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## **Project HE:RO: Evaluation of a 1-Year Pilot Study - Lessons Learnt**

**Report prepared by Jade L Morris, Dr Victoria Archbold,  
and Dr Duncan Radley**

**Leeds Beckett University**

**September 2020**



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## **Corresponding contact**

Please contact Jade Lynne Morris for any correspondence regarding this report.

**Email:** Jade.Morris@leedsbeckett.ac.uk

**Address:** 107 Churchwood Hall, Leeds Beckett University, Headingley Campus, Leeds LS6 3QJ

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## 1 | Executive summary

**Purpose:** This report provides the final phase of feedback, capturing insights into the implementation of Project HE:RO across the four intervention schools. These insights can be used to increase the programme effectiveness for year two.

**Method:** Interviews were conducted with Evolve health mentors ( $n=4$ ), teachers ( $n=12$ ) and senior leaders ( $n=5$ ). Focus groups and interviews were transcribed and analysed thematically to highlight critical areas of the intervention, considering what is working well and what are the current challenges.

**Results:** During the analysis, seven overarching themes were identified with 26 sub-themes. The overarching themes were: (i) teachers beliefs about Project HE:RO, (ii) relationships between health mentors and school staff, (iii) implementing project HE:RO, (iv) implementing the mentoring sessions (v) perceived pupil engagement and relationship with health mentors (vi) behavioural management and (vii) health mentors competencies and future personal development.

**Conclusion:** Overall the evaluation on Project HE: RO's pilot study has identified a myriad of benefits. All schools reported improved trust for teachers in the relevance of the programme for their children's health. Senior leaders, teachers and health mentors all expressed perceived engagement levels from the children; often describing the children as happy and healthy pupils enjoying the programme. Throughout the year, health mentors have demonstrated improved competence and confidence levels.

Drawn from the themes, three considerations for future investment were discussed to improve the provision and implementation of Project HE:RO: (i) tackling school staff's lack of ownership, (ii) project personalisation to increase the alignment to the school's ethos and existing provision and (iii) health mentor's personal development. Our recommendation for Evolve would be to continue actioning the best practices of the project in combination with a discussion around the action points and considerations to improve the success of project HE:RO for the second year the implementation.

## **2 | Introduction**

Project HE:RO aims to improve a range of outcomes for children, including physical activity and obesity through the delivery of multiple intervention components. In Term 1, delivery components included (i) Wake and Shake, (ii) Classroom Coaching, (iii) Mentoring, (iv) Lunchtime Playground Mentoring and (v) After School Clubs. In Term 2, new delivery components included: (i) Classroom Movers, (ii) School Assemblies, (iii) Physical Activity Homework, (iv) Self-Monitoring and (v) Health Points. Some components of the intervention are universal, and all pupils are invited to take part. However, classroom coaching and mentoring sessions are specifically for targeted children. Project HE:RO is a behaviour change programme that helps a child's self-regulation by focussing on their physical, emotional and cognitive health within the school setting. This report will cover key stakeholder insights into the programme implementation via health mentor interviews and teacher, headteacher and deputy headteacher interviews or focus groups.

## **3 | Methods**

Four intervention schools took part in Project HE:RO. The programme officially started after baseline data (height, weight, physical activity levels, wellbeing compass) was collected – during September and October 2019. After baseline, health mentors began to implement the Term 1 intervention elements. Leeds Beckett University Ethics Committee approved ethics before the study started (Reference: 62015).

### **3.1 | Health mentors**

In September 2019 health mentors were integrated into the school environment to build rapport with staff and children. Health mentors worked with teachers and senior management to identify children who would be targeted. Targeted children were defined slightly differently in each school but commonly focused on children- struggling with weight, behavioural issues, low self-esteem and low confidence. Health mentors started implementing the project once all the baseline data had been collected. In two schools, new health mentors were introduced in Term 2.

### **3.3 | Interviews and focus groups**

Interviews and focus groups were conducted at two time-points. At least six weeks after the project had been implemented, the first round of interviews and focus groups were completed. This data was reported in the interim Phase 1 report and is not repeated in this report, but at times reflected on, to offer any direction of change.

The second phase of data collection with health mentors started in March 2020 and concluded in July 2020 (due to the COVID-19 pandemic). There were four interviews with Evolve staff (four health

mentors, one female, three males, mean duration = 55.0 minutes). There were three focus groups and four interviews with a mix of teachers and senior leaders ( $n=17$ , two headteachers, three deputy headteachers and twelve teachers, 11 females and 6 males, mean duration = 36.2 minutes).

Focus groups and interviews were audio-recorded and transcribed verbatim. Braun and Clarke (2006) six phases of thematic synthesis was used to manage and interpret the data. This included: (1) immersion; (2) generating initial codes; (3) searching for and identifying themes; (4) reviewing themes; (5) defining and naming themes; (6) writing the report. An inductive-deductive approach was used. Inductively coding and searching for themes that emerged from the responses of the health mentors and teachers. Thematic analysis for the final phase of data collection was done independently of the term 1 themes to ensure the analysis was done inductively. Once themes and sub-themes were established, term 1 themes were pooled to identify similarities, differences and connections that may demonstrate a story for the changes across the academic year. All members of Evolve staff and key stakeholders from schools were given gender-neutral pseudonyms.



## 4 | Results and discussion

### 4.1 | Overview

Seven overarching themes were identified with 26 sub-themes. Within each over-arching theme, a pen profile is provided with the key quotes from each subtheme. These offer a digestible visual for each theme. All themes offer combined insights into the perspectives of the health mentors, teachers, headteachers and deputy headteacher's about Project HE:RO.

### 4.2 | Teachers beliefs about Project HE:RO

Within the first theme on teachers' beliefs about the project, there are four sub-themes (figure 1). These are (i) teachers recognising improvements in the children's well-being and activity levels, (ii) teachers' beliefs about Wake and Shake, (ii) teachers' beliefs about Mentoring sessions and (iii) challenges to motivate teachers to invest in Classroom Movers (independently).

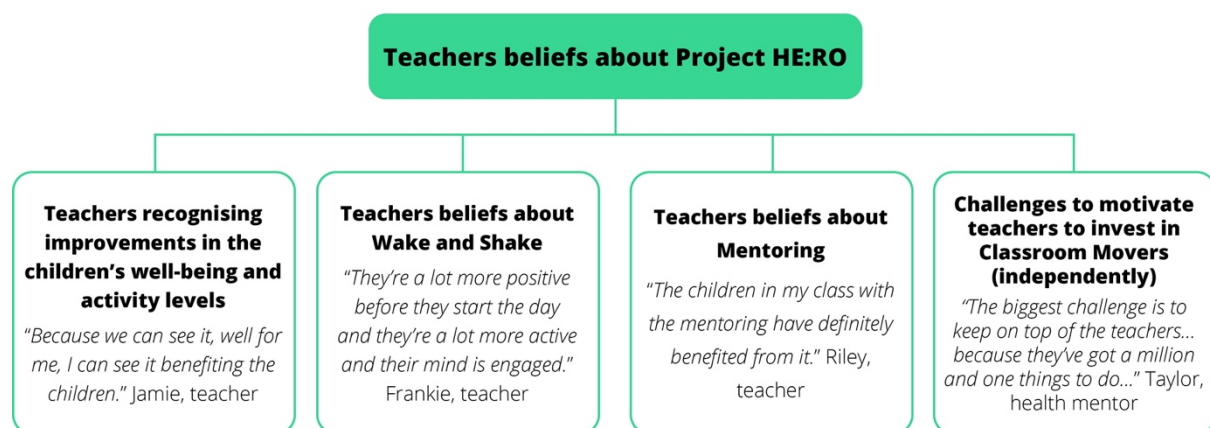


Figure 1: Pen profile of subthemes in theme one.

#### 4.2.1 | Teachers recognising improvements in the children's well-being and activity levels

Teachers and senior leaders highlighted the positive effect they have observed on children from having the health mentor in school. These comments highlighted awareness of the project's aims and a belief in the expected outcomes and purpose of the project.

*"Some children can't live without [the health mentor], so they are, yeah there are some children that have really benefited, there's not a child that hasn't really benefited from [them], including our targeted children."* Charlie, headteacher

*"Because we can see it, well for me, I can see it benefiting the children."* Jamie, teacher

Some of the teachers felt the physical activity side was extremely important given the children's lifestyle at home may be limiting their opportunities to engage in physical activity.

*"I think so yes, I feel like the children most of them live in flats and they don't have the opportunity to explore different types of activities and also as well they only have PE once or twice a week. But*

*all the other extra activities they've been doing in the morning, afternoon, during the day. It's really got them moving a bit more and also I feel like some children at [our school], they're very reluctant to do PE, some children just don't want to move, but then being introduced different types of you know activities and games it's really got them moving in a different, so that's a positive for me."*  
Drew, teacher

**ACTION POINT**– Continue to raise the profile of Project HE:RO aims and ensure teachers are aware of the project and its aim.

#### 4.2.2 | Teachers beliefs about Wake and Shake

Teachers from all of the schools identified the Wake and Shake sessions as being engaging for pupils and a positive start to the school day for them. For example, Dylan felt the Wake and Shake was a great way to burn some energy at the beginning of the day.

*"I think probably the ones which seemed to work well were best were maybe the before school ones because it gave them that chance to use their energy be in school before everyone else and then just use the opportunity to settle."* Dylan, teacher

Another teacher felt the sessions were a really positive way to start the day for the children, suggesting the teachers valued the importance of these sessions for their children.

