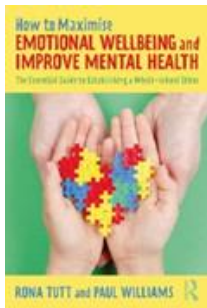


## A SMILE worth sharing?

Issy Jerrard, Amanda Mordey, Barry Carpenter & Jo Egerton share a partnership research study focusing on 'SMILE: a whole-school ethos & community based approach to wellbeing.'

To be read in conjunction with preceding article : [https://issuu.com/sendmagazine/docs/send\\_magazine\\_spring\\_2019\\_digital](https://issuu.com/sendmagazine/docs/send_magazine_spring_2019_digital) (page 18-19)  
PDFs: <https://barrycarpentereducation.com/tag/mental-health-in-schools/>

In 2018 Forest Oak & Merstone Schools' Principal, Amanda Mordey, and governors commissioned a research study into SMILE, Forest Oak's EHWB approach. Partnering with 10 primary & special schools the project was facilitated & supported by Professor Barry Carpenter and Jo Egerton, education research consultant. Mid-project the pandemic hit; a common Mental Health framework and shared language for each school became more important than ever.



SMILE features as a case-study in a recent book by R. Tutt & Paul Williams (2021) Routledge.

### About the approach:

#### SMILE's aim:

**'To empower our school communities to become architects of their own emotional health and wellbeing.'**

#### Principles:

- EHWB for all – children, staff and the whole school community
- Attainment – good EHWB leads to good life outcomes
- Listening to each other
- Care, concern and respect for all
- Kindness and gratitude.

SMILE was developed through school-based action research in 2014-16 led by Issy Jerrard, Forest Oak's SMHL as part of Solihull Local Authority's EHWB in Schools Project to pilot Youth Mental

Health First Aid (YMHFA) training, (Chamberlain, 2017.) A solution-focused initiative, designed to proactively build resilience from strengths, collaborating closely with the whole community. SMILE promotes a range of education-focused EHWB support strategies across 'Five ways to well-being' recommended by the NHS. Using whole school events and lesson links, wellbeing is learnt about together as a community. **"Give us 5 to make us SMILE!"** the mantra.



### National Context:

Public Health England advises a 7 principle approach to EHWB in schools with leadership central (PHE 2015). The national picture of Children's mental health looks bleak; increasing prevalence of Mental health conditions compounded by the pandemic; 1 in 6 of 6-16 year olds and 17-19 year olds now reported as having a probable mental health disorders, (NHS digital 2021.) A key correlating factor in the SMILE approach; staff wellbeing, the Education Support Partnership reports '77% (of us) describe (ourselves) as stressed,' back to 2019 level, a steady increase from 63% in 2017 (ESP, 2021) Post pandemic, a fresh understanding through shared experience now informs provision. Core requirements set out in statutory guidance and schools encouraged to develop whole school, flexible approaches (DfE 2021.) With increased awareness & understanding of wellbeing available through the Recovery Curriculum (Carpenter & Carpenter, 2019) every school's ethos is more wellbeing focused, our communities have changed.

### The research project:

#### Lead school:

Forest Oak has long been wellbeing focussed; a positive, restorative approach to behaviour as communication with relationships central.

### Research group & lead school provided:

- four training/support sessions
- support via two school visits, contact and information with researchers & project website
- practical classroom resources: posters, emotion wheels, cards & fans to support the 5 ways,
- restorative process, calming strategies & tools
- a digital space to share tools, ideas and findings

### Partner schools:

Six special (MLD to PMLD), three mainstream primary and one infant/early years academy. At different stages some aimed to fine-tune existing EHWB structure; others to broaden, strengthen and make coherent developments and strategies. Each targeted school, staff & pupils EHWB needs and were reflected in School Improvement/Development Planning (SIP). Related, targeted Interventions were trialed over the two-year project, evidencing improvements.

### All agreed to:

- Assign member of SLT and Lead Teacher.
- Take part in Mental Health First Aid (Youth) training
- Identify school Best Hoped For Outcomes (BHFO) & school level measures to monitor, evaluate & report across school & project group
- Disseminate value driven SMILE training across either whole school/focus phase
- Consider a range of interventions to support pupils' and staff EHWB, piloting the most relevant in two classes (Year 1) and within their school (Year 2).

