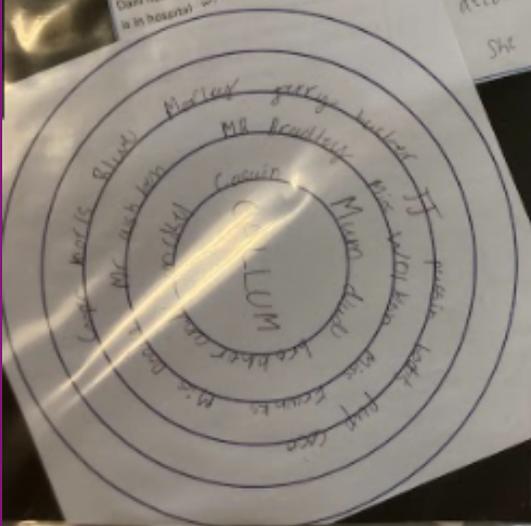
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What could Dani's friends do to show they care? Dani's friends could write a letter to her or call her.

Pupil voice: What has the school done to help you settle back into school? Brain breaks, extra time with us that we don't have to do. Mum and Dad (to help the lesson) have to help at a weekend. How do you feel being back in school? Content because I can see friends, however, really, not all my friends are back in school.

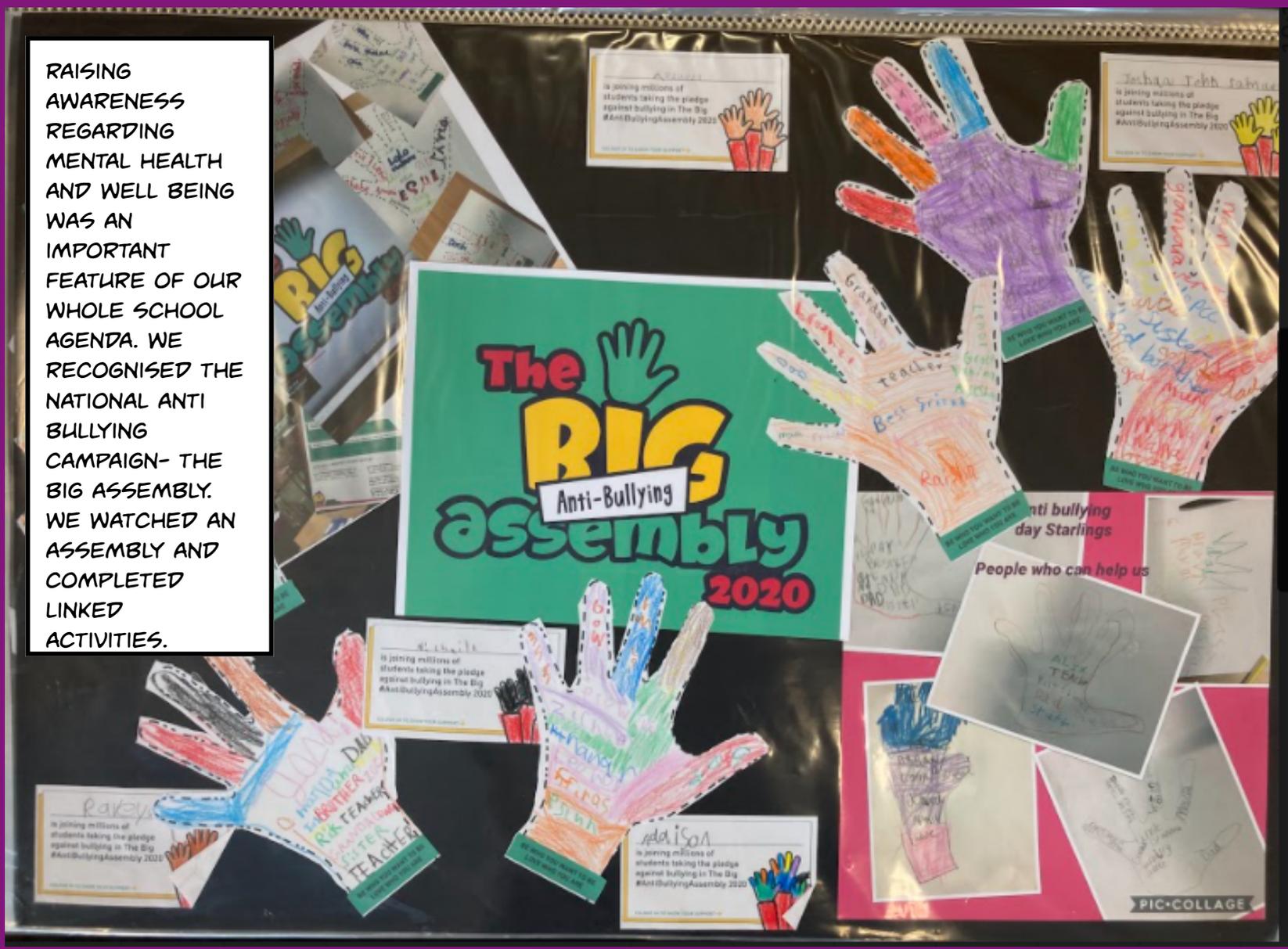




# The Big Anti- Bullying Assembly



RAISING AWARENESS REGARDING MENTAL HEALTH AND WELL BEING WAS AN IMPORTANT FEATURE OF OUR WHOLE SCHOOL AGENDA. WE RECOGNISED THE NATIONAL ANTI BULLYING CAMPAIGN- THE BIG ASSEMBLY. WE WATCHED AN ASSEMBLY AND COMPLETED LINKED ACTIVITIES.







# Mental Health Awareness Week



IN SUPPORT OF  
 RAISING  
 AWARENESS OF  
 MENTAL HEALTH  
 AND WELL-BEING  
 WE RECOGNISED  
 MENTAL HEALTH  
 AWARENESS  
 WEEK- EXPRESS  
 YOURSELF.



Place2Be's CHILDREN'S MENTAL HEALTH WEEK

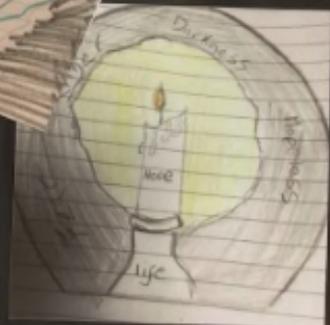
| Day       | 11.00-11.30       | 2.30-3.00 |
|-----------|-------------------|-----------|
| Monday    | Year 5 (age 9-10) |           |
| Tuesday   | Year 4            |           |
| Wednesday | Year 1            | Year 2    |
| Thursday  | Year 6            | reception |
| Friday    |                   | Year 3    |

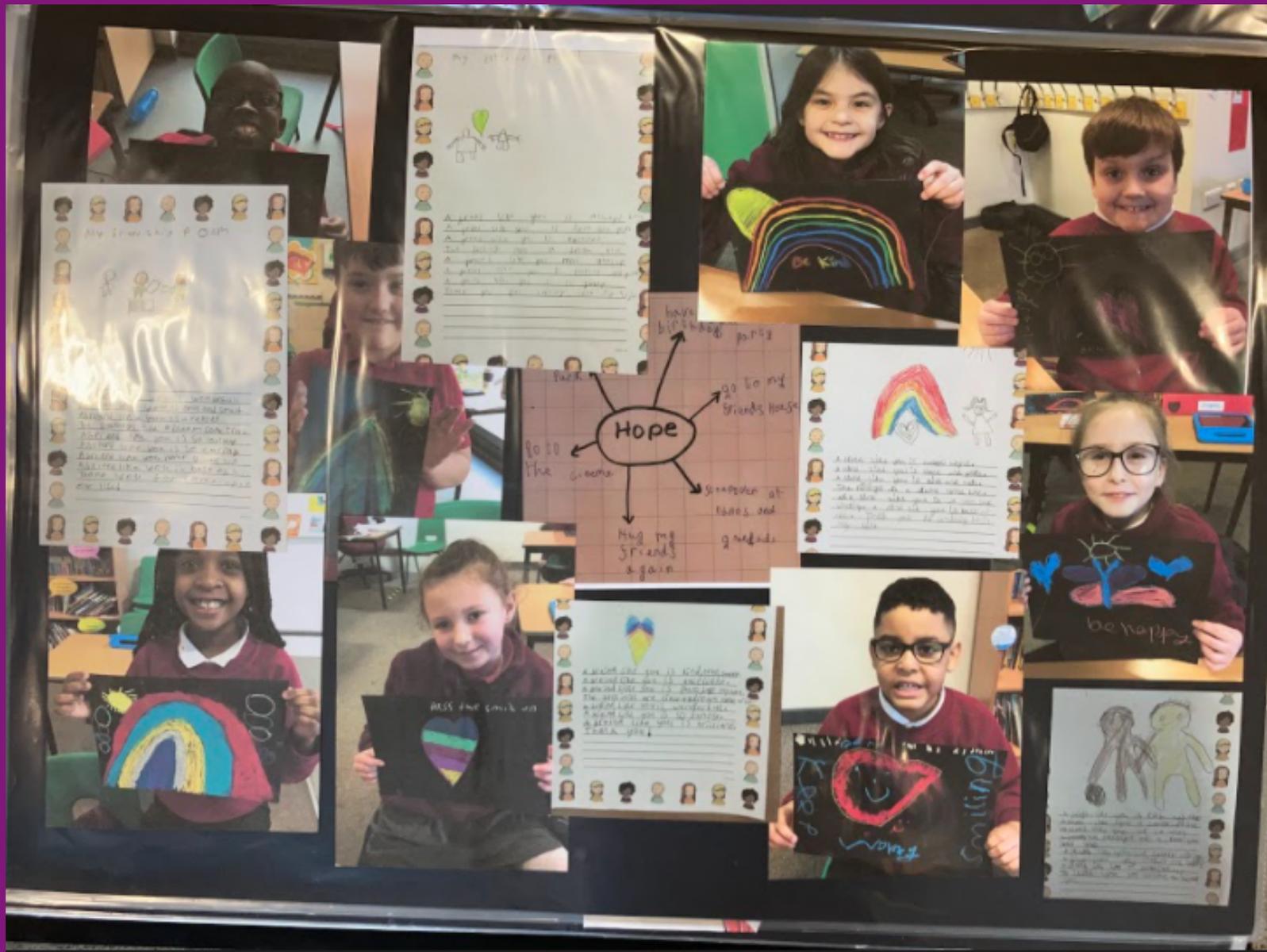
CHANGE SOMEONE'S DAY  
 I LOVE YOU MUM  
 YOU ARE SWEET

Children's Mental Health Week  
 1-7 February 2021

EXPRESS YOURSELF

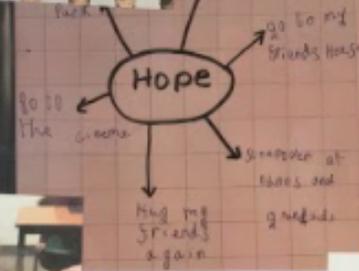
Assembly





My Friends Poem  
A good friend is someone who  
is always there for you and  
helps you when you are in  
trouble. They are always  
there for you and they  
are always there for you.  
A good friend is someone who  
is always there for you and  
helps you when you are in  
trouble. They are always  
there for you and they  
are always there for you.

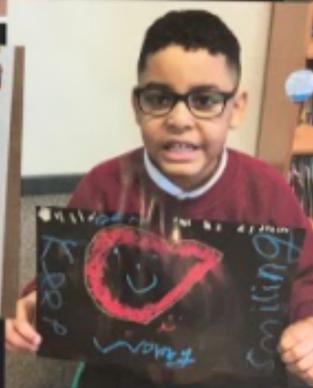
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are always there for you.

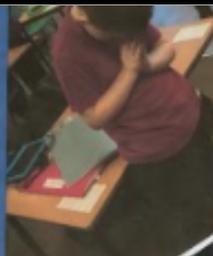
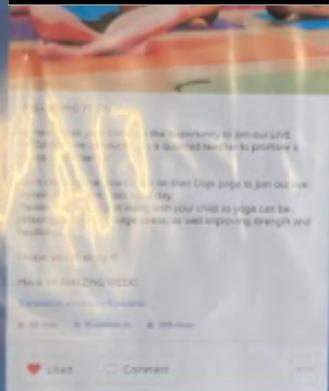


A good friend is someone who  
is always there for you and  
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A good friend is someone who  
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are always there for you.

THROUGHOUT MENTAL HEALTH AWARENESS WEEK CHILDREN ENGAGED IN YOGA ACTIVITIES AND LIVE STREAMED BALLET SESSIONS. THESE WELL-BEING ACTIVITIES WERE ALSO SUPPORTED BY OTHER INITIATIVES SUCH AS, DON'T FACE IT ALONE LINKED TO WORRIES ATTACHED TO BULLYING.



As part of the Promose Hill Anti-Bullying campaign we decided to create poster highlighting our support for the English football team especially those who experienced racism post the match. Jackdaws say NO to bullying and NO to racism!

Evolution viewed by 5 persons

40 likes 2 comments 200 views



Wednesday 14th July is the day we take mental health into the spotlight with the 'Don't face it alone' campaign. You can help by exploring the campaign.

<https://www.youtube.com/watch?v=...>

Thousands of young people experience bullying every day. They often don't speak out about it because they are afraid of what might happen to them and because they are afraid to report it online. We want to change this by giving young people that they deserve to be heard and their voices heard in a safe way.

All Promose Hill want to create a safe atmosphere for all children where every child feels confident to speak out against bullying behaviour. With some of the recent news stories about horrendous racist online abuse that high profile figures have experienced there is no better time than to discuss how we can tackle this and create a safe environment for all.

We are going to run a poster competition! I would love to see some posters created to support children in feeling confident in speaking out and in feeling confident in speaking up. This is such an important topic!

There will be prizes for the top 3 posters and we will display them in school.

Here are some ideas for your posters:

- Use these slogans:
  - Don't face it alone. Support them.
  - #Don't face it alone.
  - Speak out against bullying.

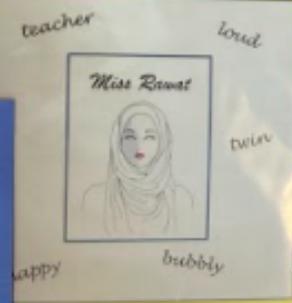
Other ideas:

- You could:
  - Include advice to children who are experiencing bullying.
  - Create a message of reassurance that they will be believed and supported.
  - Create advice for bystanders of bullying and how they can support others.



We pride ourselves on providing a current curriculum which is up to date and takes account of current affairs, which served as our impetus for acknowledging the 'Don't Face It Alone' anti-bullying campaign. We linked this to the atrocious bullying experienced by Marcus Rashford in light of the World Cup events.

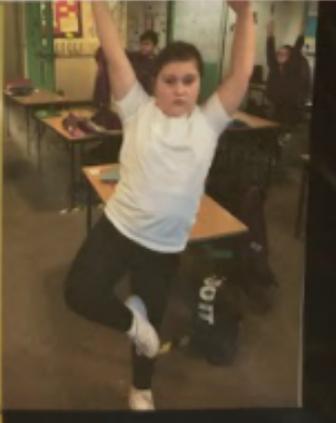
## GOOD MORNING YEAR 6 THIS WEEK IS CHILDREN'S MENTAL HEALTH WEEK!