*"Every morning when I'm coming to school, I would see [the health mentor] setting up, the children were really engaged, so that was like a real positive erm impact on the kids and worked really, really well."* Drew, teacher

Some of the teachers felt the morning physical activity for the children made a huge difference in the first lesson because they were mentally prepared and engaged to start the school day.

*"Also, the morning clubs, morning exercises, it has been bringing in my usual late comers a lot earlier and they're a lot more positive before they start the day and a lot more active and their mind is engaged. I've noticed a huge difference [from the] exercise in the morning."* Frankie, teacher

*"Yeah and it's a nice sort of constructive start to the day, and often they might come in maybe not in the best state, and they do that for five minutes and they come out really well. I've certainly seen that on a couple of my kids that go in there."* Jamie, teacher

Teachers highlighted that sometimes children do not always come into school in the best state and may not always be in a good place for the first lesson of the day. The Wake and Shake gave them sometimes just five minutes to let go, be active and then come into class in a much better attitude.

**ACTION POINT**– Continue to implement the Wake and Shake sessions as they are working really well for children and well accepted by teachers and senior leaders.

### 4.2.3 | Teachers beliefs about Mentoring

Teachers discussed the positive effects the mentoring sessions have had on the children.

*"The children in my class with the mentoring have definitely benefited from it."* Riley, teacher

One teacher felt that the decision they made to choose certain children for the mentoring had an exceptional benefit. Ali chose these children not because of behavioural issues as in fact they were seen as role models and were taken out with some other children with behaviour issues. It was the boys seen as role models that Ali saw the greatest benefit.

*"One thing which is not me being anti-Evolve or anything, but I found because the children that were targeted were behaviour children, there was a group [the health mentor] used to take out from my class and there were two role models who are very well behaved boys that joined a group of two boys that weren't necessarily well behaved at the time. The two boys that are the role models really benefited from it, I think it was getting that individual attention, having an opportunity that they were... it's always the naughty children that are called out to get these extra sessions.... But I would definitely say the two role model children that I put in there, I could talk to them in the afternoon and they would be very positive about it, you could get a good conversation from them. They really enjoyed it and they looked forward to it every week and it was just a bit of extra attention, so in that, that's something that's really stuck out for me."* Ali, teacher

A similar theme was discussed in the first round of feedback from the teachers that's felt it was always the poorly behaved children that got extra activities and instead sometimes the shyer children that do behave but may need additional support.

**ACTION POINT-** Consider which children are being pulled for the mentoring sessions to ensure a balance of children are chosen, not just poorly behaved children. Ensure the teachers are part of the discussion and are able to influence which children are targeted. The teachers are likely to identify different children that may also benefit from the sessions.

### 4.2.4 | Challenges to motivate teachers to invest in Classroom Movers (independently)

The last sub-theme related to the teacher's motivation levels to support the Classroom Movers sessions, which may be underpinned by a lack of belief or knowledge in the benefits of these sessions. One of the health mentors expressed the challenges in trying to keep teachers on top of the Classroom Movers sessions, constantly having to remind them, but aware they have many other things to do:

*"The only challenge with it has been obviously with my job there's a load of other things for me to do, so the biggest challenge I've found is to keep on top of the Teachers and asking 'Have you done it today? Have you done it today?'. And they probably haven't. It's not because they don't want to,*

*it's probably because they've got a million and one things to do, or they just simply forget about it. I'd say that's the biggest challenge."* Taylor, health mentor

Another health mentor discussed the challenges of getting the teachers to use the videos. Finding the videos were only being used during wet play:

*"Three minutes is actually a long time for them, but what I at least try and do is enforce it like when you're changing into a different subject... But some of the teachers don't like new changes sort of thing."* Leighton, health mentor

In addition, Leighton observed when the Classroom Movers did take place, and the teacher joined in this increased pupil's motivation:

*"When a teacher actually joins in it's like 'ok that's good', you can see the children are enjoying it, they are focused, they are concentrating, if you do it as well they're like 'ok my Teacher's doing it as well so I will do it as well.' So, I feel like they might not have the motivation and understanding of it."* Leighton, health mentor

Some of the teachers and senior management identified problems with implementing the Classroom Movers regularly. They said if it was better scheduled in that would help, or if the health mentor could run the session to help increase the success of the activity taking place:

*"I think if we had, if we could schedule it in, then that's not a problem, it's just I think just making sure it's on the schedule with the timings. I don't think any Teacher would mind [the health mentor] coming and doing that at all."* Charlie, headteacher

The teachers felt often the Classroom Movers was additional stress to worry about and therefore having a health mentor routinely come in and run the activity might be more feasible.

*"I think if someone if you knew someone was coming in to do it, I think that would maybe be better, because otherwise you feel like, or I certainly would feel like under more pressure to just get other stuff done. And that would be kind of at the bottom of the list, just saying we've run over from something before and then you know you think you've also got to squeeze that in. So, I think if you knew someone was coming in to do it then, you'd be like yeah I think that would work."* Riley, teacher

These comments from teachers highlight the lack of belief and value in the session to prioritise the session over competing demands. This may stem from a lack of knowledge and understanding of what the benefits are from engaging their children in a Classroom Movers session regularly.

**ACTION POINT**– Evolve may want to consider new ways to motivate teachers to use this intervention sessions. Perhaps increasing the teacher's knowledge and benefits of the session which may help motivate them into using the session if they believe in the benefits.

### 4.3 | Relationship between health mentors and school staff

Within this theme, there are three subthemes (figure 2): (i) flexible working relationships and positive responses from teachers (ii) communication between health mentor, senior leaders and teachers for target children and (iii) the importance of communication and feedback on mentoring sessions.

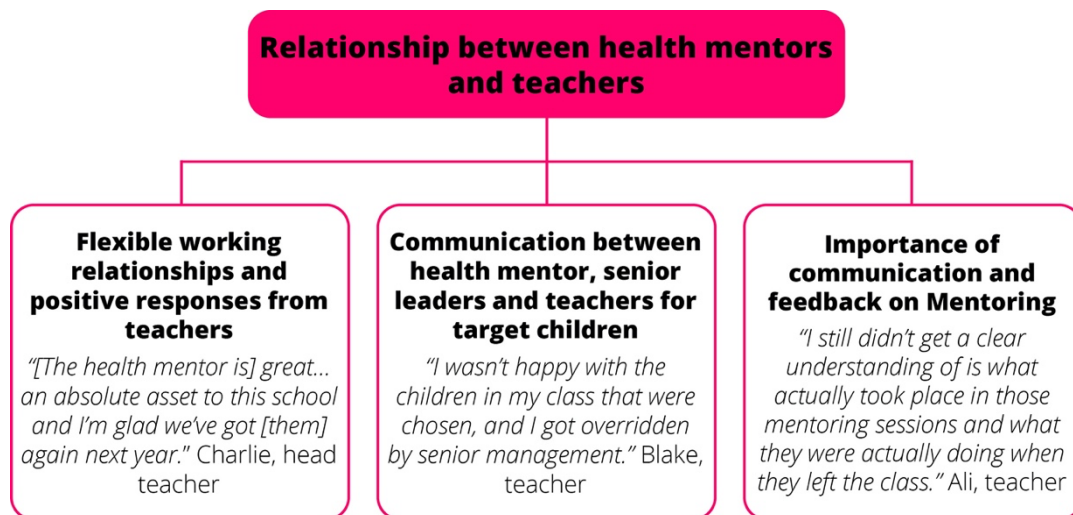


Figure 2: Pen profile of subthemes in theme two.

#### 4.3.1 | Flexible working relationships and positive responses from teachers

A flexible and adaptable relationship has been established over the year between health mentors and the staff they work closely with:

*"The [teachers] understand that I am there always trying to help. I always try not to be intrusive and they understand that. I always respect that. I was always trying to be flexible with everything I was doing. I am more than happy to help. I've been helping a lot with translation for Spanish speaking. I believe they are grateful for that; you know in the atmosphere everything is good."* Bailey, health mentor

There was a clear sense that health mentors felt now they had been in the school for over two terms the working relationship with teachers had improved and good systems were put in place. This was clear in consideration of the comments from health mentors and teachers in the first phase of feedback. At time health mentors felt the teachers did not have the time for them, however, this seems to have improved vastly during the two terms. Taylor expressed this below, talking about the improvements in the relationship they have with one of the teachers and their approach to behaviour management:

*"But the ones that I work with, so the pupils in year five, me and [the teachers] now have a really good system ..."* Taylor, health mentor

Many of the senior leaders and teachers also offered praise of the competence of the health mentors.

*"[The health mentor is] great, I mean [they are] an absolute asset to this school and I'm glad we've got [them] again next year."* Charlie, headteacher

*"Oh, it's been great having [the health mentor] you know working with us and with the children. [They are] just an amazing character and amazing person... [they have been] very reliable, always on time, the games with the children have been really effective. You know they really enjoy it."* Jules, teacher

**ACTION POINT**– Allow time for positive relationships to be built between the health mentors and the teachers. By ensuring the health mentor is excellent at communicating and involving the teachers will support these relationships.