Schools strategically select approaches including MHFA to add to what they're already doing...



### Monitoring outcomes

- Initial audits
- Staff and pupil personal EHWB surveys, including Warwick Medical School's (2019) 'Warwick and Edinburgh Mental Well-Being Scale' (WEMWBS)

for staff and SMILE-adapted WEMWBs for pupils.

- School BHFO identified data
- Exit interviews

In original research (Chamberlain, 2017; Jerrard, 2016), a wide range of evidence was rigorously collected. Due to profession-wide concerns around teacher workload and an emphasis on both pupil and staff EHWB, the Research Team only asked schools to share anonymised evidence normally collected for pupil/staff EHWB monitoring, recording and reporting.

### Roll-Out Phase 1 (January – July 2019):

The SMILE Research Team and roll-out schools shared interventions successful in their schools.

BHFOS were selected by teachers (in discussion with SLT according to EHWB needs. Schools were asked to use the Assess-Plan-Do-Review approach within two or more classes to trial and adapt focused interventions.

### Phase 2: Across-School Roll-Out of EHWB Interventions (September 2019 – March 2020)

Schools identified at least two EHWB interventions to implement more widely and monitored outcomes. The research team suggested schools collect effectiveness evidence from two sources for each intervention – one qualitative/perceptual and one quantitative.

**Pupils:** schools implemented SMILE for pupils in a combination of three main ways – daily and/or weekly timetabled or cross-curricular SMILE activities; regular events and intermittent focus days or weeks.

#### Interventions by multiple schools:

**-Using SMILE language and ethos through resources and strategies** (e.g SMILE emotions, posters / cards/ fans/ wheels/key rings, SMILE 'stations', choice boards or toolboxes)

**-'Emotion check-in'** including 'Zones of Regulation' or feelings boards, fans, wheels, charts or scales; one used periodic staff assessment of pupil mood for pupils with PMLD

**-Regular 'SMILE time'** (e.g. a 'daily mile', before-/after-school clubs, staff-pupil meet-and-greet, playtime or after-lunch activities such as mindfulness, forest or farm schools sessions

**-Personalised interventions** (e.g. peer support, 'emotion coaching', therapies, counselling, educational psychology support) to individual students

**Staff:** All schools had BHFOs linked to both staff EHWB or increasing staff knowledge, understanding, skills and confidence to support pupils' EHWB. Five schools had specific forums which fed staff opinion into SLT discussions. Three other schools introduced a wellbeing aspect into their supervision and/or appraisal structures.

#### Reported outcomes from schools:

##### 1. Evidence of increased learning

**resilience:** pupils' growing ability to use strategies to manage EHWB issues & emotions, key was impact of emotion check-ins: a foundational strategy for all but one school, adapted to suit needs and emotional developmental level of pupils *'touch base with children who had checked in positively or negatively'*; other pupils could *'let...support staff know if they felt the need to share'*. A pupil talks about his increased resilience, *'helped me stay in my lessons when before I would have had to leave. I can show the teacher how I'm feeling without having to say anything to her which is much better for me. I have got on better with my friends because I don't feel so frustrated any more.'*

##### 2. Increasing staff knowledge of the importance of their own EHWB and how to support it:

Schools reported enthusiasm and increased interest in EHWB; some less stigma, increased openness and peer support among staff team. *'a way [for staff, children and parents] to have ownership of their own wellbeing'*. In some cases, staff had become more aware of their own need for EHWB strategies and morale had increased.