We are all unique, we have our own thoughts, opinions, feelings and interests. Being an individual is a good thing – it helps make the world an exciting place to live!

**YOUR TASK:** Draw a big box with a smaller box in the middle.

Put a picture of yourself in the inner box and write all the things which make you unique in the outer box – celebrate you!



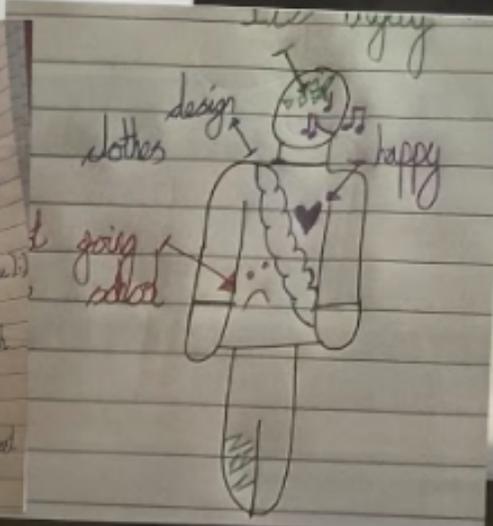
SUPPORTING MENTAL HEALTH AWARENESS ARE ACTIVITIES TO SUPPORT WELL-BEING SUCH AS CIRCUS VISITS, WHICH RESEARCH STATES ARE IMPORTANT TO SUPPORTING WELL-BEING.

Mr. Ashton  
Pittsboro Hill Primary School And Children's Centres  
Jul 15

# CIRCUS SKILLS

Over the next two days, all children at school will be able to take part in a special Circus Skills workshop! I wonder what new talents they will discover?

**1. Kindness and our friends**  
 1. He is always kind and helpful  
 wonderful and wonderful and kind.  
 2. She is friendly and kind  
 a and friendly friends  
 3. I am  
 4. I will  
 5. I will  
 6. I will  
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 9. My name is [Name]  
 10. My name is [Name]  
 11. My name is [Name]  
 12. My name is [Name]  
 13. My name is [Name]  
 14. My name is [Name]  
 15. My name is [Name]  
 16. My name is [Name]  
 17. My name is [Name]  
 18. My name is [Name]  
 19. My name is [Name]  
 20. My name is [Name]

1. My name is [Name]  
 2. My name is [Name]  
 3. My name is [Name]  
 4. My name is [Name]  
 5. My name is [Name]  
 6. My name is [Name]  
 7. My name is [Name]  
 8. My name is [Name]  
 9. My name is [Name]  
 10. My name is [Name]  
 11. My name is [Name]  
 12. My name is [Name]  
 13. My name is [Name]  
 14. My name is [Name]  
 15. My name is [Name]  
 16. My name is [Name]  
 17. My name is [Name]  
 18. My name is [Name]  
 19. My name is [Name]  
 20. My name is [Name]



# Parental Engagement



# Parental Engagement

## Daily Update

Today, quite a few of our children began to experience our first session, it was a joy to look around to see who was joining in.

Do not worry if you could not get your child on today, when teachers have problems sometimes with the type of technology used being tried - and contact us to see if we can offer any help.

It feels like that we will be able to see some more updates over the next few days. Keep a look out for a message from Mrs. [Name] about this, as soon as that message goes up, please let us know so we can get any queries.

Remember, you can get a LMS account - via printed tickets, if you've not given those five reasons to try. I'll send you them if you go and suggest a relative. I really do believe that you will be able to get your message rather than the printed page. And the teacher will have more time to help you.

I would love to hear your thoughts on this work to be good, but anything to help us improve or tell us that we are doing a good job. I am working with [Name] on this feedback on learning, and it would be good to have your thoughts on it.

Remember, you can get a LMS account - via printed tickets, if you've not given those five reasons to try. I'll send you them if you go and suggest a relative. I really do believe that you will be able to get your message rather than the printed page. And the teacher will have more time to help you.

**Story Ann McCreath (Marta's M's parent)**

I am really happy my child started this school especially during this time. The pandemic was and truly believes the children deserve the best of what we can do for them. It is really what they have been working on. As a mother, I have been the best parent I can be. I have been the best parent I can be. I have been the best parent I can be.

### MENTAL HEALTH IS AN EMERGENCY

Research published in *BMJ* (2020) showed that 12% of parents reported their child's mental health had been impacted, since restrictions started in March 2020. This compares to 1% in the year prior to the start of the pandemic, whereby the figure rose to 12% in the first week of October, school attendance was at just 86%. The *BMJ* (2020), meanwhile, estimates that on one single day last week, 4% of pupils in state-funded schools did not attend school for Covid-related reasons.

Although the latest restrictions are different, as schools are still open, not all children are attending regularly. Some schools are having to close entirely due to outbreaks, while many pupils will at some point have to self-isolate - whether because they've tested positive for Covid themselves, or they've come into contact with another child who has. In the last week of October, school attendance was at just 86%. The *BMJ* (2020), meanwhile, estimates that on one single day last week, 4% of pupils in state-funded schools did not attend school for Covid-related reasons.

In research (WOB 2020), parents said that within the first lockdown 'missing friends' was the main reason that their child's mental health and wellbeing worsened, and more than half signalled to low-level and missing school. The *NHS* report (2021) based on findings from a survey of 1,233 school leaders and 1,821 teachers in England's state schools, carried out between 7<sup>th</sup> and 17<sup>th</sup> May 2020, raised particular concern about levels of engagement with school of pupils from the most disadvantaged areas. Stating pupil engagement is lower in schools with the highest levels of deprivation. Low levels of engagement were also prevalent in parents from areas of high deprivation. Researcher showed a staggering 82% of schools reported low levels of engagement. Studies (WOB 2020) show a high proportion of parents struggled to engage their children in school studies while isolated and a worrying proportion of children spent excessive amounts of time on their computers and in their bedrooms, with limited contact input. These statistics served as an impetus for introducing live lessons to engage children and parents to ensure their mental health was safeguarded in addition to academic attainment.

Using these as the main link down for sluggish to keep up with the work that was sent on class days and didn't want to do it on the end. It's great that the teachers are there to help out & avoid the interaction with the other children in class. I would also like to see the videos from the nursery staff's feedback. It's a bit of a shame that the staff are not getting to see the teachers & also I think it's a shame that children are some kind of quality. Thank you.

**Wendy (Marta's M's parent)**

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**PARENTS HAVE BEEN VERY SUPPORTIVE OF THE STRATEGIES ALREADY PUT IN PLACE, WHICH HAVE BEEN STATED WITHIN OUR INFORMATION SHARING PLATFORM-DOJO.**

### SUBJECT LEADER

Select: Mental Health

**Point of Action 1**  
Launch Wellbeing Yoga Planes

**Point of Action 2**  
Continue staff log which addresses it

**Point of Action 3**  
Investigate Yoga's curriculum vs Look of providers and cook and bake with Headteacher

Other notes:

Headteacher signature: \_\_\_\_\_ Subject Leader signature: \_\_\_\_\_

**David & Samantha (Marta's M's parent)**

Both loved the live lessons. The support from the teachers and all the feedback. Instructions to get into the lessons were easy to follow, and the support was really good. The teachers were great and had a good rapport with the children when they were taking breaks. Definitely more feedback from the parents too. The way the school has been set up for the first day was great to see.

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I'll send it if you if that's ok! Luna-Rose has done extremely well throughout, I'm super proud of her. We've had days when she's got upset as she hasn't seen her gran and nana (her dad's side) for over a year and she was used to seeing them every Sunday, so we've had chats and when Luna doesn't know how she is feeling we talk in colours just to help it get off her chest. We've also been going outdoors as much as we can as it helps the both of us. I've got pressure from university as well. I think the extra activities school have put in are amazing as sitting at a computer is draining for anyone of any age not just children. It's nice that they still get to interact with the teachers which was definitely what was missing first time round. I think you should all be extremely proud of yourself! I think you have done a brilliant job looking at the mental health of the children compared to some of my friends children who attend different schools. Thank you all for everything you have done.

Honestly thank you so much, I've had a few of my friends call me to have chats with their kids because I'm doing psychology and counselling just to check their children are ok, they've been put under extreme amount of pressure it's so unfair. You have all done brilliantly. She is a little superstar she does homeschooling cheerleading on zoom 4 times and dance on zoom on a Friday as well. I asked if she wanted to quit anything and she said no I've got that I was extremely proud.







**Ms. Elghaly**  
Primrose Hill Primary School And Children's  
Centre

Jul 6



**PARENT BOOTCAMP!**  
**URGENT MESSAGE.....** Don't forget the Bootcamp especially for PARENTS tomorrow!  
I have had only one response to the parents Bootcamp and will need a minimum of 6 parents to sign up to warrant the expense of hiring the personal trainers.  
You still have until 8pm tonight to sign up or unfortunately I will have to cancel it!  
Exercise has so many proven benefits to mind, body and soul!

Translation viewed by 5 parents

👍 14 likes    💬 8 comments    👁 304 views



Liked



Comment



PARENTS AND CARERS HAVE BEEN INVOLVED IN THE STAFF WELL-BEING WEDNESDAY ACTIVITIES, AS A TOOL TO PROMOTE POSITIVE RELATIONSHIPS AND TO SUPPORT PARENTS AND CARERS MENTAL HEALTH AND WELL-BEING.



# Whole School Strategies



**PERCEIVED IMPACT OF SCHOOL CLOSURES ON OUR CHILDREN AND WHAT ARE DOING IN SCHOOL TO HELP ADDRESS THIS**

- Children were engaged and expressed extremely positive feelings surrounding the ability to connect with each other in this way. 100% of children surveyed gave top marks for the lessons and stated the lessons were 'fun' (Appendix 2).
- The head teacher was a regular presence in the lessons, as a moral boost for both the teacher and pupils, allowing them to feel connected and supported by the school.
- It became apparent many children were still in bed during the day; a stipulation for attendance in the lessons was added during the week to state that children were to be dressed and out of bed. This rule needed to be established to a low standard, recognizing the mental health implications of being a constant presence for children through live lessons. From a safeguarding perspective, it was possible to reassure children daily and ensure they are out of bed and dressed daily of immense importance.
- Staff had a huge amount of engagement with parents, as they coached them in using the technology throughout the day and into the evening through DDDO and phone calls which allowed the forging of very strong relationships and to establish a supportive network which attributed to the large volume of children present every day. These positive relationships were substantiated in the feedback which was provided from parents post delivery (Appendix 3).

**Smaller group work**  
**Shorter lesson times**  
**Increased breaks and mindfulness activities**  
**Increased number of Maths and English lessons taught each week**  
 1 to 1 tuition already offered for English / maths / other subject  
 1 to 1 tuition planned for English / maths / other subject  
 Here to offer further 1 to 1 support for English / maths / other subject  
**Notes to attend out of school lessons (inc on line booster sessions)**  
 Remote EMTAS and SaLT support during school closure (inc live lessons)  
**Increased 'teaching to an adult' sessions in school**  
**Catch up tuition for targeted pupils**  
 Online counselor to support identified pupils  
 SENDCo working with Pupil2be (counselling service), i-Reach (CAMHS - anxiety) and EP's to offer support to specific individual children.  
 Increased speech and language time to 2x daily per week to support and catch up children who are struggling with their communication and language skills. This is also being offered remotely where needed.  
 ERTS: Extensive use of class dips to contact parents - to reassure children are ok / give messages and individuals due to lack of play and parents entering the building.  
**Time to support developing 'minds' / sharing / selecting resources. Many children missed a lot of history, meetings and not in contact with other children.**  
 Videos for phonics on class story for parents to see how we teach early reading and writing as we cannot be held.  
 Attention and the support of SaLT.



|                      |                                     | WED                          | THU                 | FRI                           |
|----------------------|-------------------------------------|------------------------------|---------------------|-------------------------------|
| Class reader         | English - Writing<br>Science        | English - Writing<br>History | ICT                 | English - Comprehension<br>RE |
| Maths<br>PE          | Maths<br>PSHE                       | Maths - Times Tables         | Maths<br>French     | Maths<br>Music                |
|                      |                                     | Art (devices down time)      |                     |                               |
| Oakwood Academy task | Phonics / Oxford Reading Buddy time | BSC Bitesize task            | 11am-Speltzone task | Oakwood Academy task          |

|           | 1 minute<br>a<br>minute<br>a<br>minute<br>a<br>minute | 40 minute<br>lesson | 10 minute<br>break<br>break<br>/ physio<br>or<br>activity<br>session | 45 minute<br>lesson | 10 minute<br>break<br>break<br>break<br>(break<br>break) | 45 minute<br>lesson | 10 minute<br>break<br>break<br>/ physio<br>or<br>activity<br>session |
|-----------|---|---------------------|--|---------------------|--|---------------------|--|
| Monday    | 9:00 - 9:05   | 9:05 - 9:45am       |  | 9:45am - 10:30am    |  | 10:30am - 11:00am   |  |
| Tuesday   | 9:00 - 9:05   | 9:05 - 9:45am       |  | 9:45am - 10:30am    |  | 10:30am - 11:00am   |  |
| Wednesday | 9:00 - 9:05   | 9:05 - 9:45am       |  | 9:45am - 10:30am    |  | 10:30am - 11:00am   |  |
| Thursday  | 9:00 - 9:05   | 9:05 - 9:45am       |  | 9:45am - 10:30am    |  | 10:30am - 11:00am   |  |
| Friday    | 9:00 - 9:05   | 9:05 - 9:45am       |  | 9:45am - 10:30am    |  | 10:30am - 11:00am   |  |
| Saturday  | 9:00 - 9:05   | 9:05 - 9:45am       |  | 9:45am - 10:30am    |  | 10:30am - 11:00am   |  |
| Sunday    | 9:00 - 9:05   | 9:05 - 9:45am       |  | 9:45am - 10:30am    |  | 10:30am - 11:00am   |  |

**DURING LOCK DOWN PERIODS MANY STRATEGIES AND INITIATIVES WERE PUT IN PLACE TO SUPPORT CHILD MENTAL HEALTH AND WELL BEING. PUPIL VOICE STATED REMOTE TEACHING SESSIONS ONLINE WERE FUN AND ENGAGING AND ALLOWED TEACHERS TO MONITOR CHILDREN'S WELL-BEING. STAFF HAD HUGE AMOUNTS OF ENGAGEMENTS WITH PARENTS WHICH HELPED TO FORGE STRONGER RELATIONSHIPS. WHEN RETURNING TO SCHOOL, SOME ADJUSTMENTS WERE MADE SUCH AS ENSURING FOUNDATION SUBJECTS WERE TAUGHT FIRST TO IMPROVE ENGAGEMENT LEVELS**

**SAFEGUARDING INFORMATION FOR STAFF**

The Diana Award

We look forward to seeing you and your students at your extra-curricular training sessions soon!

As a youth organisation, The Diana Award believes that a child, young person or adult should have a positive experience of any sport. We are committed to providing support for all people who benefit from our work, including staff, volunteers and beneficiaries. We do this through promoting a culture of safety for all, with robust policies, procedures and training in place.

We aim to help us protect children and young people from abuse and exploitation through promoting a culture of safety for all, with robust policies, procedures and training in place.



