Whole School Approach Best Practice Review: Next Steps & Measuring Impact

Kent Surrey Sussex Academic Health Science Network

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Wednesday 21st September 2022

10.00-12.00

Please put yourself on mute and turn off your camera until Q&A sessions and breakout rooms

Please use the chat bar to share comments

Agenda

Time	
10.00-10.05	**Welcome and introductions** Gavin Lockhart Assistant Director of Clinical Programmes & Clinical Lead (CYP Mental Health), Clinical Delivery – Mental Health Team, South East Region, NHS EI
10.05-10.20	**National working group update on capturing WSA activity** Laura Whixton Programme Manager (Mental Health Support Teams), Children & Young People's Mental Health Programme, NHS EI
10.20-10.40	**Best Practice Review and Evaluation of Whole School Approach within MHSTs** Prof. Robin Banerjee Head of School of Psychology, University of Sussex
10.40-10.50	**Developing whole school approach outcome measures** Prof. Robin Banerjee Head of School of Psychology, University of Sussex
10.50-11.05	**Showcase of measuring impact of Whole School Approach at a local level** Lucy Hill – Mental Health Support Team Manager (Whole School Approach), East Sussex County Council Vik Machin – Mental Health Advisory Teacher, West Sussex County Council Anna Sims – Inclusion Adviser, Children's Services, Early Intervention and Prevention, Norfolk County Council
11.05-11.40	**Breakout rooms to share and learn from local practice, identify barriers and potential solutions, and how to seek the views from all stakeholders to measure impact within MHSTs** Chaired by Tanya Procter Joint Commissioner, Health and Wellbeing in Schools, West Sussex County Council
11.40-11.50	**Feedback** Chaired by Tanya Procter Joint Commissioner, Health and Wellbeing in Schools, West Sussex County Council
11.50-12.00	**Next Steps & Close** Becca Randell – CYP Mental Health Implementation Manager, Kent Surrey and Sussex AHSN Jess Alton – Regional Delivery Lead (MHSTs), East of England Region, Department for Education Anna Ellis-Rees – Regional Delivery Lead (MHSTs), South East Region, Department for Education

MHSTs: Guidance for Capturing Function 2 and Function 3 Activity

Laura Whixton, Programme Manager (MHSTs), NHS England

21 September 2022

SE AHSN

Background

This piece of work was established because:

- ✓ MHSTs indicated they feel there is a **lack of visibility and consistency** when capturing the **full breadth** of their activities and would **value national guidance** around this, particularly in relation to Function 2 (supporting delivery of the Whole School and College Approach) and Function 3 (signposting and liaising).

- ✓ **Nationally** our understanding of key themes for delivering Function 2 and Function 3 is **limited**. Some Function 3 activities *post-referral* to an MHST can be captured on the MHSDS, e.g. signposting to other services. For Function 3, the scope of this piece of work is pre-referral or where a specific child has not been identified.

- ✓ The **interim evaluation report** indicated that there was an opportunity to enable MHSTs to more consistently capture their Function 2 and Function 3 activity given the limitations of the MHSDS.

The aims of this work

1. Respond to MHST requests for **national guidance** on collecting and demonstrating their Function 2 and Function 3 activities as there is wide variation in current approaches to this. This does **not** replace the current questions within the quarterly monitoring template.

2. Co-produce with MHSTs guidance which outlines a *minimum expectation* for what **data/intel could be captured in relation to Function 2 & 3** and consider **how this may be used** locally/regionally/nationally; ensuring that any such way will balance and consider **timeliness, usefulness, and burden**. This will support a consistent approach across MHSTs.

3. Develop a **sample template** which MHSTs may use if they wish.

Our approach & timeline

April - August 2022
- Multi-agency working group was formed. The working group consists of national, regional and local MHST colleagues and delivery partners.
- A scoping exercise was undertaken to understand current MHST practice and approaches for capturing F2 & 3 activities.
- The working group reviewed the scoping exercise findings to identify common indicators and draft a set of minimum expectations for what should be captured.
- These recommendations were approved by the Programme Board in July 2022.

September
- Share the guidance and recommendations with MHSTs via the CoP webinar and circulate

Q3
- MHSTs establish or adapt existing local processes and mechanisms to record the expected information

Q4
- First quarter in which all MHSTs capture the minimum expected information on their F2 & F3 activity

Minimum Standard – Capturing F2

As a minimum we recommend that MHSTs collect the following <u>headline</u> items:

- ✓ Name & role of the practitioner(s), e.g. EMHP
- ✓ Does the setting have a WSCA action plan?
- ✓ Type of WSCA activity delivered, e.g. assembly, training, audit, consultation on WSCA, newsletter
- ✓ Activity topic, e.g. exam stress
- ✓ Target audience for the activity, e.g. CYP, parents, staff
- ✓ Number of participants in the activity
- ✓ Name of the education setting
- ✓ Date & duration of the activity
- ✓ Was the activity evaluated; Y/N (as appropriate for the activity)
- ✓ Evaluation outcome and next steps

Minimum Standard – Capturing F3

As a minimum we recommend that MHSTs collect the following <u>headline</u> information (in the context of *pre-referral* to the MHST *if related* to a child or young person):