#### 4.3.2 | Communication between health mentor, senior leaders and teachers for target children

There was a clear sense that when teachers were part of the decision on whom should be classified as a target child there was a greater sense of empowerment for the teachers and therefore acceptability. In some instances where this did not happen straight off, teachers were feeling unsure about the project premise and what the role of the health mentor was.

*"It was very much coming from management; I actually queried my children. I wasn't happy with the children in my class that were chosen, and I got overridden by senior management. I wasn't very happy about that. I think that class teachers being involved more in who was having that time, I know one person in my class who was on the list and he already had a one to one and he already had a lot of issues."* Blake, teacher

When the teachers were asked the response was much better:

*"I think [the health mentor] actually came during our PPA session and spoke to us about, that actually we gave [them] the names... So, I picked children that not only had behaviour problems but children that are very quiet. So, I had a bit of a mixture, just to kind of give them a little bit of space."* Quinn, teacher

This reinforced the importance of the teachers being a critical part in deciding which children may benefit from the mentoring sessions. These concerns were echoed in the first phase of feedback stressing the importance for teachers to feel empowered and part of the project.

**ACTION POINT**– As discussed in the first round of feedback, it is important that senior leaders act as persuaders and not intruders on the health mentors and teachers. For classes heavily involved in the project, it is imperative that the class teachers are involved from the beginning with the key decisions such as choosing which children to target for the mentoring sessions. For teachers to feel empowered they need to be given a voice in making these decisions given they spend the most time with these children and may offer valuable insights not found by the health mentor, the Wellbeing Compass or the senior leaders.

### 4.3.3 | Importance of communication and feedback on Mentoring

Many of the teachers felt they were not being briefed on the mentoring sessions enough to understand what the health mentor was covering in the sessions.

*"I suppose the only thing I think for me that I still didn't get a clear understanding of is what actually took place in those mentoring sessions and what they were actually doing when they left the class in the afternoons."* Ali, teacher

*"I think for me, the issues that I have was the mentoring because there's only a select few places for kids and I feel like there were more kids that could have benefited from it, so not too sure how good that was and also for me personally as a teacher, I would have liked to see more of a record, to see where it was going, so you know how the kids were progressing with going out with [the health mentor] every week because sometimes I felt like it was a bit sporadic and I couldn't see where it was going. So just more structure with that."* Drew, teacher

One suggestion was to have a folder capturing all the mentoring session for teachers to review:

*"It would be good if we could, you know, pick up a file, look at a document, and just know what's going on I think that would be really useful for us."* Sophia, teacher

Alternatively, the teachers suggested dropping into a session if that didn't breach confidentiality, or at least being debriefed after the mentoring sessions so they know what has gone on and can even reinforce some of the messages.

*"Maybe us having some sort of like an opportunity to visit one of the sessions so we can observe and see how the children... I know some of them could have been, may have been confidential, or might have been a personal space for the children. But maybe a debrief at the end of the session saying we did this; this is what we carried out.... So that we can follow it up in class and make that link between that, we're all kind of working together than rather than it be right this is separate time with [the health mentor], whatever goes on here is behind closed doors."* Ali, teacher

**ACTION POINT**– Ensure health mentors come up with a system for communicating with teachers about the project. It is important the teachers feel involved in all elements of the project. In particular with the mentoring sessions, health mentors may want to find a system for feeding back to teachers on the sessions. Teachers can then reinforce the key messages from the sessions which might increase the success of the mentoring sessions.



## 4.4 | Implementing Project HE:RO

Within this theme, there are six subthemes (figure 3). These are: (i) best practices to embed the project, (ii) aligning the project to the school's ethos, (iii) whole-school focus not just target children, (iv) project element inter-connectivity and (v) competing resources in place of Classroom Movers and (vi) values of After-School Clubs.

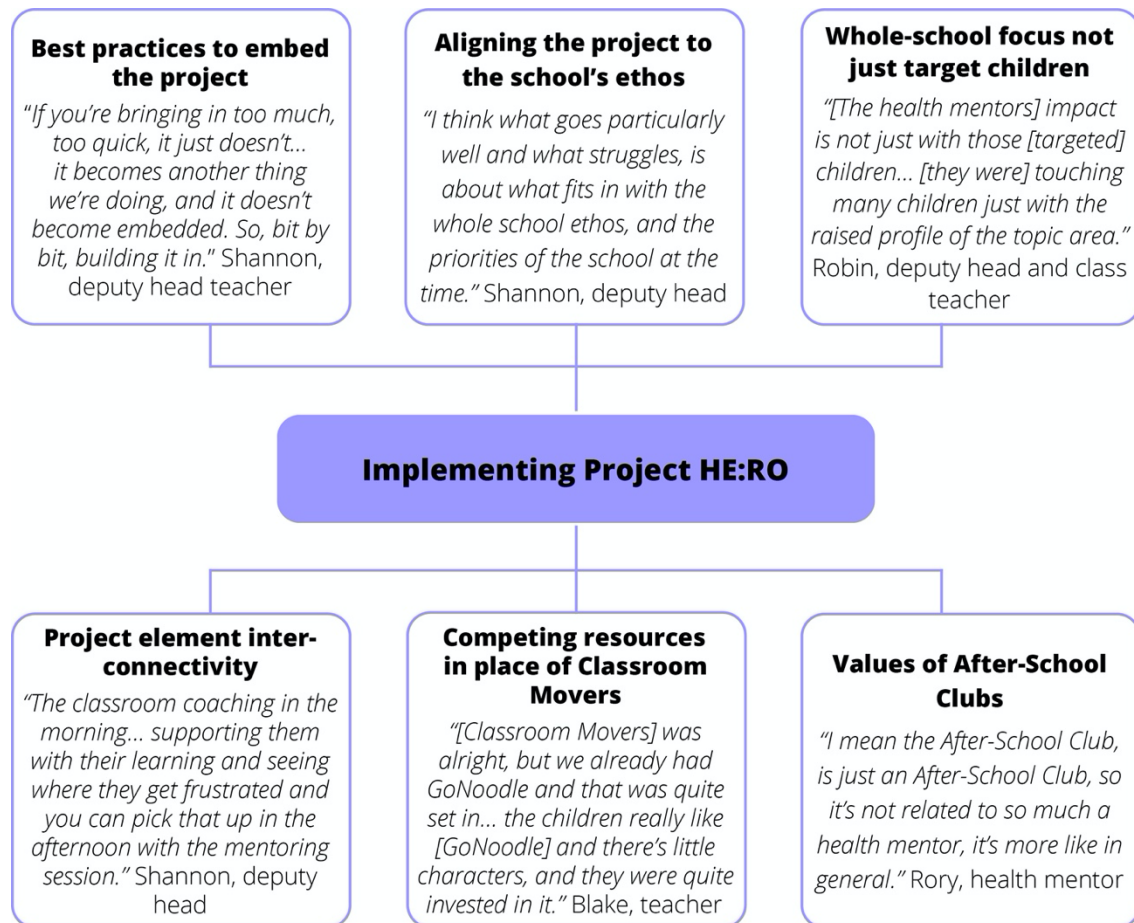


Figure 3: Pen profile of subthemes in theme three.

### 4.4.1 | Best practices to embed the project

Some of the senior leaders and teacher discussed the importance of embedding the project slowly over time:

*"Then, that means it becomes embedded. If you're bringing in too much, too quick, it just doesn't...it becomes another thing we're doing, and it doesn't become embedded. So, bit by bit, building it in."*  
 Shannon, deputy headteacher

One of the teachers talked about the time it takes for the health mentor to develop a relationship with children, which is an important part of the project. This teacher later discussed how over time the project can get bigger, but it was important to start the project with a smaller group of children:



*"Definitely yeah because [the health mentor] needs to build up relationships with the children. Okay with the year group that [they were] in, but also other children have got to know in some the other from playtimes and you know from the after school clubs and lunchtime clubs, morning clubs so you know they've gotten to know [them] from there. So, they are aware of [the health mentor] and so I don't think you could have done it. I think how we did it was the best way slowly small and then next year hopefully he can go a bit bigger yeah."* Jules, teacher

These comments echoed the deputy head's comments about the importance of not bringing in too much too quickly to help increase the sustainability of the project.

One of the deputy headteachers also highlighted the importance of not overwhelming the teachers with the project. Suggesting, that Project HE:RO worked well for the health mentor to focus on physical activity and well-being, but for their teachers, they had other whole-school targets to work towards. The headteacher felt giving too many things for teachers to try and focus on through behaviour modification was unfair and likely to be unsuccessful.

*"I suppose what I'm saying is the stuff that could have an impact with [the health mentor] leading it, or myself is getting stuff going and getting some staff on board, that works well. But, when you need all staff involved to have the impact, then it is not going to work so well because if I want whole staff buy-in, I want them to be doing...I don't know...the literacy planning. You know like if you're going to get the teachers to always focus on...so that's where I think the difference is. And, moving forwards...I think there is a limit to how much whole-school change and buy-in you can ask from a school in a year. So, led by the mentors and modelled, and spread out, that's the best model."* Shannon, deputy head

Shannon went on to discuss the importance of a school's culture, highlighting it takes time with competing demands teachers and senior leaders have to deal with from Ofsted.