Figure 5.3: An extract of a child's response to the survey

How to support children in class:

- Show an interest in their work
- Name them

MY P...

and finish the sentences in the balloons below:

I am a good friend because... *To play with people.*

I am really good at... *Drawing.*

I have worked hard to improve... *my writing.*

I am a good team member because... *by my best of my work.*

I am thoughtful because I... *talk about new things.*

My special talent is... *Racing.*

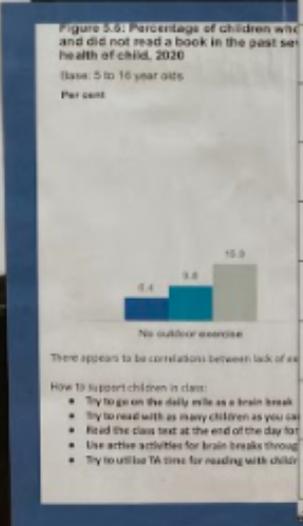
I am a good family member because... *I help my mum clean.*

I am unique because... *I play well.*

People who like me... *People who like me.*

I am a good citizen because... *I smile at people.*

I believe there are a lot of people who believe the Diana Award has a use as a whole school, to combat bullying, and to create a safe environment which discourages bullying. We are implementing the schemes given by the Diana Award to help our children and care for each other. We are being Wednesday in health with our staff. We are being beneficial over the COVID-19 pandemic, so we will continue to be helpful and engaging.



**BRAIN BREAKS BECAME EMBEDDED IN THE DAILY TIMETABLE AND ARE STILL PRESENT TODAY, IN A REDUCED FORMAT. AFFIRMATIONS, POWER STANCES AND MINDFUL STRATEGIES SUCH AS MEDITATION BECAME TOOLS TO SUPPORT CHILD'S MENTAL HEALTH AND WELLBEING.**

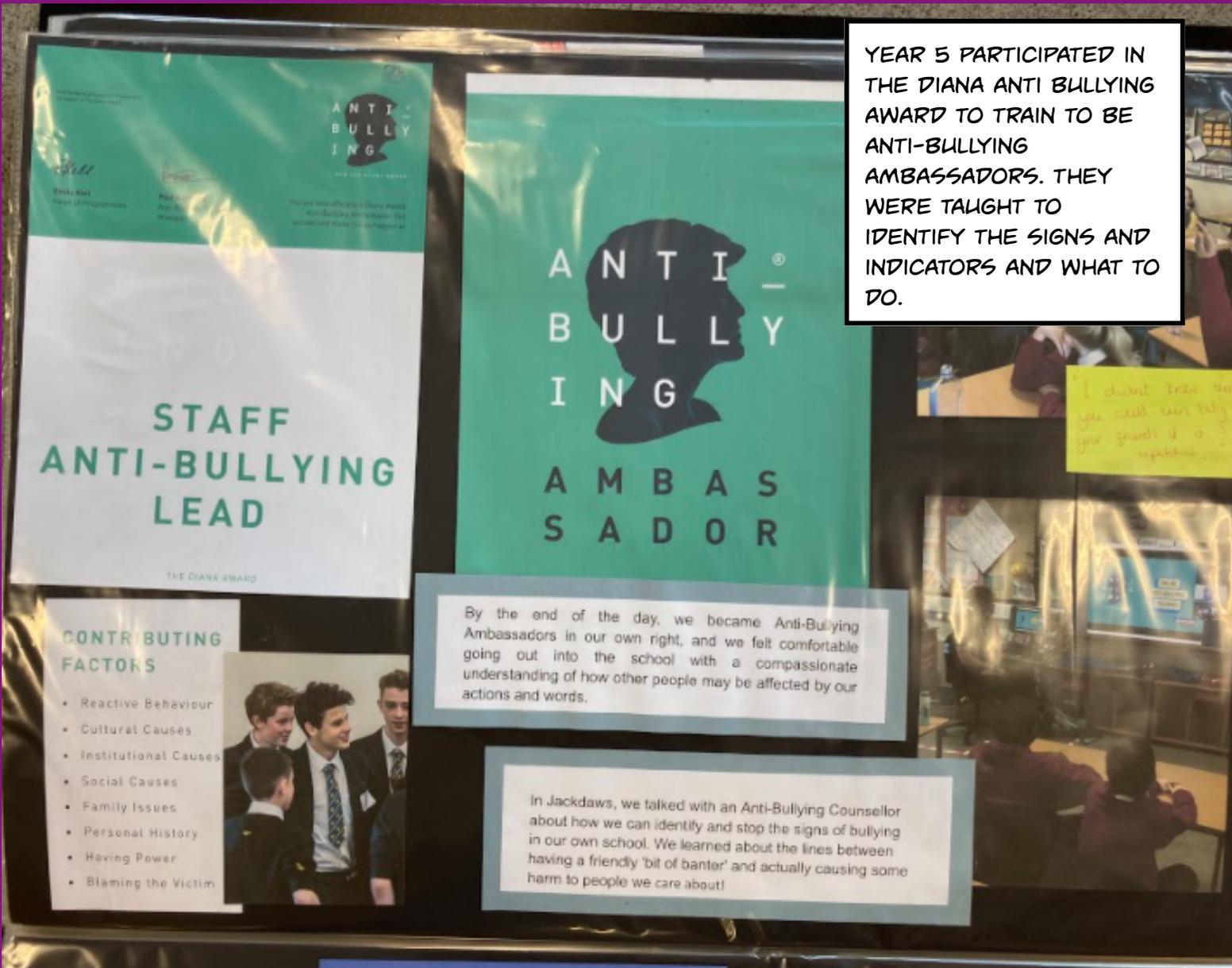
Let some positive thoughts and affirmations fill your mind:

|     |   |
|-----|---|
| #1  | No matter how hard it is, I can do it.      |
| #2  | The more I let it go, the better I feel.    |
| #3  | My happiness is up to me.                   |
| #4  | With every breath I feel stronger.          |
| #5  | I choose to think positively.               |
| #6  | I've got this!                              |
| #7  | It's ok to make mistakes.                   |
| #8  | I accept myself who I am.                   |
| #9  | Wonderful things are going to happen to me. |
| #10 | Anything is possible.                       |



# **Diana Anti-Bullying Award**





YEAR 5 PARTICIPATED IN THE DIANA ANTI BULLYING AWARD TO TRAIN TO BE ANTI-BULLYING AMBASSADORS. THEY WERE TAUGHT TO IDENTIFY THE SIGNS AND INDICATORS AND WHAT TO DO.

- CONTRIBUTING FACTORS**
- Reactive Behaviour
  - Cultural Causes
  - Institutional Causes
  - Social Causes
  - Family Issues
  - Personal History
  - Having Power
  - Blaming the Victim



By the end of the day, we became Anti-Bullying Ambassadors in our own right, and we felt comfortable going out into the school with a compassionate understanding of how other people may be affected by our actions and words.

In Jackdaws, we talked with an Anti-Bullying Counsellor about how we can identify and stop the signs of bullying in our own school. We learned about the lines between having a friendly 'bit of banter' and actually causing some harm to people we care about!



After conducting a whole days training across Year 5 we completed a workbook alongside the training which focused on the different types of bullying; how to identify someone who needs support and appropriate actions to take.

MUSA

ACTIVITY WORK SHEETS

## UNDERSTANDING THE DIFFERENT TYPES OF BULLYING BEHAVIOUR

FILL IN THE BLANKS - BULLYING BEHAVIOUR IS:

repeated negative behaviour that is intended to make others feel unsafe or uncomfortable.

- Repeated = doing something more than once
- Intended = doing something on purpose, not an accident
- Negative behaviour = you can remember the different types of negative behaviour by remembering V.I.P.

VERBAL **V**

INDIRECT **I**

PHYSICAL **P**

Repeatedly using words or writing them to upset someone.

Repeatedly using actions behind someone's back or not directly to their face to hurt or harm them.

Repeatedly using body contact to upset, hurt someone or hurt their feelings.

*Respect is about acting in a way that shows you care about other people's feelings.*



Liona

ACTIVITY WORK SHEETS

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*Respect is about acting in a way that shows you care about other people's feelings.*



# Staff Well-Being





Name: ..... Class: ..... Date: .....

What are we doing as a school to support children's return to school?

- 
- 
- 

What else could we be doing as a school?

- 
- 
- 

Can you spot the signs?

Read the scenarios and decide:

Is this a safeguarding concern?

If so, which of the following specific issues could the child be affected by?

- Anxiety
- Traumatic stress
- Grief
- Witnessing domestic abuse

| Sophie   | Jack  |
|--|---|
| <p><b>Sophie</b> asks if she can wash her hands several times an hour, and she's often unable to take part in activities until she's done this. While she's waiting to wash her hands, she often becomes short of breath, looks flushed and says "I feel dizzy". Since returning to school, Sophie has found it difficult to talk to her friends, whereas before she was chatty and confident.</p> | <p>You've noticed that <b>Jack</b> has been falling asleep at his desk around mid-morning. He's been complaining of headaches and tummy aches and doesn't seem able to concentrate on his work. He often doesn't want his dad to leave in the morning, and always asks if can stay inside with his teacher at lunchtime "to help with jobs in the classroom."</p> |
| Ali  | Yasmin  |
| <p><b>Ali</b> used to be the best in the class at spelling. Since returning to school, his spelling and handwriting seem to have gone backwards by a few years. You've noticed his behaviour at break time is erratic: he's playing football happily one moment, and then becoming withdrawn and sulky the next. You've also spotted him sucking his thumb when he thinks nobody is looking.</p>   | <p><b>Yasmin</b> used to be very well-behaved, but since returning to school she's been aggressive and bullying towards other children, and verbally abusive towards staff. She's often yawning, and when you ask her if she's tired she says "I couldn't sleep all night – I can never get to sleep."</p>  |

Who to contact if I have a concern about a child's Mental Health?

- 

## MENTAL HEALTH RESPONSES TO QUESTIONNAIRES Pertaining to Child Mental Health and Well being

| Votes     | Initiatives  | Comments  |
|-----------|--|---|
| xxXxx     | Weekly updates about Covid/Q&A sessions with children substitute for a 15-minute brain break session |   |
| xxxx      | Question box in class (children post concerns worries into a box)                                    |   |
| Xxxxx     | Emotions display-children post emotions in the morning   |   |
| xxxx      | Have Mental health representatives in each class.  |   |
| XxxxxxxXx | Scheduled sessions with other classes so children can see other classes through zoom?                |   |
| xxxxxxx   | Sharing stars of week or certificates on school dojo feed on certain days?                           |   |
|           | care/share boxes around the school where anonymous messages can be left by the children              | How is this different to the question box? Will people get confused?<br><b>Good question... I believe one is in class the other around school</b> |

STAFF WERE GIVEN QUESTIONNAIRES TO GAUGE THEIR OPINIONS REGARDING THE CURRENT PROVISION AT PRIMROSE HILL PRIMARY AND TO COLLABORATE SUGGESTIONS FOR DEVELOPING THE WHOLE SCHOOL PROVISION AND FOR SUPPORTING STAFF MENTAL HEALTH AND WELL-BEING.

| Initiative                                      | Comments   |
|---|--|
| action of some video wise with BUBBLES          |  |
| star board- is done                             |  |
| ing that s a shout                              |  |
| ever little                                     |  |
| ated in a                                       |  |
| ... part of                                     |  |
| school  |  |
| An anonymous concern and worries box for adults |  |
| XXXXXXXXXXXX                                    | Quiz held by a member staff...   |
| XXXXXX  | Teaching a skill or having a craft session via google meets after school |
| XXXXXX  | Escape room type activity as a whole school                              |

## Mental Health Questionnaires Staff Primrose Hill Primary 09/2020

### What we do well:

- Cool and calm talk
- Discussing emotions, asking how they're feeling if they are ok.
- Breaks in between lessons.
- Tailored mental health lessons,
- support for parent/carers
- Mindfulness activities in the afternoon each day
- Opportunities/make children aware that there are people they can talk too
- Mental health lead and policy
- Brain Breaks both active and sitting,
- mindfulness colouring, zentangles,
- daily mile,
- big assembly online,
- class dojo videos,
- reading and discussing covid [book](#).
- PSHE worry boxes.
- Reassurance
- talking to families via dojo
- calming music when children are working quietly
- reduced lesson length
- reframing thoughts activity
- Build resilience through the way we interact with our pupils.

### What we could do:

- More time to interact with children personally
- Weekly updates about Covid/Q&A sessions.
- Personalised updates on child's wellbeing.
- Question box (children post concerns worries into a box
- Children could have some time to discuss any worries or concerns [with the Sue it may encourage them to discuss these more and get the full support they need.](#)
- Emotions display- children post emotions in the morning
- Have Mental health representatives in each class – a bit like we already do for school parliament and eCadets.
- Have anti-bully cadets in each class
- Something so children can see other classes through zoom?
- Sharing stars of week or certificates on school dojo feed on certain days?
- Could we collaborate as a staff (or have a space on google drive) for some outside game ideas that children can play to keep it varied.
- video call assembly
- Potentially use services like Place2Be to offer onsite counselling for children and families

- Monitor their mental health, maybe a visual representation of how they feel regarding anxious feelings etc. that they could check in with us daily
- Need to vary the mindful 5 minutes
- How are the parents feeling? Could we do something to offer them support as if they are anxious etc. this would be passed on to the child.
- More training for staff on unknown disorders – e.g. attachment disorder
- care/share boxes around the school where anonymous messages can be left (normally they are not so anonymous because we can recognise their handwriting etc) so that the more shy children can tell us something that is bothering them (did this in an inclusion unit and helped us pick up so much).
- 

### What could we adapt?

- Maybe fewer longer 'brain breaks' at certain times rather than more of the shorter 5 minute ones. (more my timetabling)
- Short lessons mean lots of transitions which I don't think is helping. I would prefer longer, calmer lessons like last year.
- As much as I enjoy the discussion it is hard to find an appropriate cut off point and I always feel there is so much left unsaid or unanswered. I wonder if there is something we could build into the day to combat this. a daily debrief where they could have a chance to ask a question or voice a worry or concern ?
- 

### How we could improve staff mental health

- Not getting much work prep done cause school shuts earlier so taking a lot home/ not getting as much done
- More opportunities to liaise with other class
- Interaction of some sort video wise with other teachers now and then, I miss the social side of our lovely staff.
- Consider longer timeframes with deadlines. E.g. I have been given a week to complete 3 detailed SEND documents, finish all assessments and complete the raising attainment plan. I appreciate that things need to get done, and in pre-covid times this workload was fine but I am struggling to manage because I am so exhausted and overstimulated compared to life during lockdown- the teachers need some kind of transition period too- we are also as anxious as the children.
- a notice board somewhere, maybe in the main staff room that we can nip in a [leave a note on the board](#) (could be anonymously).
- Staff [star board](#)- who has done something that deserves a shout out- however little or big
- An anonymous concerns and worries box. Sometimes things can get on top of us but we don't often have the time to talk or tell someone or we may not want to share it so everyone knows that we are worried or struggling with something.
- Fortnightly / half termly emails to check in.
- I think I [wont](#) be alone in saying that I am struggling with workload, despite ppa being so much better this year and more productive. As I personally struggle to work at home until after 8pm when I am often too tired to be fully productive I wonder if 1 day a week could have a later finish time just to get focussed an [catch up with admin](#).