- ✓ Name & role of the practitioner(s), e.g. EMHP
- ✓ Date & duration of the activity
- ✓ Activity, e.g. regular meeting, telephone call for advice
- ✓ Name of the education setting
- ✓ Was a particular child/young person identified; Y/N (if Y please record as appropriate)
- ✓ Nature of the request for advice, e.g. concerns re a young person's mental health/emotional wellbeing, setting staff being unclear on pathways to other services
- ✓ Outcome of the advice given, e.g. refer to MHST, support child or young person to access external support, provide training for setting staff on a particular topic
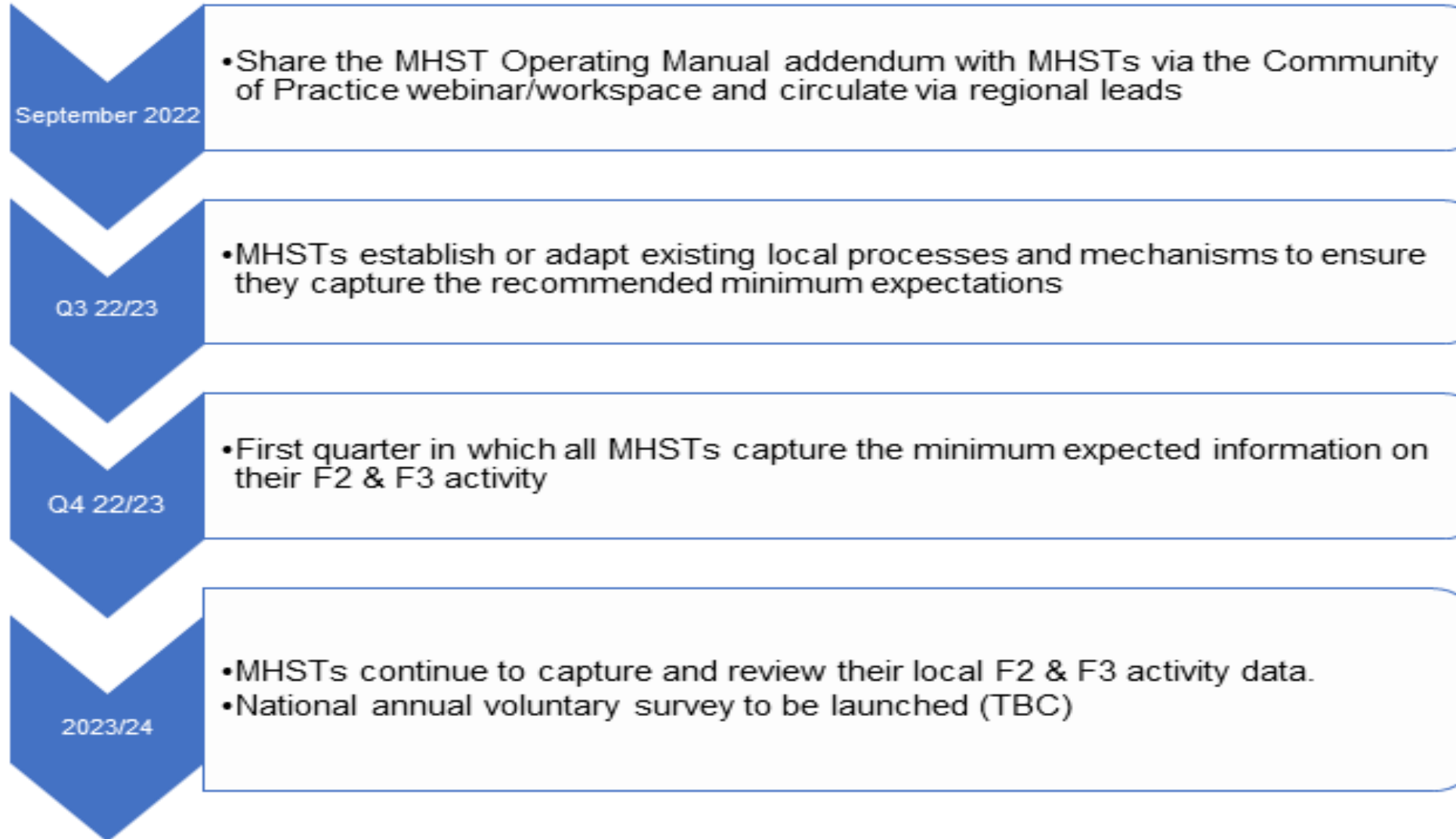
National Survey

The National MHST Programme Team will be considering development of a **voluntary annual survey**/snapshot stocktake of a **small number** of activity headline items. This will enhance the **visibility** and **understanding** of MHST delivery and impact along; enabling the programme to keep in tune to the needs of CYP and their education settings and will inform the national and regional support offer. As we anticipate funding for established teams (Trailblazers to Wave 10) to move into baselines from 24/25* this survey will support the ongoing understanding of impact and sustainability.

Further developments will be shared later this year and we anticipate launching the **first survey early in 2023/24**.

*Expansion beyond Wave 10, i.e. in 24/25 onwards, is subject to future funding settlements. The transfer of wave 9 & 10 teams to baselines is TBC given their stage of maturity in 2024/25.

Timeline for implementation

September 2022
- Share the MHST Operating Manual addendum with MHSTs via the Community of Practice webinar/workspace and circulate via regional leads

Q3 22/23
- MHSTs establish or adapt existing local processes and mechanisms to ensure they capture the recommended minimum expectations

Q4 22/23
- First quarter in which all MHSTs capture the minimum expected information on their F2 & F3 activity

2023/24
- MHSTs continue to capture and review their local F2 & F3 activity data.
- National annual voluntary survey to be launched (TBC)

Best Practice Review and Evaluation of Whole School Approach within MHSTs

Developing whole school approach outcome measures

– Prof. Robin Banerjee

The Whole School Approach within Mental Health Support Teams: Best Practice Review

- **Gavin Lockhart -** *Assistant Director of Programmes (CYP) Clinical Lead for CYP Mental Health, NHS England*

- **Tanya Procter -** *Programme Lead, Whole School Approach Best Practice Review and Evaluation*

- **Ian Macdonald** - *Mental Health Trainer, Charlie Waller Trust*

- **Prof. Robin Banerjee -** *Head of Psychology, University of Sussex*

- **Lucy Roberts** - *Research Fellow, University of Sussex*

- **Becca Randell** – *CYP Mental Health Implementation Manager, KSS AHSN*

Literature Review

An ethos and environment that promotes respect and values diversity: Taking policy to delivery is critical in "walking the talk"

Targeted support and appropriate referral: Identification should start early in schools