**3. Increased staff understanding and confidence in supporting pupil EHWB:** *'The common language that SMILE provided us with was something that supported everyone's practice.... The simplicity enabled us to reflect on practice and language to support pupils across-team.'*

**4. Staff taking more responsibility/interest in pupil EHWB**  
Eight schools reported more positive

staff attitudes to supporting both staff and pupils' EHWB, recognition that EHWB is everybody's responsibility *'A significant shift in the language used around school – in particular around encouraging staff and children to identify and label their emotions and feelings and to explore different ways to reflect and regulate in order to manage their wellbeing.'*

**5. Increased targeted support of individual pupils:** Schools were able to utilise staff and adapt support over the project: *'Personalised strategies for individual children [have] been especially good for anxious children, but also for all children. "*

##### 6.Home-school relationships:

Schools reported impact of their 'SMILE day' events: *'A united and happy community, having fun together has absolutely been a highlight where school and families came together on SMILE days..... Families have truly valued how wellbeing has been put as a priority and the approach taken.'*

**7.Scaffolding response to Covid:** All schools reported SMILE helped design pastoral & curriculum provision & Recovery Curriculum (Carpenter & Carpenter, 2019 )during lockdowns or on school return. *'This project has really helped the SLT manage the lockdown and understand that everyone has had a different Covid Journey.'* (School 6)

#### Approach strengths reported by schools

**Evidence-based** Aligned with NHS 'Five ways to wellbeing', offered a comprehensive, evidence-based scope that reassured schools.

**Structured foundation** for organising responses to pupil and staff EHWB; reassurance in defining and understanding the scope of EHWB remit. **Collaboration** training and conferences enabled schools to exchange ideas, gain inspiration, confidence and modify approaches in response.

**Targeted CPD** such as MHFA-Y & Restorative Justice. School training tied into SMILE practical strategies of check ins and coping scales.

**Staff wellbeing focus** provided encouragement and justification for supporting staff EHWB which benefited by enabling staff to support pupils and

colleagues leading to greater acceptance, tolerance and openness.

**Flexible & built on strengths** the framework embraces a range of approaches from therapy through learning to fun, enabling schools to support EHWP for pupils, staff and/or parents; all are interlinked.

**Simplicity** was valued, the memorability of 'Give me 5 to make me SMILE', SMILE language across schools facilitated shared understanding and conversations

**Parents/carers/families support**, SMILE provided an umbrella rationale for initiatives from supporting families and providing forums for family peer support /socialising to parent working groups and training.

**Leadership** A key factor in the success was the consistent involvement and interest of School Leadership Teams. For example, *'To be most effective it [SMILE] needs leading from the top! This enables the language of SMILE to be embedded in all aspects of school life.'*

#### Project group conclusions:

The positive responses of participating schools suggest other schools may consider using the SMILE Framework as a tool to rationalise, systematise and shape EHWP initiatives within their own community. Nine of ten Schools completed the project and stated intentions to continue SMILE in some way. School 11, although implementing SMILE outside the Project, will also continue. This change is underpinned by structural changes in all 10; planning (6 schools), policies (5 schools) and curricula (all 10 schools.)

*"Many projects the school does will just disappear over time, but SMILE won't. It will definitely, definitely carry on after the end of the project... we have taken the principles of SMILE and applied them to the whole school... I was very definite that I didn't want SMILE to be stand-alone but to develop alongside the curriculum, and to be integrated with EWMH interventions we'd already got, and built up... It started off as a trial with two classes, but it then rolled out across the whole school... We've used SMILE to 'brand' everything we're doing around emotional wellbeing and mental health."*  
(School 4)

SMILE looked different in

each partner school but commitment from leadership & collaboration in staff teams to develop wellbeing have impacted all. SMILE enabled a 'Ripple effect' in wellbeing and behaviours across Forest Oak, sharing transcended this into other school communities and in turn Forest Oak has learnt, enriching our SMILE. We continue to nurture & grow community wellbeing through changing times; pupils, staff, parents & governors.

Issy Jerrard, March 2022

#### Acknowledgements:

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#### More information:

Podcast by Amanda Mordey, Principal, Forest Oak & Merstone Schools:

<https://www.forest-oak.solihull.sch.uk/smile/>

For a detailed summary and full research report or to express interest in using SMILE approach and resources contact Issy Jerrard, Forest Oak.

<https://www.forest-oak.solihull.sch.uk/01217170088>

Recovery Curriculum:

<https://www.evidenceforlearning.net/recoverycurriculum/>

Solihull Emotional Health and Wellbeing in Schools Project 2014-2016, Natasha Chamberlain

<https://sheu.org.uk/sheux/EH/eh351nc.pdf>