- I am finding the systems that we have in place to keep people safe are adding to the stress. Nothing can be done about that at the moment as they are all necessary and non negotiable. I just feel personally under pressure to deliver and everything takes so much longer than before. I just worry that no matter what I do I will be behind on something and I have subject leaders emailing asking for certain things to be done for a certain length of time and it is really hard to fit everything in. Particularly with my current class who require a lot of instruction and have fallen back significantly.
- I feel like I am getting a lot of emails every day and don't have time to action them all.
- 

Extra-curricular activities

Quiz

More social events

Escape room type activities – solve the clues to unlock the locks, etc (I can help with this if needed).

Take it in turns to teach a skill on zoom for 5-10 mins at the end of the school day (for the confident) e.g. origami, sign language or phrases in a different language.



## Supporting Staff Well-Being Autumn 2021



Mental Health Lead: Miss S El-Ghaly - Mental Health Governor: Mr D Dobson

Subject leader time can be booked to support workload which reduces workload at home further supporting well-being

All staff are given an opportunity to complete one funded course per year which they have identified themselves as part of their own professional development and which may not be directly linked to their current role

A new initiative will be launched in Spring 1, for teaching assistants, who have 100% attendance. They will be entered into a draw to have a morning or afternoon at home, as a thank you for all their continued hard work and commitment to the school.

Staff are given a timetable of their directed time at the start of the year, which supports planning for the year ahead.

Part time working is a supported and accommodated where feasible, for those who request it

Comfortable staff-room facilities, decorated and designed to help make staff feel valued and relaxed

Regular fun quizzes and bingo sessions are organised by the Headteacher to be done together to boost moral

Scheduling planning time with your year group teacher to support team working and planning together, this supports well-being through sharing the workload

School has a 'three day notice rule' which means that staff have time to prepare and submit things without feeling under too much pressure to complete something at short notice.

An open door policy exists with the Headteacher, to celebrate successes or voice concerns

Subject leader time can be taken at home improving work-life balance

Open invite to all staff for all meetings; anyone is able to attend any meeting

Staff were given the opportunity to become highly paid tutors instead of outsourcing support.

A bi-weekly bulletin is produced and shared with all staff to help keep everyone informed of what is going on in school and help strengthen the sense of team.

Work-life balance is promoted with the opportunity to book off important occasions or life events

A culture is fostered which promotes fun and laughter throughout the school. This creates a positive atmosphere, which supports well-being.

Well-being Wednesday initiatives have given staff the opportunity to be together and to try new things such as meditation, yoga, hair styling, fitness and pizza making

Staff are given the opportunity to borrow a laptop to support working effectively from home.

Staff are given the option to supplement their roles, through working in other roles, such as lunchtime and welfare assistants

Leaders have arranged for school to be closed at 4.30pm every Friday to ensure that everyone is able to leave at a reasonable time to help promote a healthy work-life balance.

Annual appraisals give staff the opportunity to discuss career progression and create plans to achieve their goals

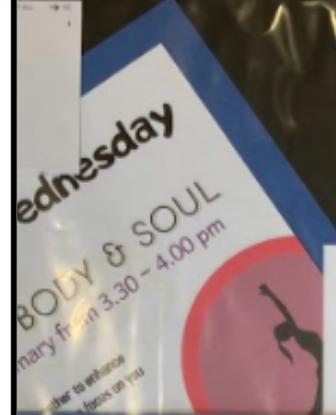
Staff were given the opportunity to have a Christmas massage during school time, to improve well-being



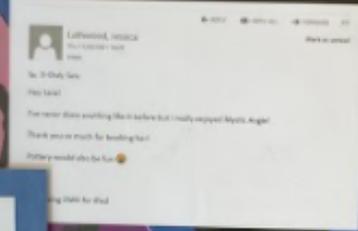
# Well-Being Wednesday



WELL BEING WEDNESDAY WAS LAUNCHED AFTER STAFF QUESTIONNAIRES HIGHLIGHTED STAFF ENJOYED ENGAGING WITH EACH OTHER; DOING QUIZZES TOGETHER AND LEARNING NEW SKILLS. CANADA HAS THE WELL-BEING WEDNESDAY INITIATIVE EMBEDDED IN THEIR WORKPLACES, WHICH IS WHERE THE IDEA CAME FROM.

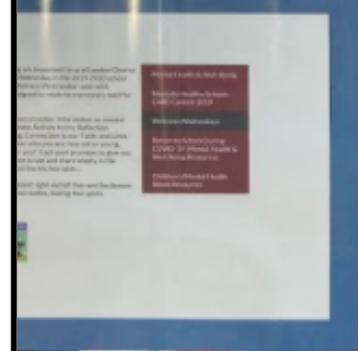


Well-being Wednesday was launched to support staff Mental Health and Well-being through doing something together, which appealed to a variety of interests. The idea was created in collaboration with all staff and has been extremely successful thus far.



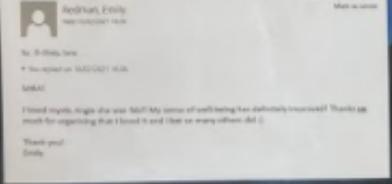
Timetable for Music Activities

| Time      | Name            |
|-----------|-----------------|
| 2:00-2:05 | Kat             |
| 2:05-2:10 | Vivian          |
| 2:10-2:15 | Caroline        |
| 2:15-2:20 | Laura M         |
| 2:20-2:25 | Katherine       |
| 2:25-2:30 | Megan           |
| 2:30-2:35 | Emily           |
| 2:35-2:40 | Shia            |
| 2:40-2:45 | Molly Cullisano |
| 2:45-2:50 | Leah            |
| 2:50-2:55 | Sharon          |
| 2:55-4:05 | Carri           |



Timetable of Well-being Events

| Date     | Event                         |
|----------|-------------------------------|
| 27/02/21 | Yoga                          |
| 03/03/21 | Pilates                       |
| 10/03/21 | Psychic Angie                 |
| 24/03/21 | Music Quiz                    |
| 03/03/21 | Meditation from Japanese Monk |
| 10/03/21 | Coffee Truck                  |
| 17/03/21 | Candle Making                 |
| 24/03/21 | Gnocchi Making                |





**YES! IT'S BACK**

PRIMROSE HILL PRIMARY SCHOOL  
Well-Being Wednesday 26th March

**Rock and Roll Bingo**

3 times to play!  
and choose what you'd like to join in  
3.20pm : Disney & Film Music  
3.40pm : 70s & 80s Disco Explosion  
4.00pm : Cheesy Pop sing-a-long Party  
**FREE GIFTS for all participants! CASH PRIZE**  
Bring your nibbles and your smallest

Well-being Wednesday was an initiative we began to address staff Mental Health and Well-being. After sending out questionnaires to all staff, the results concluded staff missed doing things together and wished to engage in activities together. After researching how other schools and countries approach this we decided to adopt Well-Being Wednesday. An initiative whereby every Wednesday a new skill is taught or developed all geared towards well-being. It also encompasses doing fun activities together such as bingo or a quiz.

RE: Onsite massages at Primrose Hill Primary School

Rachel King <rachel.king@wales.co.uk>

Hi Rachel,  
I really like the idea of physiotherapy visits!  
I'll be happy to help with this.

Hi Rachel,

Please let me know if you have any updates on numbers of messages so I can get that all booked in for you.

Kind regards,  
Rachel

Rachel T. King  
Account Manager  
Wales (UK) Limited  
May 030 300 000 / Direct line 030 3017 1004 / Mobile 0794 331 277  
WWW.WALES.CO.UK

## Wellbeing Wednesday

### Timetable Well-being Wednesday

|          |  |
|----------|--|
| 03/03/21 | Concor dance lesson  |
| 17/03/21 | Musical Tagged Escape Room   |
| 24/03/21 | Scented Candle Making Workshop (in school kitchen)*                      |
| 21/04/21 | Rock and Roll Beers Bingo - The 1980s (i.e. 1 other game to be agreed)   |
| 28/04/21 | Pizza Making Class   |
| 05/05/21 | Pizza Making Class   |
| 12/05/21 | Movie Watching Club  |
| 19/05/21 | Creating art with 3D paper - watercolour, ink and paper printing session |

#### Rock & Roll Beers Bingo:

Other games to be agreed:

THE SONGS OF BRITNEY

SINGALONG SONGS

GIRLS NIGHT OUT

TV & MOVIE THEMES

ONE HIT WONDERS

THE 1990s

The 1970s

8000 DINGS

MEALON SELLERS

BATTLE OF THE BANDS

\*Please sign up for the Candle Making Class; we will only allow 6 people to make these at a time as this will be held in our sensory kitchen. If there is demand, this session will be run over two nights or shared via google meet.

\*Subject to change

**WELL-BEING WEDNESDAY ACTIVITIES INCLUDED QUIZZES AND PSYCHIC VISITS VIA ZOOM**

Dear.....

Which will

I really hope you can make it!! It is from 3.55-4.15

Have a fabulous day filled with

**WELL-BEING WEDNESDAY**

Tapping workshop last week

Janine Mitchell <janine@changeforsuccess.co.uk>

Hi Rachel,

I really like the idea of physiotherapy visits!

Hi Rachel,

I was really lovely to meet you all last week. Thanks for inviting me down to the school. I really enjoyed delivering the workshop. I absolutely love tapping - it's so relaxing!

Have you changed the session, it would be great to talk further if you would like any support of the school for the session. It's planned on Thursday, so it would be great to talk further if you would like any support of the school for the session. It's planned on Thursday, so it would be great to talk further if you would like any support of the school for the session. It's planned on Thursday, so it would be great to talk further if you would like any support of the school for the session.

Speak soon

Best wishes

Janine Mitchell

Founder - Change for Success

Phone Management Services

01455 255555

01455 255555



**YES! IT'S BACK!**

PRIMROSE HILL PRIMARY SCHOOL HALL  
Well-Being Wednesday 26th May 2021

# Rock and Roll Bingo

**3 times to play**

Pick and choose what you'd like to play:

3.20pm : Disney & Film Music

3.40pm : 70s & 80s Disco Experience

4.00pm : Cheesy Pop sing-a-long

**FREE GIFTS** for all participants! **CAN**

**Bring your nibbles and your soft drinks!**

Suggested donation of £1 per game played. For people who pay and play, the BIGGER the better!

**Play just one game or join in with all three!**

Other possible Bingo Games on offer : Million Sellers, Dance, Rock Anthems, Indie Classics, Numbered Decades...and MORE! (if you have an idea)

Tapping workshop last week

Janine Mitchell <janine@changeforsuccess.co.uk>  
Tue 10/10/2021 16:40  
To: El-Ghaly, Sara <sara@ghaly@salind.gov.uk>

Hi Sara  
It was really lovely to meet you all last week, thanks for inviting me down to the school, I really enjoyed delivering the workshop. I absolutely love tapping, I could talk about it all day!

I hope you all enjoyed the session, it would be great to talk further if you would like any support at the school for the children. As I explained on Thursday, we don't get taught how to look after our mental health and wellbeing and children really have suffered as much as any of us in the last 15 months. Tapping, as you know is a great self help tool, so if you'd like to explore how I could help the children in class use this for themselves I'd be delighted to talk through this.

Cheers soon

Best wishes

Janine Mitchell

Founder - Change for Success

Stress Management Specialist | Researcher | Published Author

[www.changeforsuccess.co.uk](http://www.changeforsuccess.co.uk)

+44) 07854 273916

## Massage Timetable

|             |            |
|-------------|------------|
| 9.15-9.30   | molly      |
| 9.35-9.50   | Cath       |
| 9.55-10.10  | Dave       |
| 10.15-10.30 | carol      |
| 10.35-10.50 | Helen      |
| 10.55-11.10 | Sara       |
| 11.15-11.30 | Aneesa     |
| 11.35-11.50 | Jon        |
| 12.10       | Katrina    |
| 12.15-12.30 | Grant      |
| 12.35-12.50 | Jess       |
| 12.55-1.10  | Emma       |
| 1.15-1.30   | Michelle w |
| 1.35-1.50   | Edward     |

# Wellbeing Wednesday

## Available Well-being Wednesday

|  |
|--|
| for dance lesson   |
| Smillan Trapped Escape Room  |
| Guided Candle Making Workshop (in school kitchen)*                       |
| Rock and Roll Beats Bingo - The 1980s (+ 1 other game to be agreed)      |
| Pizza Making Class   |
| Pizza Making Class   |
| Movie Watching Club  |
| Creating art with BRUSHO - watercolour, ink and pastel painting session+ |

### Beats Bingo:

Games to be agreed:  
CLASSICS OF DISNEY  
HIT SONGS  
HIT NIGHT OUT  
TV & MOVIE THEMES  
HIT WONDERS  
THE 1990s  
THE 1970s  
DISCO DIVAS  
MILLION SELLERS  
BATTLE OF THE BANDS

Please sign up for the Candle Making Class; we will only allow 6 people to make these at a time as this will be held in our cookery kitchen. If there is demand, this session will be run over two nights or shared via google meet.

