




Unlocking Potential

Unlocking Potential Impact Report

For the year ended 31 August 2023

 [UPUnlocking](https://twitter.com/UPUnlocking)
www.up.org.uk

Welcome from Chair

03

Welcome from the Chief Executive

04

Our Mission, Strategic Goals and Values

05

The Schools Programme

06

Positive Parenting Programme

18

The Corner School

22

Income & Expenditure

30

Funders

31

Trustees

31



Last year was another successful and impactful one for the charity. It is clear that many of our children and their families continue to struggle with their mental health post the ending of the pandemic and as a consequence the demand for our services continues to grow at a rapid pace. Over the last 12 months our School's Programme now operates in 24 schools having grown by 33% during the period. We have also started some early scoping work for a new programme working directly with families, as we recognise how important this is when improving the outcomes for, children.

I would like to thank each and every member of staff who have once again excelled; always happy to put in the extra effort to help ensure the children receive the support they require. I would also like to thank all of our funders who have helped us grow throughout the year and I remain very optimistic that with continued financial support, we can both improve the depth and scope of our services in the interests of the children and the families we are trying to help.

Stuart Roden

Welcome from the Chief Executive



Dear Supporters, Partners, and Friends,

I'm very pleased to share with you another year of growth and development across the charity, as we've increased our reach into 24 schools and across 10 boroughs. This showcases the remarkable work that our children, their parents and carers, schools' staff and the team at Unlocking Potential have been able to achieve together, against a complex backdrop of post-covid challenges, the cost of living crisis and the war in Ukraine.

We have continued to develop and expand our tri-part model, redefining our approach to our Allied Health offer in response to the growing need for social communication and emotional regulation being experienced post-pandemic in schools.

Our belief in the power of positive relationships to transform even the bleakest of life situations has been the backbone of our timely and targeted approach, and thanks to the support and generosity of our funders and supporters, we are able to offer a flexible and tailored approach to individual children and schools alike. I am so proud of our team, who work tirelessly to meet the growing need for mental health and wellbeing support in our schools, ensuring an inclusive and robust approach is offered to children, parents/carers and school staff at the point of need.

The year ahead will no doubt see even more burgeoning need, and we are keen to create even more flex within our models, to offer more support to children and families beyond school by enriching our partnership work and supporting where schools are less able to.

With the support of funders, colleagues, and partners, we will continue to expand our reach and make a transformative difference in the lives of the children and parents we have the privilege of working with.

With deep appreciation to you all,

Cassie Oakeshott

Our Mission

Unlocking Potential's mission is to work collaboratively with communities to enable children and young people with social, emotional and mental health (SEMH) needs to unlock their full potential.

We achieve our mission through our strategic goals.

Strategic Goals

- ✓ We deliver high performing therapeutic programmes and education provision for children and young people with SEMH needs.
- ✓ We work in collaboration with families, communities, and other partners to ensure that children and young people access the interventions they need in order to thrive.
- ✓ We work in a trauma informed way that is child centric and attachment based, with a total commitment to excellent safeguarding practice.
- ✓ We cultivate a workforce of knowledgeable and skilled staff who are passionate about supporting children and young people to make positive changes in their lives.

Our Values

Trust

We build trust by being honest, transparent, and accountable in the way we work with children and young people, staff, and partners and by providing services and programmes whose outcomes are measurable and evidenced based.

Empowering

We co-create opportunities for our children, young people, parents/carers, and staff to actively participate in decision-making that influences change. We promote the voices of children and young people in our organisation and the wider community.

Impact

We are committed to measuring our impact through a data driven method in order to develop our programmes and make a greater difference to the lives of children, young people, and their parents and carers.

Collaborative

Relationships are at the heart of our work. We prioritise communication and collaboration with partners, families, and communities, believing that by working together we create more effective and holistic outcomes for children and young people.

Nurturing

We provide a nurturing approach based on safety and space for creativity, exploration, and growth. We support and care for our children, young people, and staff to realise their potential.