*"Change is important, but you need to the change the culture of your school to have improvements for the children and that's what drew me to this school and, I do think as a project you have to be very mindful of the stresses that teachers and senior leaders have got for the whole school change. Because, they might not really capacity to develop whole school change into this project because though it's or similar things it looks nice... but you'll have...it is not Ofsted judgement linked to it, it's not got your SATS results...we're all judged on SATS results. Until that culture changes, whole-school change is not going to be driven by these factors. It can be set alongside but it's never going to take the priority because of it. Well, because we'd lose our jobs if we didn't get the SATS results and for the children and their outcome in their future."* Shannon, deputy head

**ACTION POINT**– Continue to allow the health mentor time to fit into the school and gradually have more of an impact as time goes on. This is already taking place given the ramp up of activities increasing at each new term.

Evolve may also want to consider if the project could align and provide key outcomes for Ofsted. Thus, helping and supporting schools with certain well-being marker outcomes.

#### 4.4.2 | Aligning the project to the school's ethos

Senior leaders also discussed project elements that do and do not, fit in with the individual schools. The leader from the school that used GoNoodle (as an existing practice) over Classroom Movers expressed the importance of understanding what is already taking place within the school environment and blending pre-existing fit for purpose resources alongside additional Project elements to support the teachers and schools in their practical delivery.

*"We understand that the project needs to implement all these various aspects of the work in order to be able to draw some conclusions... if the school has existing practices and they're working really well, then let's just sit and talk about it and see what's the best way forward."* Robin, headteacher

Concerns over elements of the project that do not fit within the school were echoed by another senior leader, who felt it was important to implement parts of Project HE:RO that aligned to their school ethos, to ensure the project was streamlined and had a greater success rate.

*"I think what goes particularly well and what struggles, is about what fits in with the whole school ethos, and the priorities of the school at the time.... So, some of the things fitted in beautifully with what we were doing but other...if it didn't... I wouldn't give the staff meeting time or the added stress if it doesn't fit with our whole school agenda. And, I think that is one thing to bear in mind with Evolve moving forwards."* Shannon, deputy head

**ACTION POINT**– Evolve may want to consider looking at how they can create a more flexible model that can be tailored to fit better with the different schools.

#### 4.4.3 | Whole-school focus not just target children

One of the health mentors was pulled to work with Key Stage One as well but was happy to do so, as one of their targets was to work with the whole school, not just target children:

*"One of my targets was not to only work with targeted children, it was to have an effect on the whole school. So one of the, I wouldn't say [they] complained but [they were] like 'Oh that's not fair that all these children are learning these activities and then key stage two they have no one to help them with.', so even this week they wanted me to be with the key stage one so they can learn like a few things to help them keep active.." Leighton, health mentor*

Some teachers highlighted the health mentor's impact extends beyond targeted children and that the topics discussed in the mentoring and coaching are permeating all the children in different situations:

*"[The health mentors] impact is not just with those [targeted] children, in my classroom the fact that we're openly talking about you know emotions and how to deal with them when [they] came in as just classroom support.... So, it's encouraging good habits and looking at kind of the way that you learn..." Robin, deputy head and class teacher*

**ACTION POINT**– While the health mentors are there to focus on children that have been targeted for additional support, they should continue to ensure the project is not exclusive to those children and offers benefits for all children – as fed back across both phases of data collection. Resultantly, Evolve may also want to consider expanding their offer, so it includes more activities and/or support for non-targeted children.

#### 4.4.4 | Project element inter-connectivity

Most of the health mentors identified the importance of the sessions complementing each other and how they work synonymously together to focus on the project's key outcomes:

*“The Wake and Shake and definitely the Mentoring [sessions] are important. I think they go hand in hand to be honest.”* Rory, health mentor

Another health mentor mentioned how the topics discussed in the mentoring session were really useful to bring up during other sessions such as the After-School Clubs to help the children stay in check with their emotions and trying to self-regulate their behaviour better:

*“Or like let's say when you do after school club that gives you a lot of things to work on mentoring because they need to be able to work on their emotions, they need to learn because you know I always try do a lot of competition and they are very competitive. Most the time they struggle with managing their erm emotions and then when I am doing mentoring, I can always refer to what happened at the after school or wake and shake club or their lunchtime animation.”* Bailey, health mentor

Similarly, senior leaders discussed the interconnectivity of some of the elements, benefiting the children:

*“The classroom coaching in the morning...it's about supporting them with their learning and seeing where they get frustrated and you can pick that up with them later, in the afternoon with the mentoring session.”* Shannon, deputy head

**ACTION POINT**– Health mentors to continue to draw links between the intervention elements. Where health mentors may be struggling to see the links between sessions, ensure they are given support in knowing how best to draw links and offer more holistic support for the children.

#### 4.4.5 | Competing resources in place of Classroom Movers

Several of the health mentors mentioned teachers were using other in-class resources. Bailey said while some of the teachers engage in Classroom Movers, others already use Super Movers:

*“Two of the four teachers have been doing it so. But another thing is that they were mainly other resources like other things but not classroom movers [Super Movers]”.* Bailey, health mentor

Another health mentor mentioned all teachers in the school were using GoNoodle instead, as a platform that offered physical activity videos as well as calming sessions:

*"The teacher used to do 'Go Noodle' so with classroom mover the classroom doesn't obviously give them the environment to give choices, you know. Say if...you want to calm children down. 'Go Noodle' provides lots of different breathing exercises and where children can do exercise they can do, stuff like that. You know, relaxing, calming music. Whereas classroom movers just give you more physical activity but...obviously that's why they call it classroom movers because you are trying to move as much as you can. And, with the classroom the limited spaces and what's going on now with Coronavirus, yeah it doesn't really help. I'm obviously, that's one thing I definitely dislike – classroom movers. I forgot about that one."* Rory, health mentor

Rory went on to express the Classroom Movers were too simplistic in comparison to the engaging GoNoodle videos:

*"[With GoNoodle] they've got lots of colours and animations and stuff like that background, whereas classroom movers are quite simple colours in the background. It doesn't make it excited... it doesn't look as fun as GoNoodle."* Rory, health mentor

Teachers and headteachers also identified existing activities were being used in class time, which meant the Classroom Movers was not as popular.

*"So, for example, the Classroom Movers, so it's a nice idea but the school already had something in place and because they're animated etc., just makes sense."* Robin, head

This was echoed quite strongly in one of the schools amongst all the teachers:

*"I was one of the classes that trialled it and it was alright, but we already had GoNoodle and that was quite set in already, and the children really like [GoNoodle] and there's little characters, and they were quite invested in it. Then having them move to Classroom Movers just didn't really work out as well as I think it was hoped. But the concept is there, and I really like it, but we already had GoNoodle and it was just a little difficult."* Blake, teacher

The teachers described the GoNoodle in more depth to identify why that was working well in their school as opposed to swapping it with Classroom Movers:

*"[In GoNoodle] they have these characters and they just basically have to level the character up by doing certain... I think one of the things that a huge difference between GoNoodle and Classroom Movers, is that GoNoodle just the site and the look of it is much more child friendly."* Addison, teacher

*"And I think with GoNoodle, it's not just a physical activity, you've got all sorts of activities, you've got dance videos, all very child friendly... It's also the flexibility of you being able to see what mood your class is in if they need a calming down video you've got a calm down... If you need a right let's wake up, shake it up a bit, then you can put on an upbeat dance track and they can have a, like model a whole routine with a song that they know, and they can sing along to. So, I think for us it gives us a bit of control to see the mood of the class and how we can support them."* Blake, teacher

*"And with the whole school thing, they can compete with other classes." Addison, teacher*

*With the GoNoodle, because lots of them have been doing it since year one I think, especially my class, it's continued. So especially at the beginning of term, it was nice, you know when everything's different, and everything changes, to have one thing that they're like 'oh we used to do this', so it's nice for them. So if you did Classroom Movers, I think you'd have to start it with the early years and kind of keep it consistent because they like knowing certain moves and they like certain songs and even though they've done it a thousand times [laughs], they like it." Ali, teacher*

Near the end of the discussion, Ali added another reason the GoNoodle was successful in their school was the familiarity for the pupils, especially when they move into key stage 2. Ali's suggestion was for the Classroom Movers to be more successful it may need to be introduced much earlier on.

**ACTION POINT**– Schools already engaging in activities like Super Movers and GoNoodle may want to remain with an existing, successful activity. An alternative session could be considered as well. Through asset mapping, Evolve can ensure the schools current provision is taken into account when structuring the health mentors' timetable with the school. Ensure health mentors feel confident in feeding back to their managers if certain elements of the project are not working, and they want to offer alternatives that may be better received.

#### 4.4.6 | Values of After-School Clubs

Similar to the competing resources in the Classroom Movers, two schools raised issues with the After-School Clubs sessions. One of the health mentors felt the clubs did not add anything to the project in terms of the mentoring side and instead felt they were there to provide after school provision and it did not matter what the children were doing.

*"I mean the After-School Club, is just an After-School Club, so it's not related to so much a health mentor, it's more like in general." Rory, health mentor*

This uncertainty in the effectiveness and value of the After-School clubs was echoed by a deputy-head from another school who felt the After-School Clubs were not necessarily needed in their school as they already had multiple sports activities in place to offer to the pupils.

*"[The head is] quite into sport, got quite a lot...we do a lot. We do more than other schools anyway to do with sports. So, when [the Health Mentor] had declared [they] wanted to do clubs I thought 'well we've got loads of clubs every day after school, already. And they're free for our pupils'. So, maybe a different school that didn't have that would really need that. But maybe point is that we already had quite a lot of that." Shannon, deputy head*

**ACTION POINT**– Consider undertaking an asset mapping exercise on each new school's afterschool services (and the wider intervention sessions). This exercise may shed light on what activities may need alternating to enhance the programme in each school.