\*Subject to change



# Mental Health and Well-being 2021-2022



If someone is nasty to you please **REPORT IT!**

Do not let people make you feel sad. **REPORT IT!**

**PRIMROSE HILL PRIMARY SCHOOL**  
 Phoenix Street, Chopt, Suffolk, S43 3P1

**Procedures for dealing with peer-on-peer abuse**

In your school, 'peer-on-peer abuse' is a term you will use when ONE CHILD does something to harm or upset ANOTHER CHILD. Please see the key definitions below for examples of what this could look like.

| ALWAYS:   | NEVER:   |
|---|--|
| <ul style="list-style-type: none"> <li>✔ Listen and reassure the child if they are upset and feel safe.</li> <li>✔ Make a written report to the school, stating only the facts.</li> <li>✔ Follow designations of staff (DfE) urgency &amp; with SENDD/DCY, or other relevant agencies if possible contact them.</li> </ul> | <ul style="list-style-type: none"> <li>✗ Deny the incident or blame 'both of you' or 'not being a fight'</li> <li>✗ Ask leading questions</li> <li>✗ Promise confidentiality – explain who you will report it to and why</li> <li>✗ Take photos or videos of the child or their phone if you do this without their consent or with the head of the school's permission</li> <li>✗ Take notes while the child is talking, if it is possible</li> <li>✗ Tell anyone about the disclosure unless they need to know in order to support you</li> </ul> |

**KEY DEFINITIONS**

Peer-on-peer abuse is most likely to include, but may not be limited to:

- **Bullying** (including cyberbullying, racist, homophobic, gender-based and discrimination bullying)
- Abuse in intimate personal relationships between peers
- **Abuse** such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm (this may include an online context which facilitates, promotes or encourages physical abuse)
- **Sexual violence**, such as rape, assault by penetration and sexual assault. This may include an online context which facilitates, promotes and/or encourages sexual violence
- **Sexual harassment**, such as sexual comments, remarks, jokes and online sexual harassment, which may be standalone or part of a broader pattern of abuse
- **Coercion** (pressure to engage in sexual activity without consent, such as forcing someone to strip, touch themselves sexually, or to engage in sexual activity with a third party)
- **Consent and non-consensual sharing of nude and semi-nude images and/or videos** (such as being in posing or youth produced sexual images)
- **Stalking**, which typically involves taking a picture under a person's clothing without their permission, with the intention of viewing their genitalia or buttocks to obtain sexual gratification, or cause the victim humiliation, distress or alarm, and
- **Relationships** (such as those that could include activities involving harassment, abuse or humiliation used as a way of initiating a person into a group and that also include an online element)

THE ABOVE has been developed to support children and young people who have experienced sexual harassment or abuse at school, and for school staff and professionals that need support and guidance. The helpline number is 0800 236 1833

**PEER-ON-PEER ABUSE & TIPS ON HOW TO REPORT IT**

**ASSEMBLY TOPIC**

During today's Assembly we will be exploring...with Miss El-Ghaly

**Mental Health**

**SUBJECT LEADER CALENDAR OF ACTIONS**

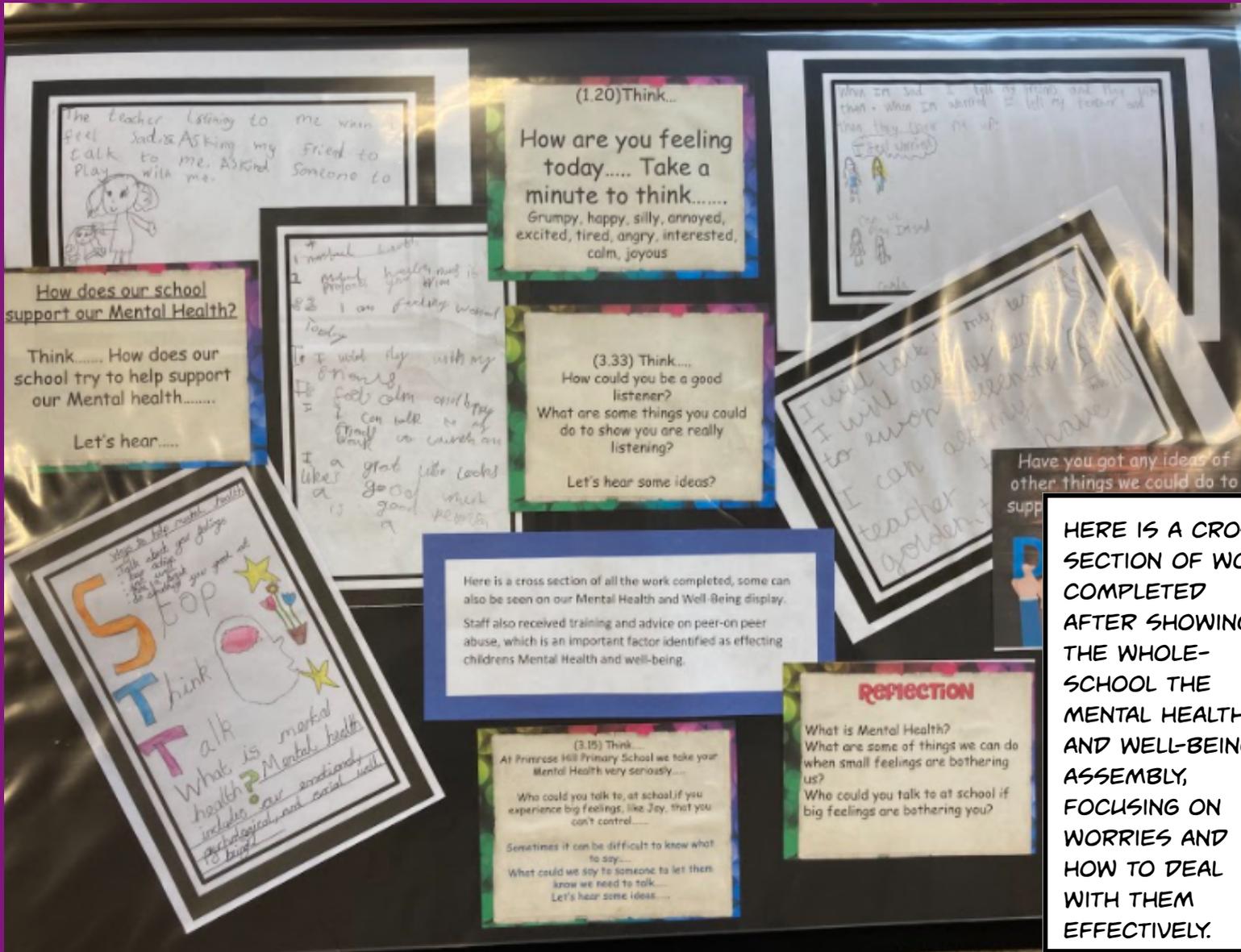
| Subject           | Mental Health and Well-being   | Leader             |
|-------------------|--|--------------------|
| Point of Action 1 | Assign Governor for WALS Award collaboration                                 | Francesca 02/11/21 |
| Point of Action 2 | Meet parents to the 2-ward and choose a Change Team to work alongside        | Francesca 11/10/21 |
| Point of Action 3 | Shop Talk Talk, Campaign launch to promote children discussing their worries | Francesca 02/10/21 |

Well parents via (DPP) (06) meeting  
 Complete self evaluation of school with Term  
 Synopses, Charts  
 Ensure all classes are shown the assembly  
 Prepare activity sheets completed  
 Extended during learning weeks where children will be questioned in a class etc.

POSTER WERE PUT UP AROUND THE WHOLE SCHOOL AS WELL AS STAFF BEING TRAINED ON PEER ON PEER ABUSE, TO HIGHLIGHT IDENTIFIERS AND APPROPRIATE COURSE OF ACTION.

**Mental Health and Well-Being 2021-2022**

We began this by continuing the great work done last year, by highlighting the importance of knowing what Mental Health was; what actions we could take if we felt down or worried and who we could go to if those feelings would not go away. We introduced this by showing an assembly lead by the lead, Sara El-Ghaly to all classes and asking them to complete some follow up work. We also developed our worry area, to include useful information and our worry box, which children were coached in how to use effectively.



**How does our school support our Mental Health?**

Think..... How does our school try to help support our Mental health.....

Let's hear.....

(1.20) Think...

**How are you feeling today..... Take a minute to think.....**

Grumpy, happy, silly, annoyed, excited, tired, angry, interested, calm, joyous

(3.33) Think....

How could you be a good listener?

What are some things you could do to show you are really listening?

Let's hear some ideas?

Stop  
Think  
Talk

What is mental health?

Mental health includes our emotional, psychological, and social well-being.

Here is a cross section of all the work completed, some can also be seen on our Mental Health and Well-Being display. Staff also received training and advice on peer-on peer abuse, which is an important factor identified as affecting childrens Mental Health and well-being.

**REFLECTION**

What is Mental Health?

What are some of things we can do when small feelings are bothering us?

Who could you talk to at school if big feelings are bothering you?

(3.15) Think....

At Primrose Hill Primary School we take your Mental Health very seriously....

Who could you talk to, at school if you experience big feelings, like Joy, that you can't control....

Sometimes it can be difficult to know what to say....

What could we say to someone to let them know we need to talk....

Let's hear some ideas....

HERE IS A CROSS-SECTION OF WORK COMPLETED AFTER SHOWING THE WHOLE-SCHOOL THE MENTAL HEALTH AND WELL-BEING ASSEMBLY, FOCUSING ON WORRIES AND HOW TO DEAL WITH THEM EFFECTIVELY.

### Brain Breaks

| Term  | Reasoning  | Theme  | Year 1  | Year 2  | Year 3  | Year 4  | Year 5  | Year 6  |
|---|--|--|---|---|---|---|---|---|
| Autumn 1<br>Could a display be in your class where you pin the daily question to be considered before you discuss it..... | Develops thinking that is critical, using reasoned moves to build arguments; collaborative, with the sharing and challenging of ideas; creative in the willingness to speculate, take risks and imagine. Centred around philosophical deduction. | Would you rather<br><a href="https://docs.google.com/presentation/d/1eWXtj8qsav7vUpxKq08sQeisy-nr1to-PaTNkFB06I/edit#slide=id.g7f3a15d97_0_22">https://docs.google.com/presentation/d/1eWXtj8qsav7vUpxKq08sQeisy-nr1to-PaTNkFB06I/edit#slide=id.g7f3a15d97_0_22</a>  | Show the appropriate question-Give thinking time and then hear responses from the class     | Show the appropriate question-Give thinking time and then hear responses from the class     | Show the appropriate question-Give thinking time and then hear responses from the class, discussing similarities and differences between opinions | Show the appropriate question-Give thinking time and then hear responses from the class, discussing similarities and differences between opinions | Show the appropriate question-Give thinking time and then hear responses from the class, debating opinions  | Show the appropriate question-Give thinking time and then hear responses from the class, debating opinions                                |
| Autumn 2<br>Continue with 'would you rather'.... Incorporate being grateful...  | Research suggest (Wong et al, 2017) gratitude writing has proven benefits of elevating participants self concepts (how they view themselves) with lasting benefits, which were evident 12 weeks post study.                                      | Being Grateful<br><a href="https://docs.google.com/presentation/d/1eWXtj8qsav7vUpxKq08sQeisy-nr1to-PaTNkFB06I/edit#slide=id.p">https://docs.google.com/presentation/d/1eWXtj8qsav7vUpxKq08sQeisy-nr1to-PaTNkFB06I/edit#slide=id.p</a><br>Laminate and stick to desks | Throughout the day add to the grateful list.... Listening to other children's contributions | Throughout the day add to the grateful list.... Listening to other children's contributions | Write three things you are grateful for in the morning-refer to throughout the day-listening to contributions considering why                     | Write three things you are grateful for in the morning-refer to throughout the day-listening to contributions considering why                     | Write three things you are grateful for in the morning and refer to throughout the day considering how our lives compare to others. gratitude to improve people life... | Write three things you are grateful for in the morning and refer to throughout the day considering how our lives compare to others. Write |



HERE IS AN OVERVIEW OF THE SUPPORTIVE REASONING BEHIND THE SYSTEM OF BRAIN BREAKS IN PLACE AT PRIMROSE HILL PRIMARY.

|   |   |                                |   |   |   |   |   |   |
|---|---|--------------------------------|---|---|---|---|---|---|
| Spring 1<br>Continue starting the day with the grateful exercise..... | Garcia et al (2009)<br>Positive affirmations create positive connections between nerves in your brain. When you think positive thoughts, your brain releases chemicals related to those positive emotions. The same happens when you think negative thoughts. | Affirmations                   | Choose 1 affirmations write it on a post-it note and refer or add to throughout the day | Choose 1 affirmations write it on a post-it note and refer or add to throughout the day | Choose 3 affirmations- write them on a post it note and refer to them throughout the day adding where necessary | Choose 3 affirmations- write them on a post it note and refer to them throughout the day adding where necessary | Choose 4/5 affirmations- write them on a post it note and refer to them throughout the day adding where necessary | Choose 4/5 affirmations- write them on a post it note and refer to them throughout the day adding where necessary |
| Spring 2  | Thorpe (2020) states :In an 8-week study, a meditation was found to reduce the inflammation response caused by stress. Furthermore, a meta-analysis including nearly 1,300 adults found that meditation may decrease anxiety (Goldin, 2019).                  | Meditation                     | Meditation Listen to the meditation taking care to quietly following the instructions   | Meditation Listen to the meditation taking care to quietly following the instructions   | Meditation Listen to the meditation taking care to quietly following the instructions                           | Meditation Listen to the meditation taking care to quietly following the instructions                           | Meditation Listen to the meditation taking care to quietly following the instructions                             | Meditation Listen to the meditation taking care to quietly following the instructions                             |
| Summer 1  | The benefits of mindful drawing are almost identical to those of meditation. In meditation, the   | Mindful Drawing<br>Art therapy | Watch the guided videos ensuring children have  | Watch the guided videos ensuring children have  | Watch the guided videos ensuring children have  | Watch the guided videos ensuring children have  | Watch the guided videos ensuring children have a black pen and  | Watch the guided videos ensuring children have a black pen and paper and in                                       |



# Never Worry Alone

There are lots of people at school you can talk to...

Class teacher  
Mr Ashton  
Miss Doolan  
Mrs Franks  
Mrs Clarke-Gould  
Any adult

**WHAT YOU SHOW**

**WHAT YOU FEEL**

There are lots of things you can do...

Find an adult  
Find a friend  
Do something you enjoy  
Remember how special you are  
Write in the worry box  
Do something active

PRIMROSE HILL

TALKING  
MENTAL  
HEALTH

## STOP THINK TALK

talk to the teachers  
do something fun to get it  
of your mind.  
have some sleep  
do some exercise

|  |  |  |
|--|--|--|
| <b>S</b><br>Stop worrying and think less | <b>T</b><br>Think who can you talk to? | <b>T</b><br>Talk both to them. It's important! |
|--|--|--|

Mental health is important how have you been feeling lately? Maybe your mental health is not the same as physical health it's about your feelings. Mental Health can lead to physical health so stop. Stop worrying think who can you talk to? Talk to the teachers

|  |  |  |
|--|--|--|
| <b>S</b><br>Stop worrying and think less | <b>T</b><br>Think who can you talk to? | <b>T</b><br>Talk both to them. It's important! |
|--|--|--|

Mental health is important. Do you know what that means? It means that you have to take care of your mental health. Mental health is not the same as physical health. It's about your feelings. Mental health can lead to physical health so stop. Stop worrying think who can you talk to? Talk to the teachers

Stop think talk

Mental Health is not about your physical health it's about our feelings. How are you?

## STOP!

Stop and take a breath

## THINK

Think who can you talk to?

## TALK

Talk to that person so you can get it off your mind

It is ok to feel sad sometimes when it gets too much. It's good to talk to someone you trust.

**MENTAL HEALTH**

Your mental health is important as well as your physical health.

IF you need help talk to the school counsellor. Head or mental health.

Taking care of children. It's just calm today. I talk to my friends when I am sad. I may be angry. My big feeling is that I am lost in the jungle. I sit and look and when she kills me to write.

Whenever you want to talk about your life the best people are grown-ups.

I think mental health is like you can do work because your head hurts. I am feeling happy because I'm with my friends. I feel better but playing football. When I feel sad because I'm thinking about my big feelings. I can talk to my friend and to the post box. I can be a good listener. Listening to my friend.

STOP  
think  
stake  
How are you feeling  
happy.

**MENTAL HEALTH**

Who you can talk to?

- Teachers
- Parents
- Friends
- Guides

Where to go?

In your school if you have any worries, write them down and check them out. You can talk to the school counsellor. You can also talk to your friends and family.

**MENTAL HEALTH**

Speak to your friends if you have worries.

how we all feel and see. I am feeling happy. I feel like I'm in my world. I will be listening to every word. I can be a good listener. I can be a good listener. I can be a good listener.



WE HAVE DEVELOPED THE MENTAL HEALTH DISPLAY AREA, INCLUDING LOTS OF USEFUL INFORMATION FOR CHILDREN AND STRESSING THE STOP THINK TALK APPROACH. THE WORRIES BOOK HAS BEEN INTRODUCED TO ALL CHILDREN AND IS USED REGULARLY.