Safeguarding

Ensuring the appropriate safeguarding of the children and young people that we work with is a vital component of the work that we do. In the 22-23 school year 312 safeguarding concerns were identified a 333% increase since September 2020. The top three reasons that safeguarding concerns were raised were physical abuse, mental health concerns of the child/young person and self-harm. We have seen a 2200% increase in reports of self-harm from 1 in 20/21 to 23 in 22/23. To ensure that we continue to address these issues effectively we have further developed our procedure and processes when supporting children who self-harm. We are also seeing a greater range and complexity of cases that the children and young people we are working with are presenting, indicative of how so many children's lives are affected by the issues faced by adults in their lives.

What we do

Our work focuses on two key areas

1

The Schools Programme

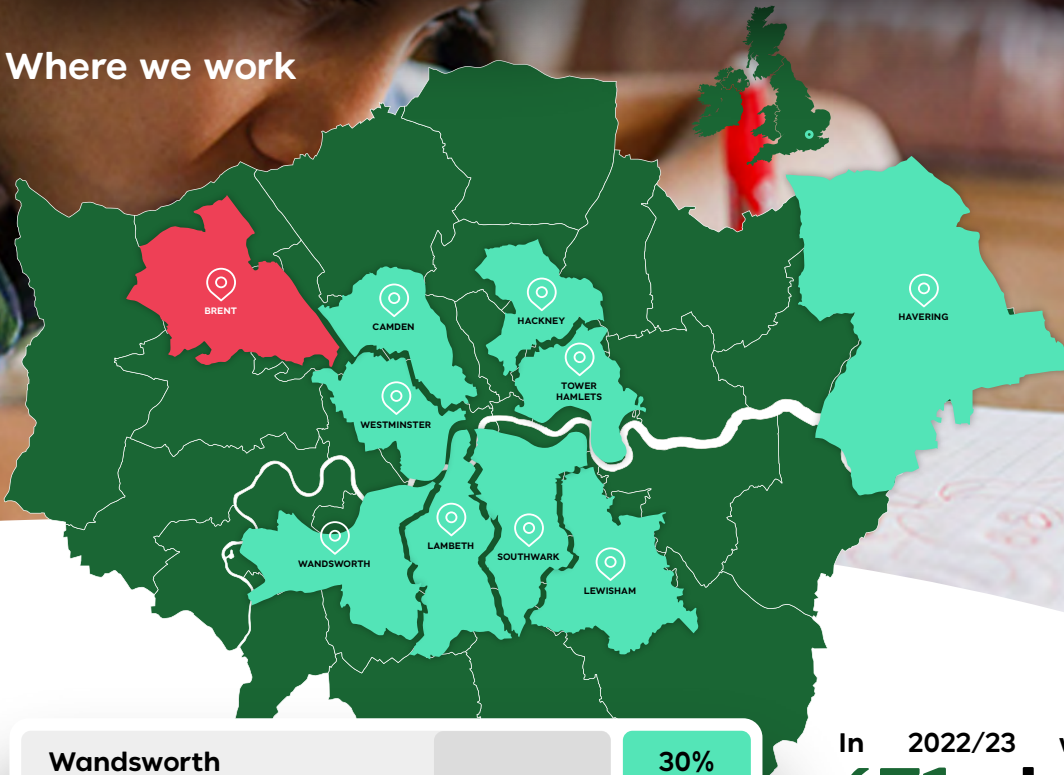


2

The Corner School



Where we work



Wandsworth	30%
Brent	22%
Hackney	16%
Tower Hamlets	9%
Lambeth	6%
Havering	5%
Lewisham	5%
Southwark	3%
Camden	3%
Westminster	1%

In 2022/23 we supported

671 children

through 1:1 interventions in 24 schools across ten London boroughs including expanding our reach into a new secondary school.

UP's multi-disciplinary approach enables us to support children and young people with the most complex needs who require support through multiple different interventions. In 2022/23 we supported 64 children who accessed more than one intervention in the year, often at the same time for instance 1:1 psychotherapy and occupational therapy.