## 4.5 | Implementing the mentoring sessions

Within this overarching theme, there are three subthemes (figure 4): (i) one-to-one versus group mentoring sessions, (ii) personalising mentoring and (iii) frequency of sessions.

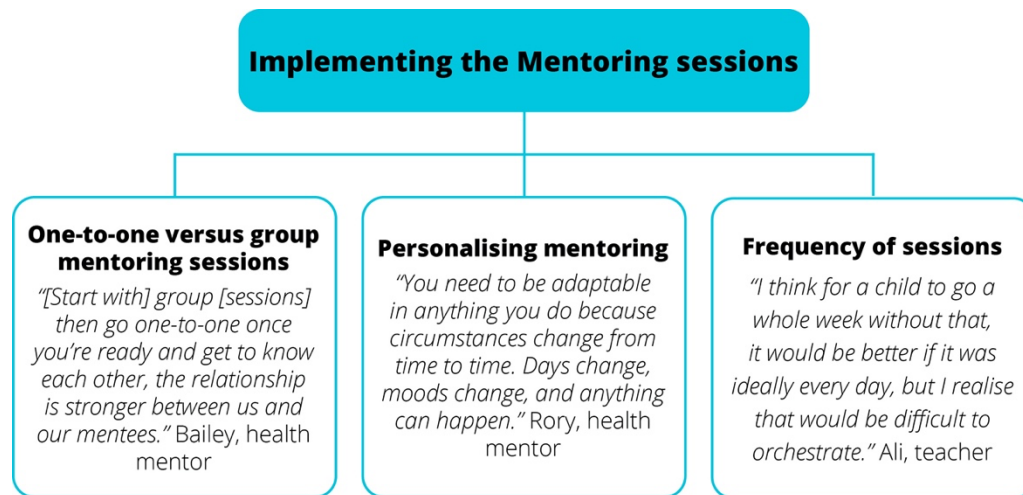


Figure 4: Pen profile of subthemes in theme four.

### 4.5.1 | One-to-one versus group mentoring sessions

Health mentors offered contrasting opinions on the mentoring sessions. In one school, the health mentor found group sessions did not allow the session to go into depth to understand how each child was feeling and allow an open discussion between the mentor and mentee.

*"I recently started doing some one-to-one mentoring and erm with just a few sessions I could feel that I was improving, or I was improving the connection, or the learning was far better than when I was doing group sessions."* Bailey, health mentor

*"That's why the one-to-one mentoring is better because you can properly understand their needs."* Bailey, health mentor

However, Bailey did express the group sessions were a good way to start the mentoring at the beginning of the year, before moving into one-to-one sessions.

*"I believe it's good I started [with] group mentoring...do group [sessions] then go one-to-one once you're ready and get to know each other, the relationship is stronger between us and our mentees."* Bailey, health mentor

In contrast, another health mentor found value in group sessions as it opened up an opportunity for the pupils to take part in games and activities instead:

*"So, with sleep, I done that for two weeks straight. So first it was like a bingo game of sleep and then they answered question... every activity that I'm going to do is going to be a game because I feel like that's the way, the best way that they learn for activity.... So, stuff like that, it's still kind of activity because they're debating with each other, they love talking so that's good, but then they also have*

*that physical side. So, having that two things, like differently what the same topic kind of helps as well.” Leighton, health mentor*

**ACTION POINT**– Continue to ensure opportunities are given for health mentors to find a way that works for them and their children to run the mentoring sessions. Support health mentors in having flexibility in this, especially if schools are set on a specific way of running them. Communication between the health mentors, their managers, the senior leaders and teachers is critical.

#### 4.5.2 | Personalising mentoring

Health mentors clearly expressed the importance of the mentoring sessions being very personalised for each child or group of children. One health mentor explained how each child would have different problems and therefore, the sessions would be extremely varied.

*“Every child has their own problems. So, with topics it varies, it changes from time to time so one week I could be working that Y4 child on a Monday doing say working on gardening. The second one I could be doing say, one that needs more physical activity or needs to be getting a bit more physical - for their obesity.” Rory, health mentor*

Rory went on to explain that importance of being flexible and adapting in the sessions to how the child was feeling during that particular session:

*“You need to be adaptable in anything you do because circumstances change from time to time. Days change, moods change, and anything can happen from the morning until the afternoon that changes a child's behaviour, or the way they think. So, you do have to be very adaptable but at the same time still have a structure of what that is you want to go towards and what the aims are for that session.” Rory, health mentor*

Another health mentor expressed the importance of accepting that not every session can be successful. Health mentors need to adapt depending on the children's mood but accept that sometimes, the mentoring just won't be as effective and that's okay.

*“Yeah, yeah, because there's always a basis to go off... it's impossible in my opinion for every single mentoring session to be successful. Some aren't, they either have had a bad day and don't want to talk, or they come to the session with nothing to talk about. Or they've had a really good week and there's no need to really have one. So sometimes they can be, obviously, it's the one thing that has to be a constant just in case there is a problem.” Taylor, health mentor*

#### 4.5.3 | Frequency of sessions

Several of the teachers felt the mentoring needed to take place more frequently, highlighting the importance of giving the children structure.

*"I feel like the structure for the kids who we know have said certain issues that's good, so if that could have kept going, but I thought there should have been more space and time for children who you know things might come up underneath that person to talk to because I feel if you take away the structure from the kids who really need it that is kind of a pointless, so they need that the ongoing person to talk to, but also just having maybe that one extra per week." Drew, teacher*

One of the teachers suggested splitting up the year groups somehow so there were fewer children to mentor for a shorter period, more which might have a greater impact.

*"I just feel like a week is a long time, it's a long time for an adult-like, to kind of have sessions, you know if you get referred to a therapist or whatever they often try and have two sessions a week for an adult, so I think for a child to go a whole week without that, it would be better if it was ideally every day, but I realise that would be difficult to orchestrate. But then again if you were focusing for a different... for five, six in the autumn term, three, four in the spring term, and one, two in the summer term, you could have [the health mentor] seeing those children every day, so there'd be less children. I think that would really have impact." Ali, teacher*

**ACTION POINT**– Evolve could trial rotating children in the Mentoring sessions to increase the frequency for a shorter period of time. However, Evolve may need to consider the potential negative affect for pupils that are mentored for the first term/ half-term and then have little contact with the mentors. Evolve and the health mentors should continue to communicate with the teachers and school leaders to ensure the best approach is taken for their children.

## 4.6 | Perceived pupil engagement and relationship with health mentors

Within this theme, there are four subthemes (figure 5). These are: (i) fostering positive relationships with the children (ii) attendance impacting engagement in Wake and Shake, (iii) individual variability in Playground Animation engagement and (iv) recognition for pupils in assemblies.

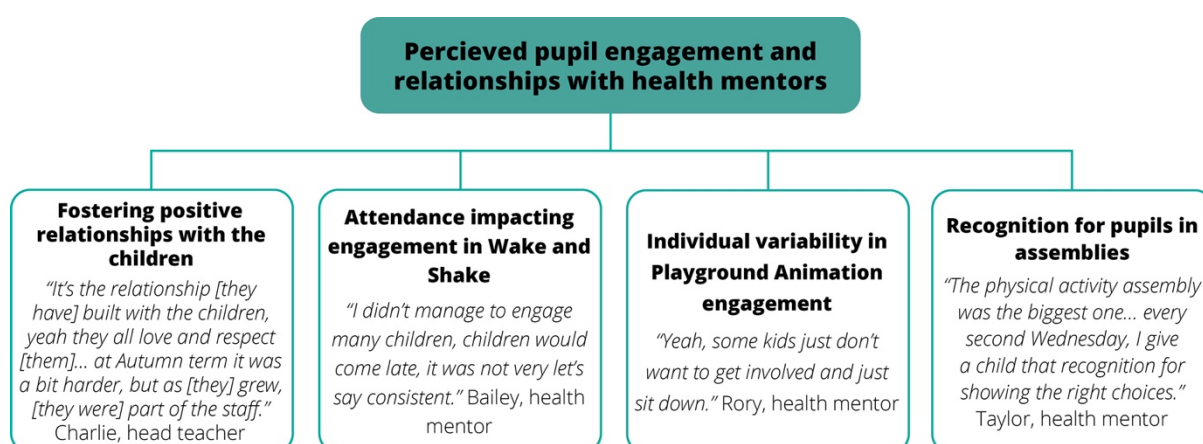


Figure 5: Pen profile of subthemes in theme five.



#### 4.6.1 | Fostering positive relationships with the children

Many of the teachers have observed a positive relationship between their health mentor and their pupils. One teacher identified that the children are learning as well as engaging in physical activity and having fun.

*"They learn stuff with him as well so it's not just about running around and... they're learning skills and stuff like that. So that's good."* Jamie, teacher

In addition, one of the headteachers highlighted the children respected and love the health mentor, reinforcing they have become part of the staff team.