# Never Worry Alone

There are lots of people at school you can talk to....

WHAT YOU SHOW

WHAT YOU FEEL

There are lots of things you can do....

Class teacher  
Miss Doolan  
Mr Ashton  
Miss Franks  
Mrs Clarke-Gauld  
Any adult

Find an adult  
Find a friend  
Do something you enjoy  
Remember how special you are  
Write in the worry box  
Do something active


  
**PRIMROSE HILL**  
 Primary School

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# WAS Award



# Governors Meeting

WAS Award 2021-2022

## The Change Team:

As a first step, we need to appoint a Change Team to coordinate the process of achieving the award. A whole-school approach to emotional wellbeing and mental health is a collaborative one and the Change Team will drive engagement and provide ongoing communication to the whole school community.

The Change Team's key responsibilities are:

- producing and disseminating information to all key partners (parents, staff, pupils, governors)
- completing the School Self-Evaluation Form, in consultation with appropriate colleagues.
- developing an Action Plan.
- monitoring progress against the Action Plan.
- planning the implementation of the Action Plan.
- ensuring regular communication with all key partners.

It would be fantastic if the

**GOVERNORS WERE INFORMED OF THE SCHOOLS INTENTION TO PROCEED WITH THE WELL BEING AWARD FOR SCHOOLS, THROUGH A MEETING IN SEPTEMBER AND A LEAD GOVERNOR WAS APPOINTED, DAVID DOBSON, WHO IS ALSO THE CHAIR OF GOVERNORS.**

## Actions taken so far:

- Position statement has been completed
- Parents have been invited to join the team- 6 have uptaken so far
- Audit and first meeting scheduled for 20/10/21
- Meeting with WAS Award scheduled 11/21
- David Dobson to potentially join the team as governor representative?

## The Award Process

There are five stages in the WAS process and the school will be supported throughout in order to evidence best practice and to achieve the award:

1. School self-evaluation
2. Preparation of an Action Plan
3. Implementation of actions and collecting evidence into a portfolio
4. Interim assessment of progress
5. Verification of achievement of the award

The award is expected to be achieved within a maximum of 12-15 months.

## Objective 1:

Aims:

Inform all members of the school of WAS award

Nominate representatives from non teaching staff, parents, governors and children.

Complete evaluation of current provision

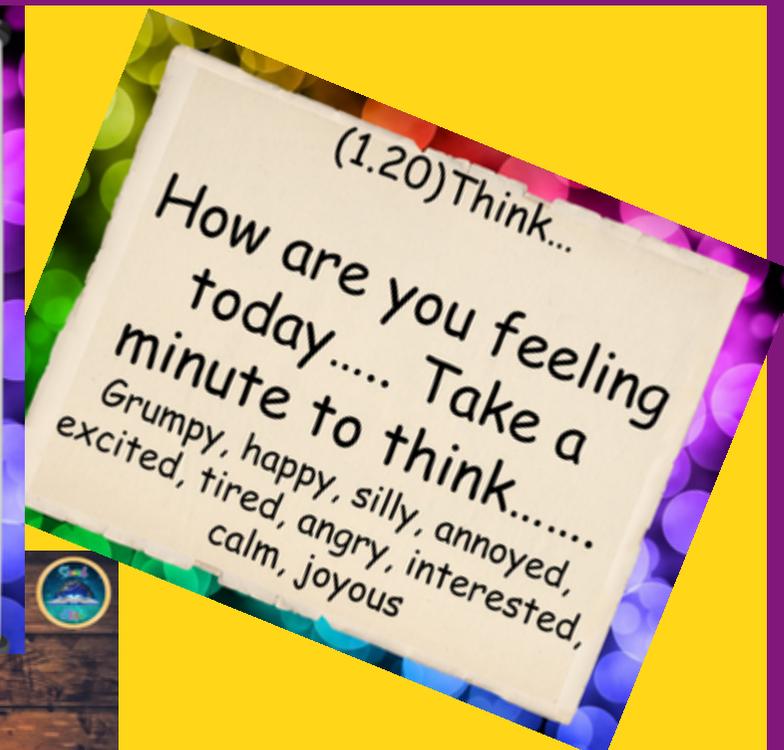
Compile parental perspectives

Governors/ Head complete a statement of commitment

## ASSEMBLY TOPIC

During today's Assembly we will be exploring...with Miss El-Ghaly

# Mental Health

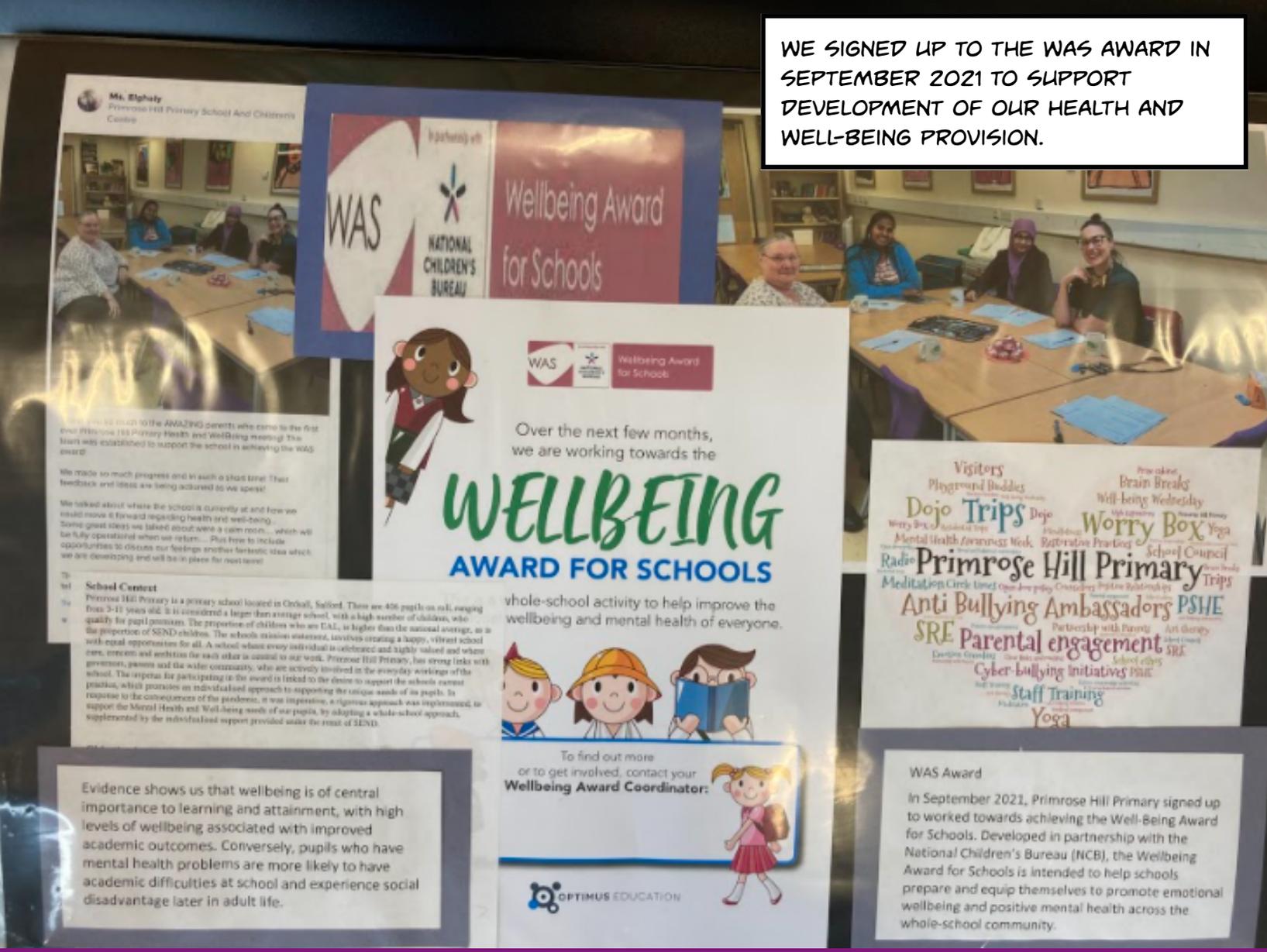


term 'mental health' mean?



A WHOLE SCHOOL ASSEMBLY WAS CONDUCTED BY THE MENTAL HEALTH AND WELL-BEING LEAD TO ALERT CHILDREN AND STAFF TO THE SCHOOLS PARTICIPATION IN THE AWARD, IN SEPTEMBER 2021.

WE SIGNED UP TO THE WAS AWARD IN SEPTEMBER 2021 TO SUPPORT DEVELOPMENT OF OUR HEALTH AND WELL-BEING PROVISION.



**Ms. Elphaly**  
Primrose Hill Primary School And Children's Centre

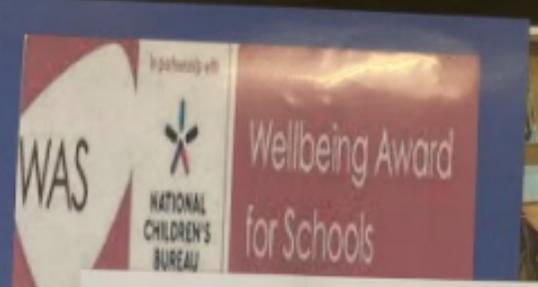


We were so lucky to have the AMAZING parents who came to the first ever Primrose Hill Primary Health and Wellbeing meeting! The team was established to support the school in achieving the WAS award.

We made so much progress and in such a short time! Their feedback and ideas are being actioned as we speak!

We talked about where the school is currently at and how we could move it forward regarding health and well-being. Some great things we talked about were a calm room... which will be fully operational when we return... Plus there to include opportunities to discuss our feelings another fantastic idea which we are developing and will be in place for next term!

**School Context**  
Primrose Hill Primary is a primary school located in Orkney, Scotland. There are 406 pupils on roll, ranging from 3-11 years old. It is considered a larger than average school, with a high number of children, who qualify for pupil premium. The proportion of children who are EAL, is higher than the national average, as is the proportion of SEND children. The school's mission statement, involving creating a happy, vibrant school with equal opportunities for all. A school where every individual is celebrated and highly valued and where care, concern and ambition for each other is central to our work. Primrose Hill Primary, has strong links with governors, parents and the wider community, who are actively involved in the everyday workings of the school. The criteria for participating in the award is linked to the desire to support the schools current practice, which promotes an individualised approach to supporting the unique needs of its pupils. In response to the current needs of the pandemic, it was imperative, a rigorous approach was implemented to support the Mental Health and Well-being needs of our pupils, by adopting a whole-school approach, supplemented by the individualised support provided under the remit of SEND.



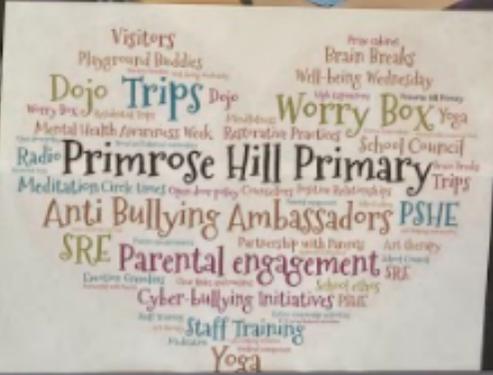
Over the next few months, we are working towards the

# WELLBEING AWARD FOR SCHOOLS

whole-school activity to help improve the wellbeing and mental health of everyone.



To find out more or to get involved, contact your Wellbeing Award Coordinator:



### WAS Award

In September 2021, Primrose Hill Primary signed up to worked towards achieving the Well-Being Award for Schools. Developed in partnership with the National Children's Bureau (NCB), the Wellbeing Award for Schools is intended to help schools prepare and equip themselves to promote emotional wellbeing and positive mental health across the whole-school community.

Evidence shows us that wellbeing is of central importance to learning and attainment, with high levels of wellbeing associated with improved academic outcomes. Conversely, pupils who have mental health problems are more likely to have academic difficulties at school and experience social disadvantage later in adult life.



### Change Team Roles and Responsibilities



| Name                     | Role                                | Responsibility   |
|--------------------------|-------------------------------------|--|
| Sara El-Ghaly            | WAS award co-ordinator/ team leader | <ul style="list-style-type: none"> <li>Lead team meetings</li> <li>Disseminate relevant information to the relevant parties</li> <li>Lead initiatives throughout school and community</li> </ul> |
| Lee Ashton (Headteacher) | Link to SLT                         | <ul style="list-style-type: none"> <li>Disseminate relevant information to SLT</li> <li>Strategize and devise plans to implement whole school initiatives</li> </ul>                             |
| David Dobson             | Link Governor                       | <ul style="list-style-type: none"> <li>Disseminate relevant information to Governors through governor meetings</li> <li>Advise regarding policies and procedures linked to MHWB</li> </ul>       |
| Molly Cullaine           | KS1 Teacher                         | <ul style="list-style-type: none"> <li>Disseminate relevant information to KS1 and teachers</li> <li>Obtain teacher voice</li> </ul>   |
| Ann Tapp                 | Parent                              | <ul style="list-style-type: none"> <li>Obtain parent voice</li> <li>Contribute to MHWB strategy and whole school vision</li> <li>Evaluate current provision</li> </ul>                           |
| Farisah Amanda           | Parent                              | <ul style="list-style-type: none"> <li>Obtain parent voice</li> <li>Contribute to MHWB strategy and whole school vision</li> <li>Evaluate current provision</li> </ul>                           |
| Anuradha Dev             | Parent                              | <ul style="list-style-type: none"> <li>Obtain parent voice</li> <li>Contribute to MHWB strategy and whole school vision</li> <li>Evaluate current provision</li> </ul>                           |

WE SIGNED UP TO THE WAS AWARD IN SEPTEMBER 2021 TO SUPPORT DEVELOPMENT OF OUR HEALTH AND WELL-BEING PROVISION.

Mental health and wellbeing meeting  
20<sup>th</sup> October 2021

| Name of parent | Name of child   |
|----------------|-----------------|
| Ann Tapp       | Luca South Tapp |
| Anuradha Dev   | Anuradha Dev    |
| Farisah Amanda | Fat Maulana     |
|                |                 |
|                |                 |
|                |                 |

WE HAVE MADE LOTS OF PROGRESS WITH THE WAS AWARD. WE HAVE NOMINATED A CHANGE TEAM, HELD OUR FIRST MEETING, COMPLETED A SELF EVALUATION AND HAVE SENT OUT QUESTIONNAIRES.

**Pupil Questionnaire 1**

• I know about the WAS award

1 2 3 4 5

I know about this because.....  
This could be better if.....

• In our school we learn how important it is to talk about our emotions

1 2 3 4 5

I know about this because.....  
This could be better if.....

• I believe I can make a difference if someone is worried or unhappy

1 2 3 4 5

I know about this because.....  
This could be better if.....

• My school really cares about me and how I'm feeling

1 2 3 4 5

I know about this because.....  
This could be better if.....

• My school really cares about all its pupils and how they are feeling

1 2 3 4 5

I know about this because.....  
This could be better if.....

**Parent Questionnaire 1**

• I have been informed about the WAS award

1 2 3 4 5

I know about this because.....  
This could be better if.....