Working with parents and carers: Families and schools can support each other, and schools need to work inclusively with their values and attitudes

Curriculum, teaching, and learning to promote resilience and support social and emotional learning: Effective implementation is significant

Enabling student voice to influence decisions: Improving sense of belonging and connection can improve wellbeing and behaviour

Staff development to support their own wellbeing and that of students: Staff members' own wellbeing needs to be addressed

Identifying needs and monitoring impact of interventions: Impact of WSA to EWMH should be measured

Central wheel diagram

Leadership and management that promotes emotional health and wellbeing

- Respect and diversity
- Promote resilience
- Student voice
- Staff development
- Identifying needs
- Parents and carers
- Targeted support

YMCA
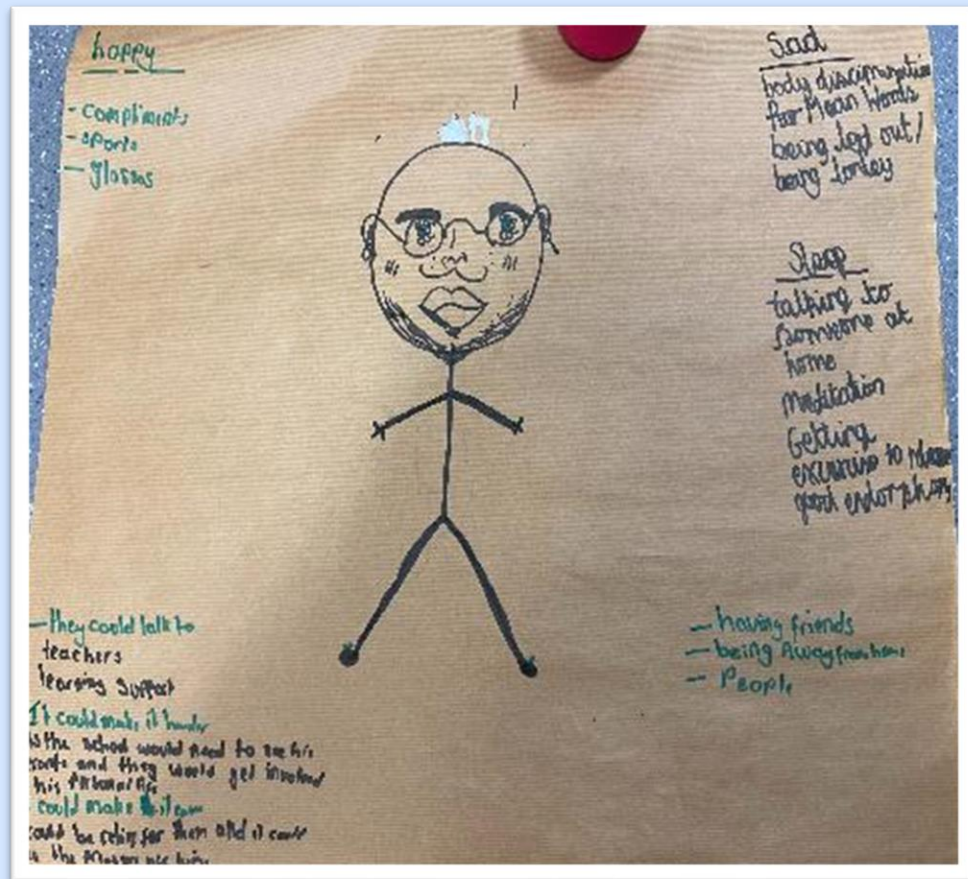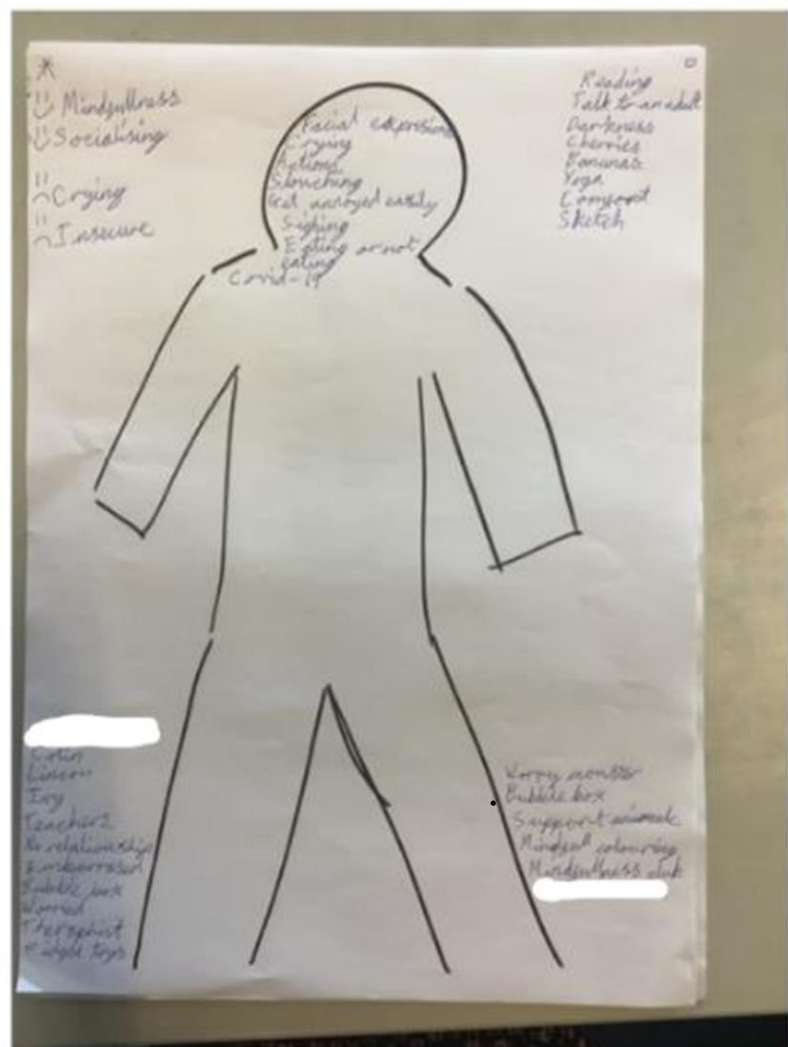
Ethos