*"But I think also it's the relationship [they have] built with the children, yeah they all love and respect [them], so you know I think at Autumn term it was a bit harder, but as [they] grew, as [their] role grew, [they] became, the children realised that [they were] part of the staff in the school."* Charlie, headteacher

Another teacher from a different school found the health mentor was excellent at talking through any problems the children were dealing with, showing they were always there to support the children:

*"I've seen [the health mentor] around the school, like if there's an issue with a child, even if it's at lunchtime or going up the stairs, going back to class, [they] will literally pull the child to the side and have a conversation with them and [they will] let the teacher know that 'I'm just taking his child out to like deal with this issue'. So, [the health mentor] was always there for the children... no matter what time of day."* Drew, teacher

#### 4.6.2 | Attendance impacting engagement in Wake and Shake

One health mentor found it challenging to get target children to attend, resulting in the sessions being open for all children:

*"I didn't manage to engage many children, children would come late, it was not very consistent... so basically because you know it was supposed to be for targeted children.... but I didn't have enough of them, so then anyone could join."* Bailey, health mentor

As a result, the health mentors experienced children arriving at different times, making it difficult to deliver, having to constantly improvise. As a result, the health mentor had to implement a cut-off point for arrivals and since this has encouraged children to arrive earlier and has increased the success, enjoyment and engagement of the morning sessions:

*"... As everyone could join then I didn't mind whether they came. I found myself having children come in and out, showing up at different times and sometimes they were not showing up. So, it's more complicated to run the club like this... at some point, I started setting the club up earlier with more equipment and more children were engaging... [then] I decided not to let people in after 10-*

*minutes of starting... after that I believe children started trying to come earlier because they were seeing their peers having fun because of all this equipment and because of that it became more popular compared to the beginning when it was not very successful, It became much more successful during the year.” Bailey, health mentor*

One of the headteachers also highlighted problems sometimes with attendance for the Wake and Shake, suggesting this may be due to the parents not dropping their children off on time

*“I think the Wake and Shake is hard because our parents are a bit... it's trying to get them to get in here on time for that Wake and Shake. It may not have been as successful as [they] wanted it to but it's just about how we offer it to the actual children. Charlie, headteacher*

Parental involvement is limited in the current project, as previously mentioned and it may be a case of the parents lacking awareness of the morning sessions which results in few pupils attending.

**ACTION POINT**– Evolve may want to consider building into the programme communication with the parents/ families. Initially, Evolve may want to work with each school to identify the best way of communicating with parents which may improve attendance in the Wake and Shake sessions.

#### 4.6.3 | Individual variability in Playground Animation engagement

Mentors identified that while the playground sessions were good to encourage physical activity, they were not necessarily the most effective sessions as they perceived the children to already be active during this time:

*“It's not much of a negative because I don't, as good as what the project probably is, I don't really think there's that much need for the playtime stuff because kids are so active anyway.” Taylor, health mentor*

One of the teachers did feel the health mentor increased physical activity levels by helping increase the teacher's awareness and giving them the skills to encourage children to be more active during break times:

*“I think before [the health mentor] came, we had an element of physical education during break and lunch, but I think [they have] promoted it like so highly now that like all the members of staff are engaged with it. So, I think [its] beneficial to the kids, hugely beneficial.” Lennon, teacher*

One mentor identified sometimes some children just don't want to get involved:

*“Yeah, some kids just don't want to get involved and just sit down.” Rory, health mentor*

One of the teachers said that the activities need to be changed regularly to help keep the children engaged and interested, otherwise it could become quite boring:

*“I think [the health mentor] keeps the children interested. Sometimes I could do something repetitively for like a week or two, quite it can get quite boring. But I told [the health mentor] that*

*[the children get] really excited by different activities and different things, they want to try new stuff."*  
Drew, teacher

The physical activity, weekly challenges, that often took place during the break times received positive feedback. The children were enjoying the challenges and engaging in them.

*"I think they're excited about that because I remember once when I was doing some skipping rope tricks and err so I told them " OK this week the challenge was going to be skipping rope" so I was doing tricks like "OK this is what you can practice" or "tricks you can do with skipping rope". When I went to the playground and placed the skipping ropes down, everyone was trying to do the tricks I was doing in assembly and it was great. And, with the hula hoop the same, so yeah, I think it's having a good impact on them."* Bailey, health mentor

**ACTION POINT**– Health mentors to continue to draw on a range of activities and games to ensure the children do not find them repetitive. This is relevant within the Playground Animation but also across all physically active elements of the project.

#### 4.6.4 | Recognition for pupils in assemblies

One of the headteachers found the school assemblies were an excellent way to raise the profile of the health mentors' role and had an overall positive effect all round:

*"Yeah as [the health mentors] profile raised with the assemblies and things, everything kind of increased and the positivity around it was great."* Charlie, headteacher

One of the health mentors discussed the assemblies allowed them to highlight children that have been working well and give them recognition for their efforts:

*"The physical activity assembly was the biggest one... every second Wednesday, I give a child that recognition for showing the right choices, done the right things in the school over the last two weeks, so it gives them that recognition but also the children that don't get it, they can look to the child and aspire to be what they've been. And then apart from that, I can remember the other elements. But they were the top two that came into it."* Taylor, health mentor

Teachers also recognised the school assemblies as a positive part of the project for engaging the children and giving rewards.

*"School assemblies you can see the enthusiasm from the kids, they want to come up and they want to try a new skills and new sports and then they actually do implement it in the playgrounds, which is really good."* Drew, teacher

**ACTION POINT**– Health mentors to continue to use the school assemblies as a place to showcase the weekly physical activity challenges but also to praise children that have being doing really well. In some schools they have a health mentor board for health champion of the week or certificates being awarded in the assemblies. Ensure all health mentors are using these approaches as they have been well received by the teachers and senior leaders.

## 4.7 | Behavioural management

Managing pupil's behaviour was consistently discussed by health mentors and teachers across multiple elements of the project. Within this theme, there are two subthemes (figure 6). These themes are: (i) Classroom Coaching supporting behaviour management, (ii) managing poor behaviour.

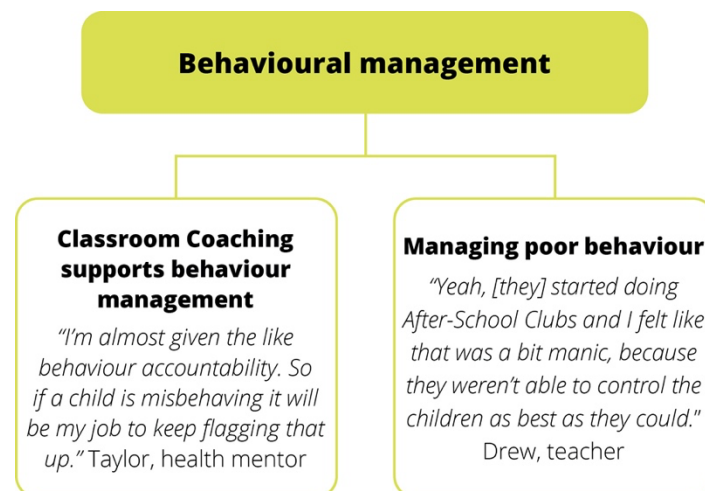


Figure 6: Pen profile of subthemes in theme six.

### 4.7.1 | Classroom Coaching supports behaviour management

A health mentor expressed Classroom Coaching sessions have improved as they have taken more of a lead managing pupil's behaviour in class:

*"The classroom coaching has [got] better, yeah definitely, so whereas before I was just like an extra body, now I'm almost given by [one of the teachers], the like behaviour accountability. So if a child is misbehaving it will be my job to keep flagging that up, give them a warning, second warning, third one take them out, give them time to think about exactly what's wrong and then have a chat about it and then go back in."* Taylor, health mentor

Teachers from the same school identified the support the health mentors offered in lesson times:

*"Some of our children they whilst they're in class they may get upset, erm will refuse to do the work and then you know he'll go over. The good thing is [the health mentor has] built relationships with the children. You know that's a real that's really key for us, so [they] know the children that can play up or won't work because maybe they may not have had breakfast or something and [the health mentor will] pick up on that and [they will] talk to them and find out what the problem is and help them out."* Jules, teacher

In this school there was a clear sense of appreciation for the health mentor during lesson times, suggesting their attitude and presence in class was beneficial.

*"[The health mentor is] great in the classroom, always there [and they have] got a lovely manner and is nice and calm. [They] work really well in the classroom."* Jules, teacher

### 4.7.2 | Managing poor behaviour

In some cases, teachers raised the pupil's behaviour being challenging at times for health mentors to manage. For example, in the After-School Clubs:

*"Yeah, [they] started doing After-School Clubs and I felt like that was a bit manic, because they weren't able to control the children as best as they could."* Drew, teacher

In contrast, some teachers found the children enjoyed the After-School Clubs and identified them as a great way for children to burn off some energy and finish the school day:

*"Walking through the hall when [the health mentor has] been doing [the] after school sessions, [the children have] seemed to always enjoy them.... it gives them the chance to burn off energy they had got through the day and a nice way of winding down so..."* Dylan, teacher

Poor behaviour was sometimes identified in lesson time after a physical activity intervention had taken place such as the Classroom Movers or the Hero Heart Raiser. One teacher felt they would come back into class after the physical activity session hyperactive which would impact on the subsequent lesson:

*"The lesson, the afternoon lessons just became a mess and children were just really hyperactive. They weren't calm and normally within all the classrooms in Camelot, we just normally come in you know, do handwriting and do something calming to get them ready for the next lesson, but them coming up from the daily mile really pumped up and energised, it was really hard to settle them down in the class, that was the only issue that I had."* Drew, teacher

**ACTION POINT**– If poor behaviour is a challenge in a school – which was clearly more of an issue in one of the schools during this evaluation than the others – health mentors may want to work with senior leaders and teachers to re-structure when certain session take place. For example, the Hero Heart Raiser may be better placed just before a break or before the end of the school day instead. Alternatively, for schools using the GoNoodle (or an alternative), teachers may want to use a calming video when they finish the physically active session. This may be an appropriate way to ensure the children still get an active break during typically sedentary lessons and behaviour can be managed for class teachers.