The Schools Programme

The UP Schools Programme provides a high-quality mental health and wellbeing service to primary and secondary schools across London. Delivering a range of interventions designed to meet the needs of children across our partner schools including:

- 1:1 Child Psychotherapy
- Six Times Talk Time (6xTT) a brief solution focused intervention delivered 1:1 or in small groups focused on themes of self-esteem, social skills, emotional literacy, anger management and transition and change
- Wellbeing Groups designed to develop social skills, enhance self-esteem, and manage minor anxiety
- Transitional Groups through which UP Therapy Team Managers support year 6 children for their move to secondary school
- ‘Speak UP’, a drop-in service, where children can self-book an appointment to see a therapist to discuss their worries or concerns by dropping a slip into the Speak UP box
- Occupational Therapy (OT)
- Speech & Language Therapy (SaLT)

Our services are integrated within the school pastoral and inclusion team, meeting previously unmet needs, and picking up on emerging issues often through informal engagement in the playground with children, teachers, and parents.

The inclusion of child therapists at pastoral meetings often adds a valuable perspective to the staff and administration about how best to support the child’s academic progress and emotional wellbeing.

“We are now able to offer 1:1 therapy to children who would have had to spend 2-3 years on a CAMHS waiting list.”

Headteacher,
school in Southwark

Overview of Therapeutic Services

Children seen for 1:1 Therapy	314
1:1 Therapy sessions attended	5353
Children seen for 6xTT	138
6xTT sessions attended	810
Children seen for OT	207
OT sessions attended	1553
Children seen for SaLT (1:1)	82
SaLT sessions attended (1:1)	524
Universal SaLT	180
Children seen in Wellbeing/Transition Groups	253
Children that attended Speak UP	3132
Children seen in Check-Ins	2224

97%

of children in 1:1 therapy & 6xTT can reflect on their behaviour and make positive changes at the end of the intervention.

91%

of children in 1:1 therapy & 6xTT showed an improvement in their mental health at the end of the intervention.

91%

of children in 1:1 therapy & 6xTT are better able to manage their emotions at the end of the intervention.

87%

of children in 1:1 therapy & 6xTT have better relationships with their peers and/or siblings at the end of the intervention.

Who We Support

44%	were eligible for pupil premium
15%	were involved with social care
38%	were referred to 1:1 therapy for known family trauma or serious safeguarding concerns

Ethnicity



Ethnicity Key*

Any other Asian background	3%
Any other Black background	7%
Any other ethnic group	2%
Any other Mixed background	5%
Any other White background	3%
Arab	3%
Asian or Asian British: Bangladeshi	4%
Asian or Asian British: Indian	1%
Asian or Asian British: Pakistani	2%
Black British	1%
Black or Black British: African	6%
Black or Black British: Caribbean	10%
Mixed: White and Asian	1%
Mixed: White and Black African	2%
Mixed: White and Black Caribbean	7%
Turkish	1%
White: British	22%
White: Other European	5%
White: Roma	0.3%
Not Given	13%