- Personal relationships – most groups commented on teachers, pastoral staff or friends
- Primary schools focused more on objects (e.g. worry boxes, buddy benches, and wellbeing pets)

Curriculum

- Bullying, school pressures and loneliness have a negative impact
- Coping mechanisms include friendships, and some found mindfulness and wellbeing pets useful

Targeted support

- Lack of trust in help-seeking behaviours – worries about school telling parents, having no private space, or pupils not being believed
- If pupils experienced a trusting relationship with staff, this was viewed as a source of support

Staff development

- Need for confidence in having early conversations about mental health – particularly important to addressing issues around lack of trust (cited as barriers to help-seeking behaviours)

Data Returns

Analysis of data gathered at the end of Q3 and Q4:

- Completed by MHSTs, as well as individual schools in the MHSTs for their educational setting

- Ratings received for 22 MHSTs (including one Wave 4 team) and 28 schools (a mixture of primary and secondary from 9 MHSTs)

End of Q3 analysis: A series of open-ended questions about WSA

End of Q4 analysis: 17 standardised ratings about different aspects of WSA

Implementation dimensions	Rating	Description
Q1 Whole school engagement: Student voice	0	None of the work described below is happening
	1	Some awareness of the importance of pupil participation in mental health policies and procedures, but pupils currently have little participation or impact in their school
	2	(1) + clear structure for enhancing pupil voice and engagement with mental health issues that concern them, with some commitment to that vision (e.g., reflection and feedback such as 'you said, we did')
	3	(2) + significant evidence that pupil views regularly inform decisions/policies related to mental health and well-being, which are communicated clearly and underpin what the whole school does

Orientation and approach	Intervention and data
Student voice	Universal mental health work
Staff engagement	Targeted mental health support
Parents and carers engagement	Integration with other approaches to behaviour and wellbeing
Ethos and environment	Data collection to identify mental health needs
Senior leadership	Use of data to inform mental health work
Delegation	
Staff development	
Staff wellbeing	
Integration with curriculum, teaching, and learning	
Overall integration of MHST with other services	

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Integration with curriculum, teaching, and learning	
Overall integration of MHST with other services	

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**Interview Findings:
What did staff say?**

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Charlie Waller

Overall enthusiasm from schools

Selecting the starting point

Previously we've always struggled with the various services... they're always so busy. To have specific support for a child's mental health, which is a pretty broad spectrum, is amazing.

The Seniors and the EMHPs*... have ongoing, informal, ad-hoc opportunities with these people that they use to ensure they are having conversations all the time about whole school needs of the school.

*Education Mental Health Practitioners (**EMHPs**)

YMCA

What I've learned is, every school, even if you're in the same town, is completely different in ethos and culture.... What I learned very quickly is to be curious and non-judgmental, because some of the things that I initially came in and thought weren't working were actually that way for a good reason

➔ Ormiston Families, Norfolk and Waveney 'Getting a Rich Picture'

Finding the balance of targeted work and WSA

> In our 'Consultation and Liaison Meetings' there had been a sense that we would 'sort out' and 'fix' individual cases and problems. When we've done Reflective Practice session in a school, those dynamics changed and what's happening now is that staff are bringing a young person's presenting problem and talking about what they're doing to support that young person, saying where they're not sure, saying where they think things are improving

Individual/deficit vs. contextual/strengths-based approach

> Whole school approach is always thinking about the child in context and it runs kind of counter to the other function of the MHST around the individual work, where you're sort of locating the problem in the child

Challenges with measurement

 With regard to the impacts of our whole school approach work, we've been quite aspirational in what we want the impact to be but we haven't got a good way of effectively measuring that because we'd be looking at school data as well and we can't confidently say, 'those results are because of our WSA work that attendance has increased'. We can't claim that, we can't attribute it to our work, it's just a correlation at best

Changing the system

The language around emotion coaching is not about punishment. But the Behaviour Policy says, if a CYP has done something wrong, they will be sanctioned. The language in the Behaviour Policy speaks to a different mindset. If the two are not aligned, it is difficult for staff to know when to follow one kind of approach to problematic behaviour and when to follow the other.

As teachers, we've become accustomed to being a little bit reactive. A problem comes up and we use our experience to try and deal with the situation; often you can't get professional advice. Since we've been part of the MHST team, we've got expertise to give us a clear idea of what can be done in certain situations for young people. We have shifted from being reactionary and crisis management to pre-empting problems

Conclusions and Recommendations

1 Maintain a sustainable funding commitment to MHSTs

2 Provide guidance for staff to develop a thorough and rich understanding of school policies, procedures, and practices

3 Prioritise the establishment of mechanisms for engaging multiple stakeholders

4 Systematically gather and collate evidence of the WSA profile

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Charlie Waller

5 Address the challenge of balancing clinical interventions with wider WSA goals of creating a strengths-based school environment that promotes wellbeing

6 Enhance workforce development regarding WSA for MHST leadership, school Senior Mental Health Leads (SMHLs), and all clinical and educational staff members

7 Undertake a substantive programme of implementation work

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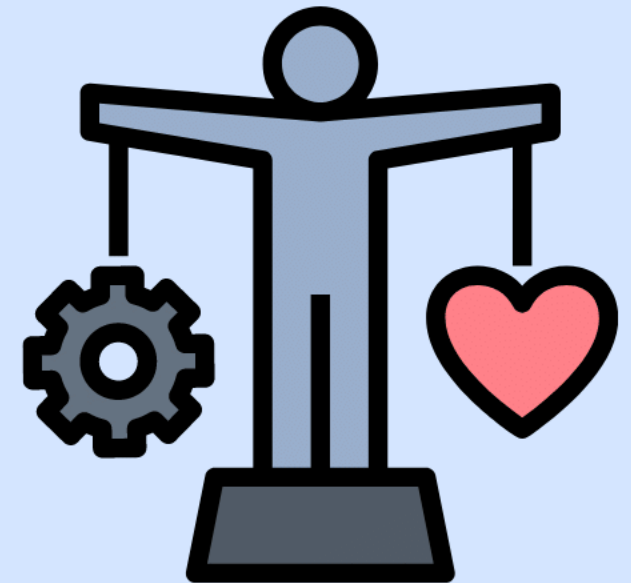
So… how should we go about measuring WSA?