## 4.8 | Health mentors' competencies and future personal development

The final theme focuses on the health mentors' capabilities. Within this overarching theme, there are four subthemes (figure 7): (i) self-confidence and competencies, (ii) training and shadowing experience (iii) uncertainty in Classroom Coaching role and (iv) overwhelming Mentoring resources.

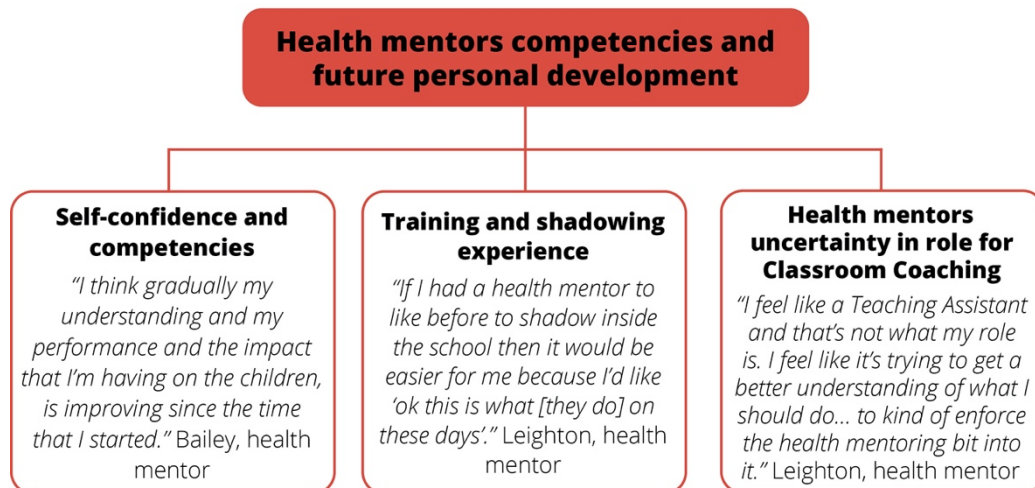


Figure 7: Pen profile of subthemes in theme seven.

### 4.8.1 | Self-confidence and competencies

Some of the health mentors reflected on what session they felt confident in:

*"Yeah, I feel like with me, when it comes to physical activities and activities, I feel like I always have it in the bag."* Leighton, health mentor

Others felt it took time to develop their confidence in the school with their role. Suggesting it maybe just took time to gain that confidence:

*"I think gradually my understanding and my performance and the impact that I'm having on the children is improving since the time that I started."* Bailey, health mentor

*"I don't know maybe it could be a lack of confidence at the time, you know. When I have to do these public speeches, you know English is not my first language, so you know I want to have everything under control of what I am going to say and make sure that I make myself clear."* Bailey, health mentor

*"No I'm confident in every part of it just for like an example, when I first turned up I was more or less manning the door, and the kids were coming in in the morning and I'll become and watch a wake and shake club now compared to then it's just completely different. So, I walk in every morning, I know what's expected or every part of the project."* Taylor, health mentor

One of the health mentors went on to say it was always a challenge in the role especially the mentoring. Suggesting that as long as you do your best, that's all you can do.

*"Every day is a challenge, every day my mentoring session. I just try to keep resilient and try my best. [pause]. As long as you do your best, that's all you can do."* Bailey, health mentor

Another health mentor went on to suggest they know they could be more confident and keep reflecting and trying to improve, as there is always room for improvement.

*"I can always be more confident. I feel like I always have, try more and have more space to learn more and more about it so I don't think I'll ever get to a point where I'm like 'yeah I'm confident' because it means you need to know everything like off the back of your hand so .... Yeah, there always space for learning and I'm always trying to learn more about it as the project goes on."* Rory, health mentor

*"I feel like that would be the case and if you are so sure of your skills you must be like the top point but that's not the case as you literally have to be perfection. And for me, I don't think that word exists for me. Even the top athletes in the world working trying to improve their craft. That's something I always try and do, try and gain more knowledge of it but obviously I've been doing the training s well, the level 3 training so I'm trying to get more knowledge and help us with the mentoring."* Rory, health mentor

*"So, there's always something I can improve. Everything can always be improved."* Bailey, health mentor

These reflective comments from health mentors highlight their motivation to strive for the best in their roles. as well as, in some places, a lack of self-esteem in their capabilities. However, some of the health mentors expressed their confidence levels have vastly improved since the beginning. Now they feel more comfortable in their role and what is expected of them.

One of the health mentors also expressed worries with coming up with challenges each week in the assembly. The health mentor reflected, saying they felt this was more down to their personality and their desire for a perfect challenge each week.

*"Sometimes it can be a bit overwhelming, but I think that's because of my personality. You know, I was always wanting to do the perfect challenge and always thinking of everyone and wanting everyone to be able to do it... you always thinking of something, it's not easy. Sometimes I feel overwhelmed by it and on every Sunday, I always thinking about it, actually the whole week thinking about what the next challenge is going to be. Then on Sundays, if I haven't come up with something then I am like 'oh what am I going to do'. But, then for the rest of things, it's fine."* Bailey, health mentor

**ACTION POINT**– While this may be down to the health mentor putting pressure on themselves to ensure the best activities are chosen, more examples may benefit health mentors. Alternatively, health mentors could rotate activities across different schools to reduce the number of ideas needed during a term – if mentors were using this intervention element in the same way.

## 4.8.2 | Training and shadowing experience

One of the health mentors shadowed another mentor, finding this useful to see how they did things, however, reflected that it was different compared to their, unique school.

*"[Observing a health mentor,] that was good because it gave me an idea of like what activity to do, what [they] does in like classroom coaching, stuff like that. But then it was also like when I came into this school, the next day it was like ok everything is still totally different because it's just like they have different times as well, lunchtime, breaktime, so."* Leighton, health mentor

Leighton went on to suggest shadowing a health mentor in their school would have benefited:

*"I feel like if I had a health mentor before to shadow inside the school then it would be easier for me because I'd like 'ok this is what [they do] on these days', to see it and then I would be able to. But because it was like, 'I'm here by myself firstly, there's no one going to be with me for any type of detail', it was just like OK literally you have to do what you have to do."* Leighton, health mentor

Some of the teachers also raised the health mentors training. One of the headteachers queried just how much training the health mentors were receiving to support the children.

*"That raises the questions, so I'm sure the health mentors are trained, but to what extent and is that something that is used to what extent the health mentors are aware of those specific aspects that can enable one to do better and support better children."* Robin, headteacher

Another headteacher highlighted the difficulties health mentors may have when they are told to just mentor children especially if they have not done this before. The headteacher went on to express they need the experience of mentoring before they can confidently do this. These comments coincide with new health mentors identifying concerns over mentoring nearer the beginning of the project that seems to have reduced as the programme has gone on. Suggesting as the health mentors have gained some experience their skills have improved.

*"And, I know Evolve are improving this anyway, but I think he needed...it is very difficult just to say to someone "ah go and mentor these children they really need it" when you've not really got any experience in that."* Shannon, deputy head

Shannon went on to express the importance of health mentors gaining experience with the mentoring before they are likely to be successful. They went on to explain it takes time to build the relationships up before an expected positive effect is likely to be found.

*"Sometimes there's an element of "yeah I'm going to talk to these kids and I'm going to change their lives". Well, you're not going to be able to do that unfortunately because their lives are really difficult. But actually, it takes time to build up relationships and actually those first few sessions you might just be chatting about football to build up relationships with each other. So, I think that's I think the experience comes in every not going to change their lives by mentioning instantly. It is about building those relationships in the having thought about it. And, I think when you have got one*



*adult with two children if you're doing a little group work... half an hour is a long time, so you need to think carefully about what you're doing. And, not just to ask questions or oppose any questions that can be problematic. Because if you're not you're not going to be experienced enough for the responses you are going to get. So, I think it's just a little more than training, more experience, I think."* Shannon, deputy head.

Some of the teachers also commented on the health mentors training and experience –suggesting it is vital the health mentors are given training on the professional aspect:

*"I feel like erm as an Evolve team, I think there should be some training just for the professional side of things, so at least [they are] aware of what [their] going into."* Drew, teacher

**ACTION POINT**– Ensure new health mentors are given sufficient support before going into their first school. If possible, offer shadowing opportunities. For some health mentors (subject to experience), they may need some additional support to ensure they are comfortable with all of the intervention elements. This may take the form of additional training or shadowing experience. For the mentoring sessions, subject specific programmes might increase the ease of navigating the resources and follow a tested set of sessions. For example, a six-week introduction programme for groups. Alternatively, a six-week block for a pupil with low self-esteem. Evolve may also want to communicate with the teachers and senior leaders about the training and experience of the mentor, to ensure they are aware of the health mentors' expertise. This may increase the school's confidence in the health mentors' capabilities.