Gender



Gender Key*

Female	39%
Male	59%
Not Given	2%

*Data obtained from School MIS systems

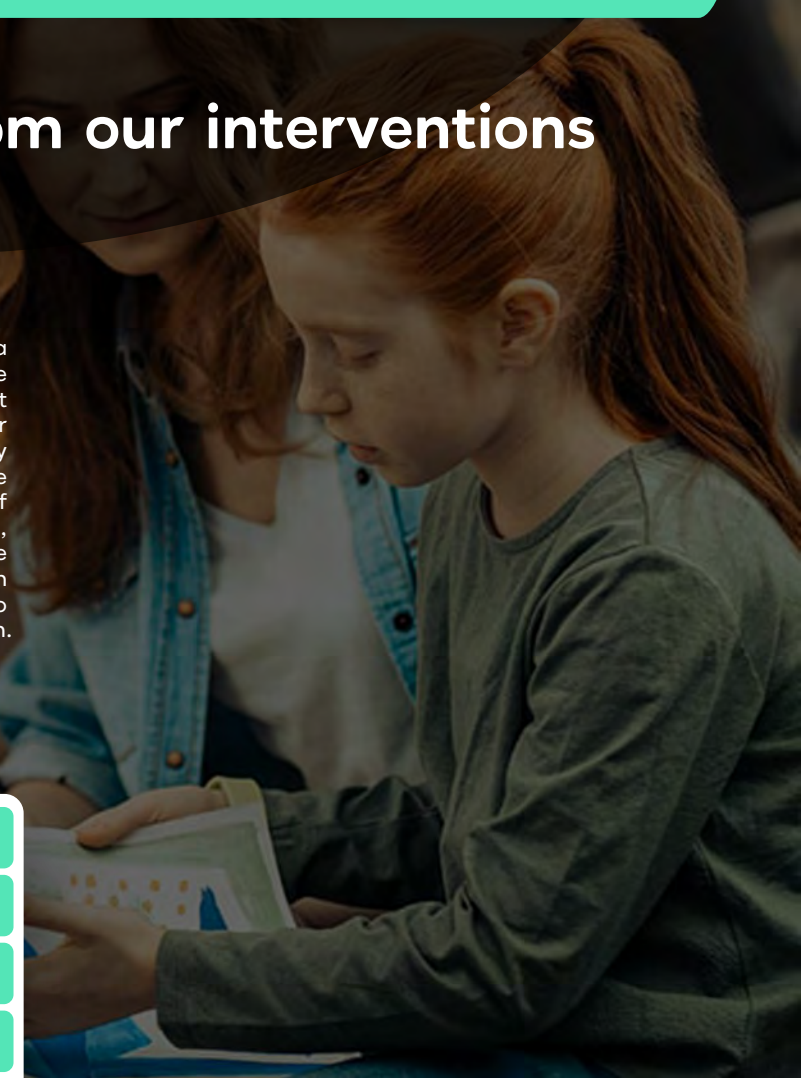
Results from our interventions

1:1 Therapy

Counselling and Psychotherapy can benefit children in a variety of ways by providing time, space and a supportive relationship in which to explore aspects of their life that might be causing preoccupation or worry that impacts their day-to-day wellbeing and functioning. During weekly sessions in the designated UP therapy room, children are invited to engage in play, imagination and the use of creative media such as: art, drawing, painting, puppetry, sand play and music; These are all methods that assist the child in the exploration of their inner and outer worlds in relation to understanding themselves and others better, to facilitate psychological healing, growth and transformation.

Children are referred for 1:1 therapy for a variety of reasons, the most common include:

Emotional Regulation	20%
Family Trauma	15%
Behaviour Problems at School	12%
Own Mental Health Problems: self-esteem, anxiety etc...	9%
Behaviour Problems at Home	7%



Risk Levels for children in 1:1 Therapy

High risk: Children on a Child Protection (CP) or Child in Need (CIN) plan, children with 3+ Adverse Childhood Experiences (ACEs), children with an Educational Health Care (EHC) plan, refugee and asylum seekers, children who have experienced sexual abuse, children who have experienced domestic abuse, looked after children, children who have been excluded from school.

Medium risk: Children identified as vulnerable by the school, children with a history of behaviour problems in school, children living in high levels of poverty, 2+ ACEs, parents divorcing/separating.

Low risk: School identifies a need for short term support. Depending on the child, this could be a bereavement, additional needs around making and keeping friends, and/or struggling with emotional regulation in the classroom.