- **Measuring the activity that is being undertaken**

- **Measuring the outcomes of the activity**

  - Primary mental health outcomes of interest
  - School climate/culture/ethos
  - Mediating mechanisms?
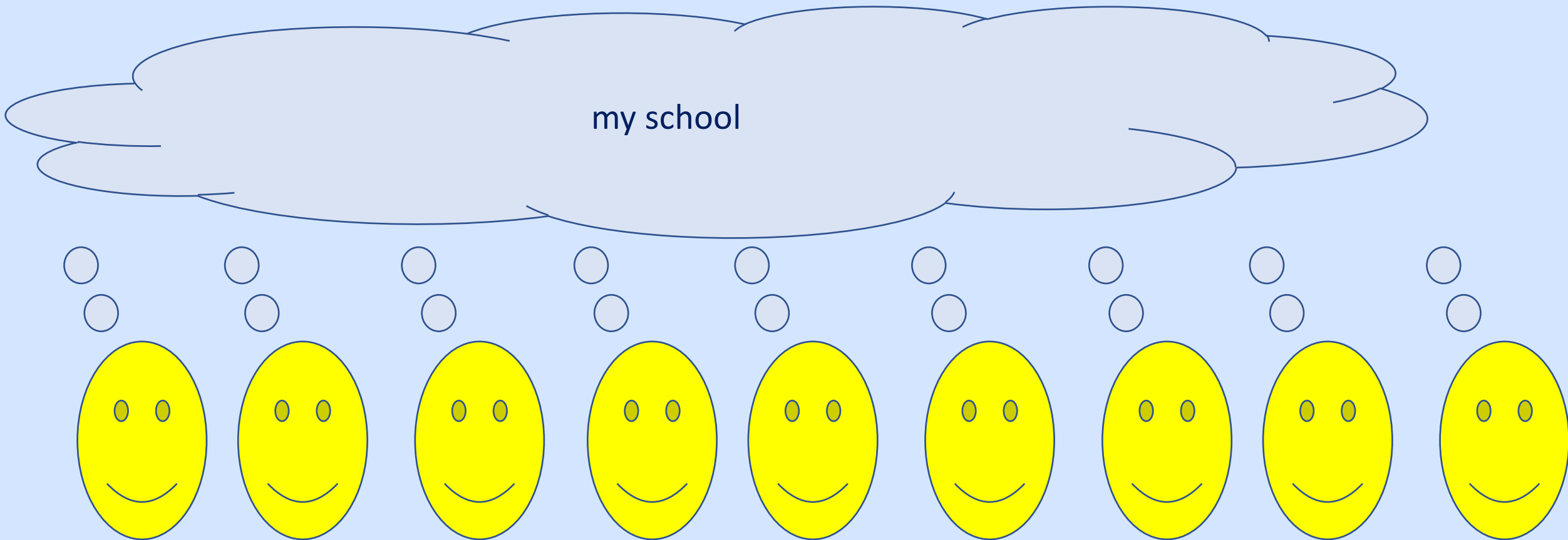 - Moderating factors?

Approaches to thinking about whole-school measures

- **Aggregating reports on *individual events/experiences***

- **Aggregating individual reports on *their perceptions of school***

- **Expert report on WSA**

- **Aggregating reports on *individual events/experiences***

  - Aggregation of mental health referrals and outcomes for individual children and young people
    - Challenges of interpretation

- **Aggregating reports on *individual events/experiences at school***
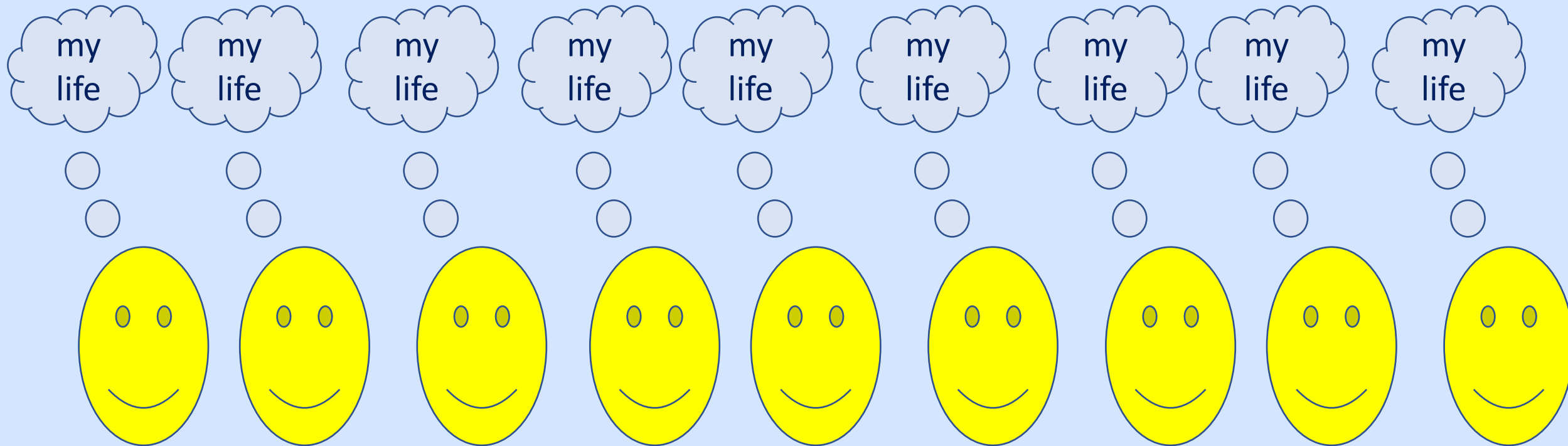
- **Aggregating individual reports on *their perceptions of school***