#### 4.8.3 | Health mentors' uncertainty in their role for Classroom Coaching

While there seem to be some improvements in this element of the project when comparing this round of feedback to the initial feedback in October, one of the health mentors felt they needed better consistency in this part of their role. In particular, flitting between classes means they feel a bit out of place because they do not know what has been going on in that class before coming in to help:

*"A bit more consistency on classroom support because I've just been jumping classes. You know when you do one day classroom support with Y3, another day you're doing Y4, another day you can't do it because you are doing something else, then you know you find yourself a bit out of place."* Bailey, health mentor

This notion of feeling out of place and unsure on what to do was echoed by another health mentor who felt their role during these sessions did not fit with their role as a health mentor and mentoring the pupils, but instead more of a teaching assistant role.

*"I feel like with Classroom Coaching I feel like it's personally me, maybe I don't have that understanding of what I'm meant to do....what I do is like I speak to the Teacher, I'll tell her 'who do you feel like gets like, distracts other people inside the classroom?', so I can sit with them and basically help them to focus. So, that's what I feel like I do but then at the same time I always feel like a Teaching Assistant and that's not what my role is. So, I feel like it's trying to get a better*

*understanding of what I should do in Classroom Coaching to kind of enforce the health mentoring bit into it."* Leighton, health mentor

While this may be the purpose of these sessions, giving the health mentors clarity over their responsibilities will be beneficial. One health mentor discussed having a routine for the coaching benefits for the children

having a routine

felt that the pupils knew when the health mentor would be in class supporting them. Suggesting the consistency of the sessions for the children was important:

*"Personally, the group I'm with just taking them out and having that consistency with them again like knowing 'OK yes, we are going to be working with Rory in the morning.'" Rory, health mentor*

Rory later explained they work in class with the pupils they are mentoring in the mornings:

*"I normally give them support in the classroom and the ones I normally work with and sometimes there's ones I don't normally work with, but who need a bit of an extra hand the I will give them that support. I normally do this until we go through until the afternoon."* Rory, health mentor

Another health mentor reinforced in the first feedback phase how beneficial Classroom Coaching is to support mentoring session later in the day. Subject to the health mentors' timetable, this may explain why not all health mentors see this association.

**ACTION POINT**– Further clarity seems needed for health mentors' to understand what their purpose is in these sessions. Some of the health mentors did acknowledge these sessions in class allowed them to draw on what happened in class with their mentees. Evolve may want to ensure health mentors timetables allow for these sessions to follow each other – mentoring and coaching the same children on each day for a greater success rate in both sessions.

## 4.9 Synthesis of themes: acceptability of Project HE:RO

The initial insights report mapped themes aligned to each of the intervention elements of Project HE:RO. During this final insight analysis, due to the richness and depth of data, themes did not align to each intervention element and as such, the decision was made to remove this rigid structure. As a result, the *acceptability*, *successes* and *challenges* of each intervention element were weaved throughout the sections above. To offer a synthesised overview of the intervention elements table 1 below has been created.

*Table 1: Key responses from health mentors, teachers and senior leaders about the different elements of Project HE:RO.*

Intervention Element	Health Mentors	Teachers and Senior Leaders
Wake and Shake	Positive responses to the sessions. Concerns over attendance in some schools.	Positive responses. See benefits for pupils in the subsequent lesson by being active first thing.
Classroom Coaching	Mixed responses. Some finding the link to other sessions (mentoring), others unsure on distinguishing role from teaching assistants.	Positive responses. Appreciate the support and behaviour management. See relevance for the mentoring sessions.
Classroom Movers	Mixed responses. Struggles encouraging teachers to run the sessions themselves.	Mostly negative responses. Competing resources, lack of responsibility to run a session without the mentors.
Playground Animation	Mixed responses. Some mentors feel the sessions are not always needed and some children are always challenging to engage in physical activity.	Mostly positive responses. While some recognise children might have already been active, aware they need to be more active and feel health mentors aid this.
Mentoring	Mostly positive. Huge improvements since the first round of feedback which is likely to stem from health mentors improved confidence levels.	Positive responses to the sessions and relationships with mentors. Some comments about the lack of communication and knowledge about what takes place in the sessions.
School Assemblies and Physical Activity Challenges	Positive comments. See the rewards for children. One health mentor concerned over coming up with weekly challenges but noted this was a personal worry.	Positive responses to the sessions. See the opportunity for all children to get involved. Lots of engagement from pupils.
After-School Clubs	Mixed responses. Some felt the sessions were not reflective of their mentoring role.	Mixed responses. Some felt it was hard to manage pupil's behaviour and often replicating existing provision.

## 5 | Conclusions and considerations for the next phase

During the analysis, seven themes were identified with 25 sub-themes. The themes were: (i) teachers beliefs about Project HE:RO, (ii) relationships between health mentors and school staff, (iii) implementing Project HE:RO, (iv) implementing the mentoring sessions (v) perceived pupil engagement and relationship with health mentors (vi) behavioural management and (vii) health mentor's capabilities and personal development.

### Key considerations to improve provision and implementation

Drawn from the themes and subthemes, three key considerations have been highlighted to improve the provision and implementation of Project HE:RO for the second year of the programme. These are (i) tackling school staff's lack of ownership, (ii) project personalisation to increase the alignment to the school's ethos and existing provision and (iii) health mentor's personal development.

#### Tackling school staff's lack of ownership

Within one of the themes, there was a clear concern for the school taking ownership of the project. For the intervention to have a lasting impact, the success of the project depends on the teachers and senior leaders having the autonomy to deliver some of the effective strategies Evolve has created and not heavily relied on the health mentor all the time.

The only session that did requires teachers input, was delivering the Classroom Movers sessions, which was at best, implemented sporadically. While some schools mentioned competing demands in place, there was a clear lack of responsibility from the teachers and senior leaders. One of the headteachers aforementioned that if the health mentors could organise running these sessions it would not be a problem for teachers. However, such an approach reinforces the lack of autonomy received from school staff.

While the initial set-up of the project is for health mentors to lead on a range of intervention elements to help improve children's physical and mental health, as alluded to in recommendations for year 2 report (July 2020) other key school-based stakeholders also need to take ownership in facilitating opportunities for physical activity promotion. If this does not happen, the sustainability of the project, especially when the health mentor leaves are at risk.

The previous report highlighted the importance of five different stakeholder groups working together to facilitate a whole school policy and ethos to promote physical activity as highlighted in the Creating Active Schools (CAS) framework (Daly-Smith et al., 2020). These stakeholder groups are (i) school leaders, (ii) teachers and other school staff, (iii) children and young people, (iv) parents/ guardians and

(v) wider stakeholders. All stakeholders are essential to creating and sustaining a whole-school physical activity approach.

### **Project personalisation to the school's ethos and existing provision**

Within the implementation theme, there were discussions from senior leaders about ensuring the parts of the project that are enforced within their school need to align with the school's ethos. While Evolve may already be ensuring the school's ethos is aligned to their key aim of Project HE:RO – through the school recruitment process – taking on a refined process once schools are on board may increase the acceptability of the project. For example, discussing with the senior leaders about what parts of the project are desired in the school and likely to have a substantial benefit on the children that also align to the school's priorities and vision. As mentioned earlier in the report, Shannon highlighted the need for symmetry between the school's vision and the project's aims.

Conducting an asset mapping of each school based on established well-being resources and delivery would be useful before delivering all components of Project HE:RO. Evolve may want to consider how markers can map or evidence to Ofsted and inspection criteria; thus, enabling schools to provide a strong evidence base for how they achieve the well-being criteria. This may come from having a core model of Project HE:RO with additional elements that offer more flexibility, personalisation and avoid repetition.

### **Health Mentors personal development**

From assessing the insights reports to the final data, it is clear all health mentors are more confident in how they deliver the programme within their school. However, additional training and support may have expedited this process during the first few months – offering additional support during the mentoring sessions and managing pupil's behaviour. While there were more comments during the final phase of feedback around the health mentor's personal development, there were still several discussions around additional training and shadowing opportunities to improve their confidence in the earlier stages of their role.

From the teacher's perspectives, during the first report, there were more comments over the health mentors' capabilities in managing pupil's behaviour. These comments have not come through in this report with the teachers now identifying an improvement in the health mentor's role at managing behaviour, demonstrating an improvement over time. That said, some senior leaders' feedback on more experience needed for the health mentors with the Mentoring sessions, especially if mentoring is new to them.

In addition to the training programme Evolve offer for their health mentors, they may consider advanced training (qualifications in behaviour management and or coaching) in addition to shadowing experience (specifically on areas of Mentoring sessions and behaviour management). Although these are skills that will take time to develop, offering some additional accredited qualifications at the beginning of their enrolment should increase their competency and competence – thus improving the efficacy of the sessions at implementation.

### **Concluding remarks**

Overall the evaluation on Project HE:RO's pilot study has identified a myriad of benefits. Teachers from all four schools highlighted a range of positive responses to the project. There were some clear annotations related to children's physical health and well-being. Senior leaders, teachers and health mentors all talked about perceived engagement levels from the children – often descriptions included the children being happy, healthy and enjoying the programme. Throughout the year, health mentors have demonstrated improved competence and confidence levels. Thus, the overall reception of Project HE:RO was positive and warrants further implementation and investigation. This report alongside the additional reports during the pilot study evaluate encompasses a range of enhancements, insights and actions points for Evolve to consider to optimise the project.

## 6 | References

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