• I have a good understanding of how Mental Health and Wellbeing can impact on my child's performance at school.

1 2 3 4 5

I know about this because.....  
This could be better if.....

**PRIMROSE HILL PRIMARY SCHOOL**

The Wellbeing Award for Schools (WAS)

Primrose Hill Primary School Self-eval

Head Coordinator: Mrs O'Brien  
Headteacher: Mr Adams  
Awarded: 18th October 2022

Progress Report for Term 1 Autumn 1 2021-2022

| Key performance indicators  | Current status     | What action will be taken?   | Accountability | When will the action be taken? |
|---|--------------------|--|----------------|--------------------------------|
| 1.1 The award process is explained to the senior leadership team (SLT) and governors and is formally approved         | Achieved           | Presented during governors meeting   | SLT / SLT / DG | 15/10/21                       |
| 1.2 A statement of commitment is agreed and stored in the school's systems  | Achieved           | Agreed by headteacher and senior leadership  | WAS/AJGD       | 15/10/21                       |
| 1.3 A change team is nominated and operational  | Achieved           | sent message on Open primary and whatsapp, talked with staff parents, WhatsApp updated, all staff aware with a change team to complete WAF and to meet   | SLT            | 20/10/21<br>20/10/21           |
| 1.4 The school self-evaluation form is completed  | Achieved           | SLT to staff (20/10/21) Parents and whorah will be sent out in Parents evening (20/10/21) to discuss during Open primary   | SLT            | 20/10/21<br>20/10/21           |
| 1.5 The stakeholder feedback forms are sent out and the results analysed  | Partially achieved | WAF to complete form which completed after parents evening, table shared to legal advice/updates for   | SLT            | 20/10/21<br>20/10/21           |
| 1.6 The action plan is prepared and approved by the SLT   | Partially achieved | A plan starting the school regarding the meeting of the change team and WAF award updated. Well-being Well-being/mental health strategy will bring Well-being/mental health strategy into action. (20/10/21) | SLT            | 20/10/21                       |
| 1.7 The whole school community and other partners are informed about the award  | Achieved           | During 18th October 2021, all staff were given training well-being/mental health strategy will bring Well-being/mental health strategy into action. (20/10/21)   | SLT            | 20/10/21                       |
| 1.8 Evaluation: The action plan is regularly monitored, progress is reported and the findings shared and implemented. | Partially achieved |  | SLT            |                                |

**Other actions taken:**

- David Dobson was appointed as Governor lead
- Whole school Mental Health Assembly discussed activities and how to feel safe in the school
- Money box protected
- Mental Health and Well-being area/display created
- Pupil voice obtained regarding Mental Health provision
- Developing Calm linked to well-being in response to parents comments
- Developing strategy to discuss emotions for whole school in response to parents comments
- United Black History Month to Mental Health and well-being through initiation, 'Being Proud to be Mixed'

The Wellbeing Award for Schools is a welcome opportunity to recognise the exceptional work that Primrose Hill Primary does in this area. The key features of a whole-school approach form the basis of the award, and it provides schools with a benchmark of best practice against which to test itself.

The NCB advocates the use of a 'whole-school approach' where all aspects of the school experience are harnessed to promote the emotional wellbeing and mental health of pupils and staff. There is a growing recognition of the impact of the COVID-related restrictions on the emotional wellbeing and mental health of children, their families and school staff.

ES

El-Ghaly, Sara

Mon 10/25/2021 11:21 AM



To: Rawat, Aneesa; Ashton, Lee; Ackerley, Gemma; Carroll-Armstrong, Adam; Mcewan, Adele +38 others

Hi Everyone,

This academic year we will be working towards the Well being Award for Schools. The award is intended to promote Primrose Hill Primary's vision of a whole school approach where good emotional well-being and mental health are at the heart of the culture and ethos of our school, so that our pupils, with the support of their teachers, can build confidence and flourish. Evidence shows us that wellbeing is of central importance to learning and attainment, with high levels of wellbeing associated with improved academic outcomes.

Over the course of the year, I will be collating evidence, introducing initiatives and asking for feedback to ensure that Primrose Hill Primary offers a whole school approach to Mental Health and Well-being, which considers all its members and offers support in a holistic, considered way.

As part of the process, we would like to gain your opinion on our current provision. It is completely voluntary, however gaining your views will help support the development of our current provision. If you could find the time to complete this [questionnaire](#) by the 08/11/21 it would be much appreciated. Just click on the link below and it will take you to the [questionnaire](#)!

If you have any questions or ideas please come and find me or drop me an email....

Thanks again :))))

ALL STAKEHOLDERS WERE INVITED TO SHARE THEIR OPINIONS ON THE CURRENT PROVISION, THROUGH QUESTIONNAIRES, SPECIFICALLY DESIGNED TO BE APPROPRIATE FOR THEIR AUDIENCE.

**QUESTIONNAIRES WERE DISTRIBUTED TO ALL STAKEHOLDERS - STAFF, CHILDREN AND PARENTS TO GAUGE THE EFFICACY OF OUR CURRENT PROVISION AND HOW WE COULD DEVELOP OUR WHOLE SCHOOL STRATEGY TO MENTAL HEALTH AND WELL-BEING**

**Questionnaire Results Analysis**



Report compiled by: Sara El-ghaly Mental Health and Well-Being Lead  
 Report shared with Governors: .....  
 Report shared with SLT:.....  
 Report shared with The Change Team:.....

Questionnaires have been distributed to staff, parents and pupils at Primrose Hill Primary school, in efforts to gauge their knowledge of strategies currently embedded within the school and curriculum. In addition, questionnaires were designed to highlight areas for further development. After consultation with the Change Team, the pupil and parent questionnaires were distributed during parents evening, for a myriad of reasons. These included the desire to target a large controlled audience, which parents evening would facilitate. With the support and collaboration of the Headteacher, pupils were offered incentives to complete the questionnaires and parents were provided with Ipads, with the questionnaires already uploaded, upon entry to the school. This was specifically designed to ensure high parent uptake, through ease of access. In addition, the results could quickly be collated due to the electronic format. The WAS award advises the questionnaires are distributed to KS2 children, due to the complexities surrounding understanding the content. We received responses from 78% of pupils, which is an excellent response. Parental responses were a similarly high percentage with nearly 72% of parents responding to the questionnaire. Staff questionnaires were initially distributed via email however, due to low uptake in responses from support staff, the decision to provide paper formats was undertaken to improve the potential cross-section of responses. This greatly improved the response percentage to 71%.

**Child Questionnaire Data Analysis**

| Results from Questionnaire  | Future Actions   |
|---|--|
| 85% were secure the school was working towards the WAS award<br>12 % unsure | <ul style="list-style-type: none"> <li>Improve the visibility of the award through DOJO</li> <li>Improve the visibility of the award through visiting classes/ display area</li> <li>Working with classes ( Emojars introduction).</li> <li>Promote links with MHWB already embedded within curriculum</li> <li>Put posters highlighting around</li> </ul> |



|   |  |
|---|--|
|   | school <ul style="list-style-type: none"> <li>Create a poster of Mental Health progress for Dojo for pupils/ parents</li> </ul>  |
| 85% were secure the school encourages talking about feelings<br>15 % unsure   | <ul style="list-style-type: none"> <li>Develop strategies promoted and disseminated throughout the school promoting talking and expressing feelings (Dr Elghaly/ Emojars strategy).</li> <li>Promote development of expressive vocab through emojars strategy</li> <li>Promote initiative- its ok to not be ok</li> </ul>                      |
| 87% were secure they knew what to do if they were sad or worried<br>8 % unsure<br>5% did not know what to do                  | <ul style="list-style-type: none"> <li>Visit classrooms termly discussing what to do if you are worried</li> <li>Develop mental Health well-being whole school display</li> <li>Classroom develop area promoting MHWB</li> <li>Investigate inclusion within PSHE curriculum... MH awareness week</li> <li>Put posters around school</li> </ul> |
| 90% were secure the school cared about how they were feeling<br>8 % unsure<br>2% did not feel cared about                     | <ul style="list-style-type: none"> <li>Promote the worry box as a tool to express feelings privately</li> <li>Worry Box on upstairs landing to promote usage KS2</li> </ul>  |
| 96% were secure they knew how to support a friend or peer who was worried or sad<br>3 % unsure<br>1% did not feel cared about | No further action needed   |
| 85% were secure they knew how to get help if they were feeling worried or sad<br>15 % unsure                                  | <ul style="list-style-type: none"> <li>Consider roleplaying within class different scenarios and how they could get help...</li> <li>Whole school assembly/ workshops</li> </ul>   |

The positive results were high throughout the questionnaire, with reinforcements to existing practice to be made as opposed to highlighting large gaps in practice. Possible actions have been listed, with a view to updating on concrete actions and their consequential impact (ascertained through questionnaires) next term (Summer 2021) and through Pupil voice conducted every half term. These actions may be adjusted post consultation with the Change team, as their input influences actions taken within school pertaining to Mental Health and Well-being

### Parent Questionnaire Data Analysis

| Results from Questionnaire  | Future Actions   |
|---|--|
| 84% were secure the school was working towards the WAS award<br>13 % unsure<br>3% did not know  | <ul style="list-style-type: none"> <li>• Use forum Dojo to promote progress of the WAS award</li> <li>• Create Mental Health page on the website</li> <li>• Translation tool on website?</li> <li>• Mental Health update translation made available to support EAL parents?</li> </ul> |
| 96% were secure on the impact of Mental Health on academic attainment<br>4 % unsure   | <ul style="list-style-type: none"> <li>• Promote awareness of the causal link between MHWB and attainment through current policy review</li> <li>• Present links via Dojo</li> </ul>   |
| 91% were secure on their role in promoting Mental Health and Wellbeing<br>9 % unsure  | <ul style="list-style-type: none"> <li>• Provide links via policy/ MH website/Dojo to support parents on strategies etc for supporting MHWB</li> </ul>   |
| 93% were secure the school values Mental Health and Wellbeing<br>7 % unsure   | <ul style="list-style-type: none"> <li>• Continue to keep parents abreast of MHWB developments through recognised communication forums to reinforce value placed by school</li> </ul>  |
| 96% were secure in feeling comfortable seeking help or guidance on their own or their child's Mental Health and Well-being<br>3 % unsure<br>1% was not secure | <ul style="list-style-type: none"> <li>• Work with SENCO (HCG) ensuring parents provided with guidance relating to MHWB</li> <li>• Promote initiative- its ok to not be ok....</li> </ul>  |
| 85% were secure the school seeks out their opinions relating to Mental health and Well-being<br>15 % unsure   | <ul style="list-style-type: none"> <li>• Continue to promote Change Team meetings</li> <li>• Consider making meetings more accessible through hybrid zoom model</li> <li>• Promote contact available through DOJO</li> </ul>   |

The positive results were high throughout the questionnaire, with reinforcements to existing practice to be made as opposed to highlighting large gaps in practice, as reiterated in the above data. Possible actions have been listed, with a view to updating on concrete actions and their consequential impact (ascertained through questionnaires) next term (Summer 2021) and through Change Team meetings conducted every half term. These actions may be adjusted post consultation with the Change team, as their input influences actions taken within school pertaining to Mental Health and Well-being.

**Parent Questionnaire**

Colour the correct option

Yes Not sure No

• I know that my school is working towards the Well-Being Award

75 13 1

• In our school we know how important it is to talk about our feelings.

75 14

• I know what to do if I am worried or unhappy

77 8 4

My school cares about me and how I am feeling

80 7 9

can help others when they are feeling worried or sad

85 3 1

am able to get help at school when I am feeling worried or sad.

83 2 4

PRIMROSE HILL PRIMARY SCHOOL

**Staff Questionnaire Data Analysis**

| Results from Questionnaire   | Future Actions  |
|--|---|
| 91% were secure the school was working towards the WAS award<br>7 % unsure<br>2% did not know  | <ul style="list-style-type: none"> <li>• Create a Mental Health and well-being display in the staff room to update staff on MHWB</li> </ul>   |
| 86% I have a good understanding of the importance of emotional wellbeing and mental health on children's performance in school.<br>14 % unsure | <ul style="list-style-type: none"> <li>• Schedule whole school training, including TAs securing awareness surrounding MHWB</li> <li>• Include information/ statistics relating to MHWB and performance in Dojo posts on Wednesday</li> </ul>  |
| 81 % I understand my contribution in promoting emotional wellbeing and mental health within the school.<br>9 % unsure<br>10% did not know      | <ul style="list-style-type: none"> <li>• Ensure whole school training addresses the role every member of school plays in supporting MHWB</li> </ul>   |
| 97% It is clear that emotional wellbeing is valued and important across the school.<br>3 % unsure  | <ul style="list-style-type: none"> <li>• Continue to ensure MHWB is visible throughout school, embedded in policies and procedures</li> </ul>   |
| 84%The school actively encourages staff to be open about how they are feeling.<br>13 % unsure<br>3% disagreed                                  | <ul style="list-style-type: none"> <li>• Further questionnaires throughout the year to gauge opinions</li> <li>• Launch its ok to not be ok initiative... encouraging open honest communication of feelings</li> <li>• Liaise with the headteacher regarding a staff worry box??</li> </ul> |

|   |   |
|---|---|
|   | <ul style="list-style-type: none"> <li>• Promote open door policy already in existence</li> </ul>   |
| 87% I have the knowledge and skills needed to address emotional wellbeing and mental health.<br>13 % unsure | <ul style="list-style-type: none"> <li>• Schedule whole school training, including TAs securing awareness surrounding MHWB</li> </ul>       |
| 100% I know what to do next if I see someone with signs of emotional or mental distress.                    | <ul style="list-style-type: none"> <li>• Ensure training includes processes</li> <li>• Reiterate links to safeguarding processes</li> </ul> |

The results showed the staff are secure in the visibility of the WAS award and how to respond to the signs and symptoms of Mental Health and Wellbeing distress, however whole school staff training would support staff's confidence in this field and ensure everyone's roles and responsibilities are clear. In addition work on raising the awareness of the connection between children's performance and MHWB through establishment of a MHWB display in the staff room and Dojo posts with relevant statistics and information. Launch a campaign promoting - its OK to not be OK exploring how we can support ourselves and each other. Work on highlighting the plethora of initiatives already in place to raise awareness. Launch TA reward strategy.