my school

- **Expert report on WSA outcomes**

Implementation dimensions	Rating	
	0	N...
Q1 Whole school engagement: Student voice		...pupil participation in mental health policies and procedures, but pupils ...tion or impact in their school ...re for enhancing pupil voice and engagement with mental health issues that concern them, with ...mmitment to that vision (e.g., reflection and feedback such as 'you said, we did')
	3	(2) + significant evidence that pupil views regularly inform decisions/policies related to mental health and well-being, which are communicated clearly and underpin what the whole school does

What would a set of OUTCOME ratings look like??

- **Who has expertise?**
- **Protocol for assessment?** e.g., school tour, interviews with staff leads, observations of learning opportunities, follow-up discussions with staff, group discussions with pupils.

Key project activities

- **What WSA impact measurement approaches/tools are already being used?**
  - Validity and reliability

- **Co-produce approach to WSA impact measurement**

- **Pilot the approach in new setting(s)**

Showcase of measuring impact of Whole School Approach at a local level

– *Lucy Hill, Vik Machin, Anna Simms*

What do we want to achieve?

Increased number of schools completing WSA to MHEW Audits. With focus on the Health School Check Tool.

Schools and colleges have clear ways to identify need and appropriate response which is embedded across the whole school

Schools are using the voice of children and young people to inform WSA action plans

Increased engagement of parents and carers in school communities

School staff are confident and well trained to identify wellbeing support needs and can respond effectively

Children , young people, and their parents and carers have increased understanding of mental health and emotional wellbeing and a toolkit of strategies

Schools have a mentally healthy culture and ethos, driven by mental health policies and having a range of methods to support school communities with mental health and wellbeing. Evidenced in their Graduated Response model.

Me & My Mind, Mental Health Support Teams	Function Two - support senior mental health leads in education settings to introduce or develop their whole school approach

INPUTS	ACTIVITIES	OUTPUTS	OUTCOMES	IMPACT
Partnership working with range of services, schools and colleges	Supporting schools to assess their WSAs to MHEW	Qualitative reports and case studies of good practice	Increased number of schools completing WSA to MHEW Audits	Schools responding to the needs of their communities building important links between home and school, empowering them to voice their ideas and opinions, and communicating effectively with them to promote children's learning and educational experience
Large team with range of experience, skills and knowledge. All to be trained to same WSA	Supporting schools to develop mental health policies, embed graduated response, referral processes	Number of parents and carers, children and young people engaged in WSA work	Schools and colleges implement a range of methods to support school communities with wellbeing	
	Time/space for schools to consult with MHST on supporting children and young people	Range of resources and examples of good practice	Schools are using the voice of children and young people to inform WSA action plans	The wellbeing, attendance, behaviour, sense of school belonging, intellectual development and attainment of children across a range of social and economic backgrounds improves.
Service-User Group	Coffee mornings for parents and carers	Number of school staff training sessions held and evaluation information	Increased engagement of parents and carers in school communities	
Budget for resources and delivery	Ambassador training and youth-led audits	Number of hours supporting schools	School staff are confident and well trained to identify wellbeing support needs and respond effectively	
	Psychoeducation sessions for parents and carers and children and young people	Increase in appropriate referrals	School staff are effectively supported to support children and young people	
	Range of training for school staff + supervision			

TARGET AUDIENCE	MODERATORS
Parents and Carers	Schools are at different stages of developing implementing WSA plans
Education staff in MHST schools and colleges	Many initiatives were put on hold during the COVID pandemic and are yet to start again
Children and young people	Schools report time constraints and staff wellbeing issues. SMHL often work in isolation, limiting the success of WSA initiatives.

What is already available?

- Data (i.e. School Census, NHS)
- Partnerships in Local Authority and Health
- Voluntary sector

Build a picture of the local context around schools and how the MHST can complement to enhance and not *duplicate* the offer for schools.

Healthy School Programme

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What is the local context?

- Foundations for our Futures

- ICS Priorities

- Consultation with schools, parents and carers and children and young people

- ESCC - Therapeutic Thinking, priority to increase attendance rates and educational outcomes

- ESCC MHEW Steering Group

- East Sussex Equalities Data

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How can we use service data?

- 58.9% were female and although referrals for males and other gender identities have increased by 3.5% this year.

- In visits to schools in July 2022, 49% of schools request Me & My Mind to deliver workshops for Parent and Carers. This request was proportionally higher for Primary schools at 35.5%.

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Measurement Tools

- Case Studies
- Analysis of service and school data
- Psychoeducation evaluation forms and attendance levels
- Annual survey to schools
- Thematic analysis of visits to schools (twice a year)
- Network meetings for consultation (three times a year)
- New Microsoft Office Form to be completed once a month, by every practitioner for each school worked in
- Healthy schools programme – audit tool
- Children and young peoples voice

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The West Sussex Whole School Wellbeing Reflective Tool

Vik Machin – Mental Health Advisory Teacher
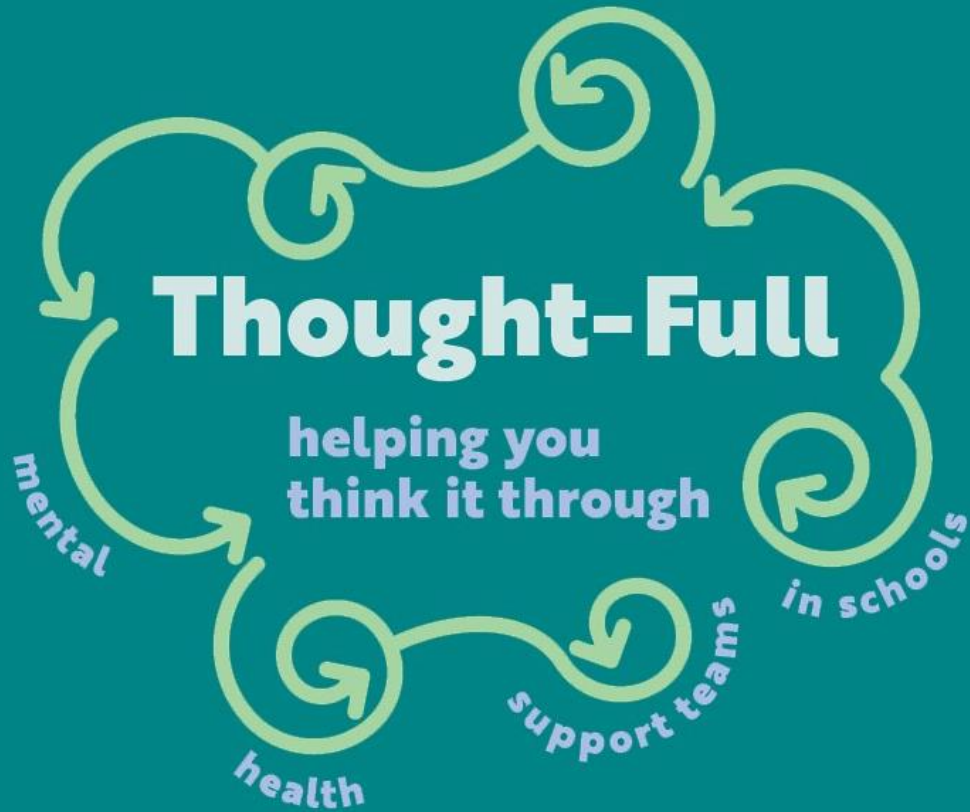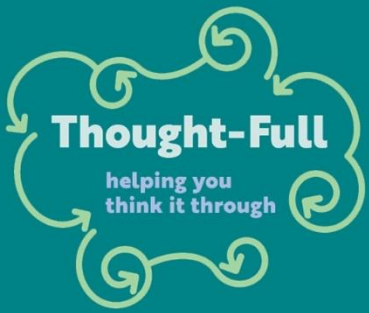
- Schools requests for advice on how to monitor, audit, and evaluate their wellbeing provision.

- Ofsted will look at how schools "lead and develop a whole school approach to support mental health and wellbeing".

- Planning our work with schools, looking at priorities for our CPD programme.

- Quick, easy, and accessible.

- Can be used by all members of staff.

- Is a working document which can be amended and used to plan.

- Covers all 8 areas of the Pubic Health England principles of whole school wellbeing.

A	Activity not yet started.	1
B	Becoming aware and identifying as an area to develop.	2
C	Creating plans and commencing implementation.	3
D	Developing practice and embedding across the setting.	4
E	Effective practice in place and ready to share.	5

Audit & Monitor

|	3.25
	3
1. We regularly monitor pupil emotional wellbeing and mental health, and respond effectively to the outcomes.	
	5
2. We regularly monitor staff emotional wellbeing and mental health, and respond effectively to the outcomes.	
	1
3. We regularly ask for parents' views on emotional wellbeing and mental health at the school.	
4. We recognise and support our most vulnerable learners. We have identified those children who may be vulnerable to mental health difficulties (ACEs, LGBT, gender non-conforming, BAME, ASC, domestic abuse etc) and we address these vulnerabilities, as well as identifying and being proactive about potential flashpoints e.g. transitions, exams etc.	4
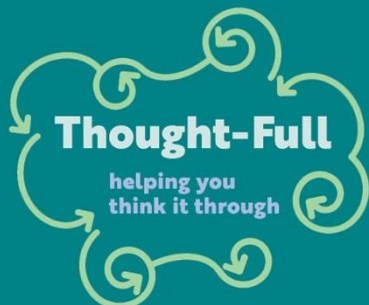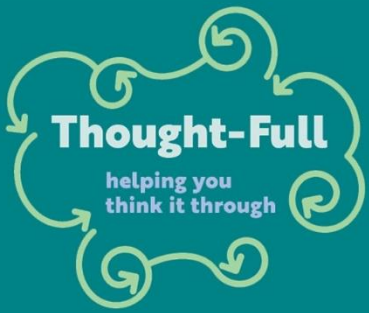
2. We regularly monitor staff emotional wellbeing and mental health, and we respond effectively to the outcomes.

a) Is staff wellbeing regularly monitored?

b) Is there a mechanism for staff to feedback about their wellbeing regularly when they need to (not just when surveys are carried out)?

c) Are the results of any surveys published to staff and discussed in a transparent forum?

d) Can the school evidence how they have responded to staff wellbeing concerns and are staff able to feedback about the response?
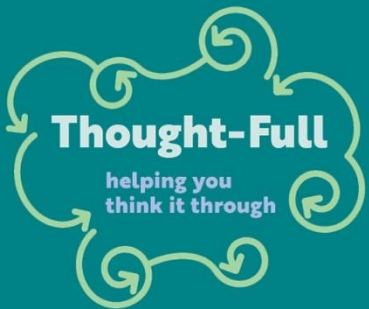
Further developments

- Staff questionnaire.

- Pupil versions of the tool, both primary and secondary.

- Recorded webinars with instructions on how to use the tool.

- Live CPD training on how to use the tool.

- Access for all West Sussex schools, not just MHST schools.

- Being used at The University of Southampton as part of their EMHP training.

- Been adapted by Hampshire MHST for their use.