# PRIMROSE HILL PRIMARY SCHOOL

Phoebe Street, Ordsall, Salford, M5 3PJ

## Events Calendar 2021- 22

| Month     | Term 1   | MHWP Link   |
|-----------|--|---|
| September | 14th to 20th National Coding week<br>17th School Council Elections   | Schools Election- Promotes culture of children being listened to- impacting MH  |
| October   | Black History Month<br>11th-15th Ordsall Scarecrow Festival<br>22nd Show Racism the Red Card (Wear red day)<br>22nd Nasal flu vaccinations   | Black history month- Recognising and supporting cultural diversity promotes individuality and challenges racism as does Show Racism the Red Card                                |
| November  | 4th Diwali<br>5th Bonfire night<br>8th Parents evening<br>11th Remembrance<br>15th-19th Anti-bullying week<br>12th Children in need<br>26th - Non-Uniform Christmas Hamper donations   | Anti-bullying Week linked to MHWP through encouraging expressing feelings and challenging behaviours which can affect MH  |
| December  | 3rd Non-Uniform Christmas Hamper donations<br>8th Pride in sport Rainbow laces campaign<br>10th Non-Uniform Christmas Hamper donations<br>10th Christmas Jumper Day<br>10th Human Rights day<br>13th - 17th Book Fair<br>14th EYFS/Year 1 and 2 Prize day<br>15th Year 3/4 and Year 5/6 Prize day<br>16th EYFS Christmas Singalong<br>17th EYFS Christmas Singalong<br>20th EYFS Christmas Singalong<br>20th Christmas Hamper/Tombola Prize Draw | Pride in sport supports individuality and acceptance linked to MHWP<br>Human Rights Day- acknowledgment of individual liberty linked to MH through forging skills of expression |

# PRIMROSE HILL PRIMARY SCHOOL

Phoebe Street, Ordsall, Salford, M5 3PJ

| Term 2   |  |  |
|----------|--|--|
| January  | 27th Holocaust memorial Day<br>28th International Lego day   | Holocaust Memorial Day linked to MHWP through developing skills of empathy and respecting other faiths and beliefs   |
| February | LGBT history month<br>1st Chinese new year<br>8th Safer Internet Day<br>13th World Radio Day   | LGBT history month is linked to MHWP through respecting and celebrating being yourself and acknowledging others who fought for the right to be themselves.<br>Safer internet day is linked to MHWP through developing the skills to feel protected while using the internet  |
| March    | Women's history month<br>3rd World book day<br>5th March- Careers Fayre<br>16th Sport Relief<br>11th Science week<br>27th Mother's day<br>21st Lots of socks - World Down Syndrome Day<br>29th EYFS/Year 1 and 2 Prize day<br>30th Year 3/4 and Year 5/6 Prize day | Women's history month supports MHWP through encouraging gender equality through recognising the plight of women in history<br>Careers Fayre is linked to MHWP through encouraging the development of aspirations which are heavily linked to MHWP and self esteem.<br>World Down Syndrome Day- supports development of empathy and compassion through celebrating our differences linked to MHWP |
| Term 3   |  |  |
| April    | 29th Dance day<br>22nd Earth day   | Dance day linked to MHWP through the positive correlation between activity and MHWP  |
| May      | 4th May Star Wars / Space themed dress up day<br>9-15th Mental health awareness week<br>9th May KS2 SATS<br>13th May national numeracy day   | Mental Health awareness week supports MHWP through challenging stigmas and promoting open conversations.   |
| June     | 2nd Queen's Jubilee<br>6th Phonics Check   | SRE lessons are linked to MHWP through raising awareness and   |

AN EVENTS CALENDAR IS COMPILED IN ADVANCE FOR THE YEAR, WHICH ACCOUNTS CAREFULLY FOR A DIVERSE ARRAY OF EVENTS, WITH MENTAL HEALTH AND WELL-BEING AT THE HEART OF THESE CHOICES.

# PRIMROSE HILL PRIMARY SCHOOL

Phoebe Street, Ordsall, Salford, M5 3PJ

|      |  |  |
|------|--|--|
|      | 6th Year 4 Times Tables check<br>19th Fathers day<br>20- 24th June Sports Week<br>SRE lessons  | encouraging healthy conversations regarding relationships  |
| July | Children's Art week<br>14th Don't face it alone<br>Local Project<br>19th EYFS/Year 1 and 2 Prize day<br>20th Year 3/4 and Year 5/6 Prize day | Don't Face it Alone Project is linked MHWP through actively encouraging challenging bullying which impacts MHWP promoting well-being |



The Wellbeing Award for Schools (WAS)

Primrose Hill Primary School Salford

Award Coordinator: Miss El-Ghaly  
Headteacher: Mr Ashton  
Governor Lead: Mr Dobson

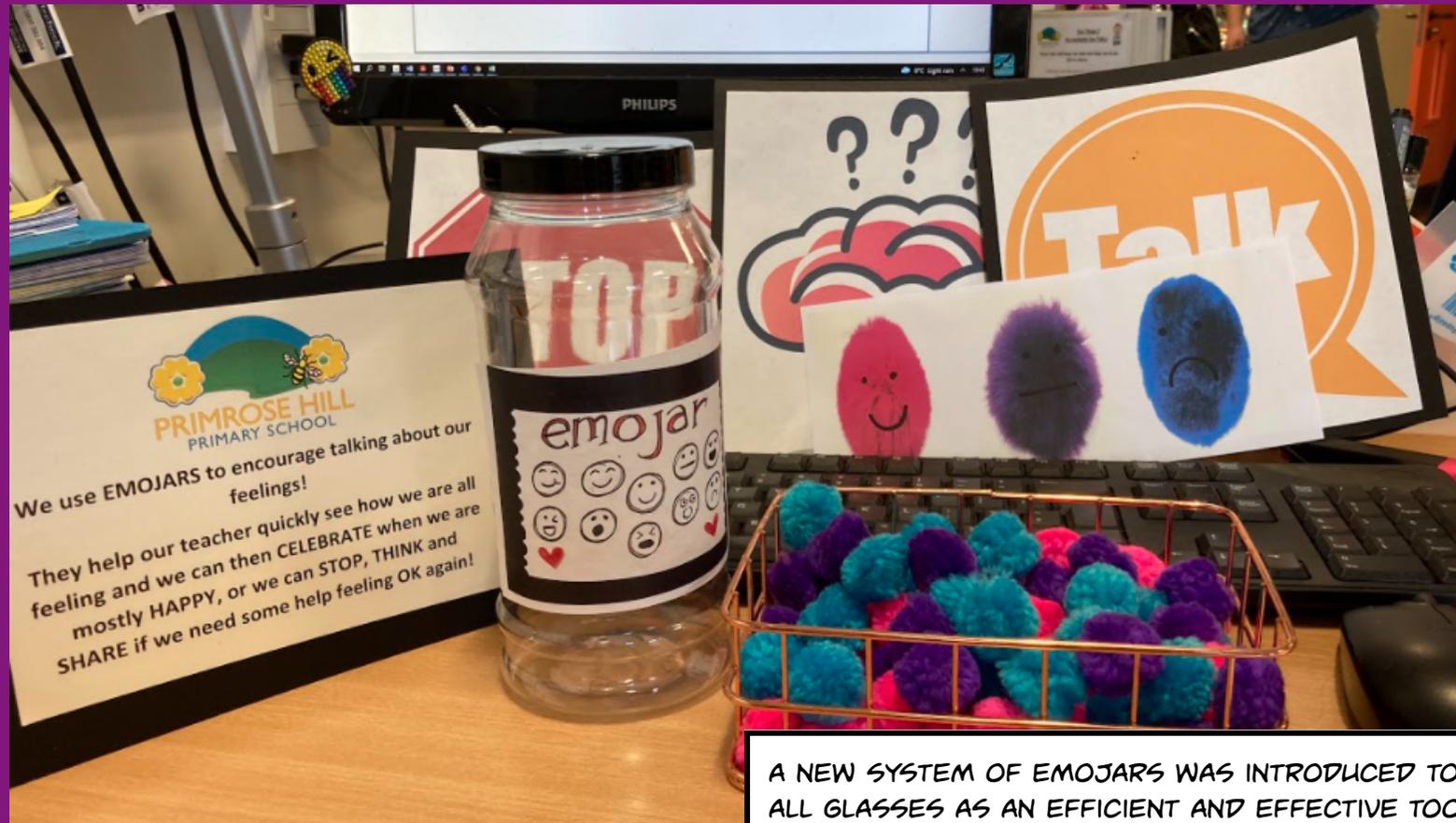
**Progress Report for Term 1 Autumn 1 2021-2022**

| Key performance indicator   | Current status     | What action will be taken?  | Accountability | When will the action be taken? |
|---|--------------------|---|----------------|--------------------------------|
| 1.1 The award process is reviewed by the Senior Leadership Team (SLT) and governors and is formally adopted.          | Achieved           | Presented during governors meeting  | SEG/ LA/ DD    | 12/10/21                       |
| 1.2 A statement of commitment is signed and stored in the portfolio of evidence.                                      | Achieved           | Signed by Headteacher and Governor Lead   | SEG/LA/DD      | 25/10/21                       |
| 1.3 A Change Team is nominated and appointed.   | Achieved           | Sent messages on Dojo to promote and encourage, liaised with staff/parents<br>Update uploaded on dojo   | SEG            | 20/10/21<br>22/10/21           |
| 1.4 The School Self-Evaluation Form is completed.   | Achieved           | Liaise with change team to complete<br>PDF sent to head   | Change Team    | 20/10/21<br>25/10/21           |
| 1.5 The Stakeholder Evaluation Forms are sent out and the results analysed.   | Partially Achieved | Sent to staff 25/10/21<br>Parents and children will be sent out on Parents evening 08/11/21 as discussed during Change Meeting  | SEG            | 25/10/21<br>08/11/21           |
| 1.6 The Action Plan is prepared and approved by the SLT.  | Partially Achieved | Will be completed post results analysed after parents evening. I have started to input actions taken so far   | SEG            | 25/11/21                       |
| 1.7 The whole-school community and other partners are informed about the award.                                       | Partially Achieved | A post alerting the school regarding the meeting of the change team and WAS award uploaded.<br>Well Being Wednesday post every Wednesday. Share progress WAS award (discussed LA) | SEG            | 22/10/21<br>03/11/21           |
| 1.8 EVALUATION: The Action Plan is regularly monitored, progress is evaluated and the findings shared and acted upon. | Partially Achieved | During SL time develop the action plan liaising with LA/DD in response to actions taken so far  | SEG            | 08/12/21                       |

**Other actions taken:**

- David Dobson was appointed as Governor Lead
- Whole school Mental Health Assembly discussing worries and how to deal with them
- Worry box promoted
- Mental Health and Well-Being area/display created
- Pupil voice obtained regarding Mental Health provision
- Developing Calm linked to well-being in response to parents comments
- Developing strategy to discuss emotions for whole-school in response to parents comments
- Linked Black History Month to Mental Health and Well-Being through initiative, 'Being Proud to be Myself.'

**A REGULAR REPORT IS DISSEMINATED TO ALL STAKEHOLDERS TRACKING PROGRESS OF THE INITIATIVE.**



**PRIMROSE HILL**  
PRIMARY SCHOOL

We use EMOJARS to encourage talking about our feelings!

They help our teacher quickly see how we are all feeling and we can then CELEBRATE when we are mostly HAPPY, or we can STOP, THINK and SHARE if we need some help feeling OK again!

A NEW SYSTEM OF EMOJARS WAS INTRODUCED TO ALL GLASSES AS AN EFFICIENT AND EFFECTIVE TOOL FOR TEACHERS TO GAUGE HOW THEIR CLASS IS FEELING. IT ALLOWS CHILDREN TO ALERT THEIR TEACHER TO HOW THEY ARE FEELING. TEACHERS REGULARLY POST ON THEIR INDIVIDUAL CLASS PAGES OF THEM USING THE JARS TO KEEP PARENTS ABREAST OF ITS USAGE.

# Mental Health and Well-Being Policy Audit

The policy is audited in relation to the instances within which it refers to and acknowledges the importance of Mental health and Well-Being , where relevant, as an embedded cultural ethos within the school and refers to how Mental Health and Well-being is supported within the context of the policy.



| POLICY                                      | EVIDENCE OF CURRENT MHWB REFERENCES  | AREAS TO DEVELOP  |
|---|--|---|
| Anti-bullying Policy                        | Links acknowledged to self esteem and confidence<br>Acknowledgement of raising awareness through curriculum (PSHE)   | Lacks explicit reference to the effects on MHWB<br>Lacks reference to support of MHWB as a continual supportive measure   |
| Single Equality & Community Cohesion Policy | Acknowledges the importance of promoting equality throughout school and in collaboration with the local community  | Lacks explicit reference to the effects on MHWB or acknowledgment of how actions are linked to the promotion of good MHWB |
| Attendance Policy                           | Acknowledges the necessity to promote good attendance as a tool in supporting healthy, happy pupils.   | Lacks explicit reference to the effects on MHWB or acknowledgment of how actions are linked to the promotion of good MHWB |
| G and T Policy                              | Acknowledges some pupils may actually under achieve, their potential may be masked by factors such as frustration, low self-esteem, SEND, lack of challenge and low teacher/parent expectations. | Lacks explicit reference to the effects on MHWB or acknowledgment of how actions are linked to the promotion of good MHWB |
| Safeguarding and Child Protection Policy    | Acknowledges Mental Health and well-being explicitly   | Salford standards for listening... look into this further....<br>Needs to be updated on website.... ratified 11/21        |
| Behaviour Policy                            | Recognises and acknowledges self esteem  | Lacks explicit reference to the effects on MHWB or acknowledgment of how actions are linked to the promotion of good MHWB |
| British Values                              | Recognises and acknowledges self esteem  | Lacks explicit reference to the effects on MHWB or acknowledgment of how actions are linked to the promotion of good MHWB |

A POLICY AUDIT WAS CONDUCTED AND ACTIONED UPON TO ENSURE MENTAL HEALTH AND WELL-BEING IS EMBEDDED WITHIN ALL POLICIES AS A TOOL TO ALL STAKEHOLDERS ACKNOWLEDGING MENTAL HEALTH AND WELL BEING AS EMBEDDED WITHIN THE CULTURE AT PRIMROSE HILL PRIMARY.



## Mental Health Newsletter Autumn 2021



Mental Health Lead: Miss S El-Ghaly · Mental Health Governor: Mr D Dobson

We take your children's, your own and our staffs Mental Health and Well Being very seriously at Primrose Hill Primary, which is why we have worked very hard to develop our own personalised approach to Mental Health and Well-Being to ensure we create a supportive culture, which permeates everything we do!

Children are invited to sign up to an array of different after school clubs and activities as a supportive measure. Being involved in extra-curricular activities is proven to boost self-esteem and well-being.



We appointed a CHANGE TEAM, which comprised of the Mental Health and Wellbeing Lead: Miss El-Ghaly; The Chair of Governors: Mr Dobson and a fantastic team of parents, who met twice this term to exchange ideas, many of which have already been actioned upon. We created our vision for Mental Health and Well-being at our last meeting!



Extensive staff training has been undertaken this year: including peer on peer abuse, anti-bullying training, Prevent-anti-radicalisation training, Safeguarding training and online safety training.

We are working hard towards the Wellbeing for Schools Award, which provides a framework for us to work towards and celebrate all the work we are already doing



Children enjoyed a magic show as a motivational tool to boost mental health and well-being across the whole school community.

A new system to encourage talking about feelings and worries was developed and introduced to classes this term through EMOJARS! A coloured pom pom is dropped into a jar, in the morning to alert the teacher to the general feelings of the class. This enables CELEBRATION of generally happy feelings and ACKNOWLEDGEMENTS can be made if the class needs help feeling ok again. This works in conjunction with the worry boxes located within school and classes.

If you would like to find out more about Mental Health and Well-being, please visit <http://www.primrosehillprimary.co.uk/information/mental-health/>

HERE IS A TERMLY UPDATE OF ALL WORKS PERTAINING TO MENTAL HEALTH AT PRIMROSE HILL PRIMARY