Whole School Approach
Audit and Action Plan

21.09.22

inclusionandsend@norfolk.gov.uk

A Whole School Approach to Mental health and Wellbeing

- Leadership and Management
- Ethos and environment
- Curriculum, teaching and learning to promote and support wellbeing
- Identifies need and monitors impact
- Targets support and appropriate referrals
- Supports staff wellbeing and provides appropriate CPD
- Enable student voice to influence decisions
- Engagement and partnership with families and local communities

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Anna Freud 5 Steps to Mental Health and Wellbeing Interactive Framework

[5 Steps to Mental Health and Wellbeing (annafreud.org)](#)

Anna Freud 5 Steps to MH&WB Audit

The Anna Freud 5 Steps to Mental Health and Wellbeing https://www.annafreud.org/5steps/		Not yet in place ▾	
		Working towards	
Audit Tool Excel	Complete status for each action	Achieved	
AF 5 Steps	**Action**	**Status**	**WSA**
Leading Change	Prepare for change	Not yet in place	Leadership and Management
	Ensure there is a robust mental health and wellbeing policy	Not yet in place	Leadership and Management
	Demonstrate your commitment or your school improvement plant	Not yet in place	Leadership and Management
	Signpost information for governors, staff, pupils, parents and carers	Not yet in place	Support and advice systems
Promoting Wellbeing	Integrate mental health and wellbeing across the whole school or college curriculum	Not yet in place	Curriculum
	Establish a Peer Support Programme in your school or college	Not yet in place	Student voice
	Create a safe environment for pupils and staff	Not yet in place	Ethos and Environment
Working Together	Establish a mental health action group	Not yet in place	Student staff family voice
	Improve working and collaboration with Mental Health Services	Not yet in place	Support and advice systems
	Include pupils, staff, parents and carers in decision making	Not yet in place	Student staff family voice
	Engage with all parents and carers	Not yet in place	Engahge family voice
Supporting Staff	Conduct a confidential annual staff wellbeing survey	Not yet in place	Staff CPD and wellbeing
	Provide training for staff with responsibilities for mental health and wellbeing	Not yet in place	Staff CPD and wellbeing
	Promote staff health and well being	Not yet in place	Staff CPD and wellbeing
	Ensure support structures are clearly identified and signposted	Not yet in place	Support and advice systems
Understanding Need	Identify pupils at risk	Not yet in place	Identify need
	Measure pupil wellbeing	Not yet in place	Identify need
	Develop and measure interventions	Not yet in place	Target support

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Anna Freud 5 Steps to MH&WB Audit

AF 5 Steps	Action	Status	WSA
The Anna Freud 5 Steps to Mental Health and Wellbeing https://www.annafreud.org/5steps/		Not yet in place	Column1
Sheringham Woodfields 13.05.21 and 24.06.21		Working towards	Good practice example
Audit Tool Excel	Complete status for each action	Achieved	2021 2022
AF 5 Steps	Action	Status	WSA
Leading Change	Prepare for change	Achieved	Leadership and Management
	Ensure there is a robust mental health and wellbeing policy	Not yet in place	Leadership and Management
	Demonstrate your commitment or your school improvement plan	Achieved	Leadership and Management
	Signpost information for governors, staff, pupils, parents and carers	Working towards	Support and advice systems
Promoting Wellbeing	Integrate mental health and wellbeing across the whole school or college curriculum	Working towards	Curriculum
	Establish a Peer Support Programme in your school or college	Working towards	Student voice
	Create a safe environment for pupils and staff	Achieved	Ethos and Environment
Working Together	Establish a mental health action group	Working towards	Student staff family voice
	Improve working and collaboration with Mental Health Services	Achieved	Support and advice systems
	Include pupils, staff, parents and carers in decision making	Achieved	Student staff family voice
	Engage with all parents and carers	Achieved	Engage family voice
Supporting Staff	Conduct a confidential annual staff wellbeing survey	Achieved	Staff CPD and wellbeing
	Provide training for staff with responsibilities for mental health and wellbeing	Achieved	Staff CPD and wellbeing
	Promote staff health and well being	Achieved	Staff CPD and wellbeing
	Ensure support structures are clearly identified and signposted	Achieved	Support and advice systems
Understanding Need	Identify pupils at risk	Achieved	Identify need
	Measure pupil wellbeing	Achieved	Identify need
	Develop and measure interventions	Working towards	Target support

Norfolk County Council

Whole School Approach Action Plan

	Insert school name	MENTAL HEALTH AND WELLBEING ACTION PLAN					
	Whole School Approach	**Anna Freud 5 Steps**	**Action**	DELEGAT ▼	DEADLINE ▼	PROGRESS ▼	PROGRESS ▼	NOTES
3			**Leading Change**					
4	Leadership and management	Mental Health Lead	1. Identify a Mental Health Lead			Not started	Not started	AF Leading Change
5			2. Identify a Senior Mental Health Lead (SMHL)			Not started	Not started	Mental Health Champion tra
6		SIDP	1. Complete audit of current practice using Anna Freud 4 steps tool			Not started	Not started	AF 5 steps audit tool
7			2. Identify activities for next half term on this document			Not started	Not started	
8			3. Put Mental health and wellbeing on the school improvement plan.			Not started	Not started	AF Commitment on SIDP
9	Policy development	Mental Health & Wellbeing Policy	1.. Download example of a Mental Health and Wellbeing policy from AF 5 steps			Not started	Not started	AF MH and WB Policy
14	Support and advice	Increase the profile of mental health in the school community	1. Notice board includes signposting and sources of support for			Not started	Not started	AF Support and advice
15			· Staff including governors			Not started	Not started	
16			· Pupils			Not started	Not started	
17			· Families			Not started	Not started	
18			2. School website includes signposting and sources of support for			Not started	Not started	
19			· Staff including governors			Not started	Not started	
20			· Pupils			Not started	Not started	
21			· Families			Not started	Not started	

Norfolk County Council

Breakout roods

1. What work are you currently doing in your MHST to measure impact?

2. What are the barriers to measuring impact, and what would make this easier?

3. How can we seek the views of key stakeholders (e.g. schools, CYP, parents) to measure impact?

Feedback from breakout rooms

Next steps

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