High Risk	33%
Medium Risk	46%
Low Risk	21%

Results from our interventions

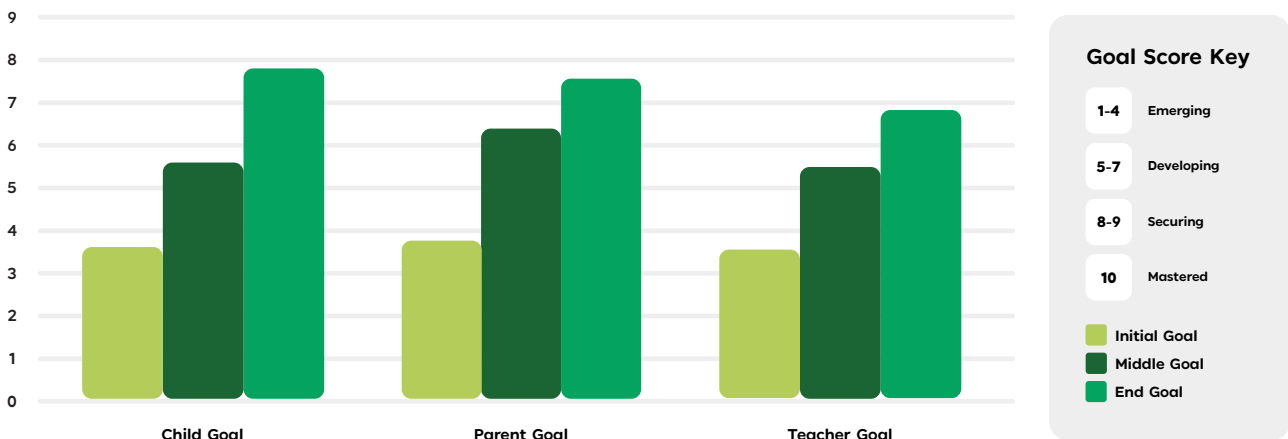
1:1 Therapy Goals

(This data is only collected for the 116 children that finished therapy during the 22/23 school year)

For children in 1:1 therapy, three goals are set at the start of the intervention: a goal with the child, with their teacher and with their parent/carer. It is always interesting to see if there are any themes or correlation between the three goals (e.g. if a child and parent, or parent and teacher, both want to see progress in the same area). We re-score the child's own-determined goal every six sessions, and re-score the teacher and parent goals once a term.

The chart below displays the average child, teacher and parent goal scores at the beginning, middle and end of 1:1 therapy. An increase of 3 or more points is considered to be a clinically significant change.

Average Child, Parent and Teacher Goal Scores



Child goals improved by an average of 4.20 points, Parent goals by an average of 3.80 points and Teacher goals by an average of 3.29 points.

100%

of children reported reduced feelings of stress and anxiety after attending 1:1 therapy

93%

of children reported an improvement in their mental health and wellbeing after attending therapy

100%

of teachers reported an improvement in children's engagement with school/education after attending 1:1 therapy

90%

of teachers reported an improvement in the children in their classes that attended 1:1 therapy

91%

of parents reported that their children were better able to manage their emotions after attending 1:1 therapy

79%

of parents reported an improvement in their children that attended 1:1 therapy

Case Study

9-year-old Xavier was referred to 1:1 therapy by his mother who was concerned by Xavier's anxiety and self-critical behaviour. Xavier had also said on several occasions that he 'didn't want to be alive.'

The last few years had been unsettled for Xavier as the family moved to London from overseas. Mum moved to London alone before Xavier, and during this parental separation, his paternal grandmother died in unexpected and traumatic circumstances. This was very hard on Xavier, and then his parents also separated, following incidences of domestic abuse that led to the police being called and dad moving out of the family home.

The Unlocking Potential Therapy Team Manager met with mum to complete an assessment. Mum shared her concerns about Xavier being hard on himself and being unable to accept when he has done well, often speaking negatively about himself. Following the assessment, UP staff identified long term 1:1 therapy with a complex case therapist as the appropriate intervention as he would benefit from extended support to aid his understanding of his experiences and improve his self-confidence.

In 1:1 therapy, Goal Based Outcomes (GBOs) are used to measure the effectiveness of the intervention with the child, parent, and teacher all setting a goal. Xavier, his mum, and his teacher were all keen that through the therapy he develop his confidence and set goals to reflect this, initially both scoring low, Xavier scored himself at a 2 and mum a 1. While Xavier and mum were focused on his perception of himself, his teacher was focused on his confidence in the classroom, initially scoring him at 5.

I don't know what magic wand you have, but he is like a new child since starting sessions.

Xavier's mum

Xavier engaged well in therapy in sessions; he made use of the toys to explore a range of themes, particularly using construction toys to create different worlds and playing competitive board games with the therapist. At the beginning of the work, Xavier found it hard to reflect on his feelings, and was very critical of himself and seemed anxious about losing. Over the period of the therapy, Xavier developed his confidence, becoming more open with the therapist, appearing happier and playing board games without the pressure of winning or the fear of losing.

After attending a year of 1:1 therapy, Xavier's final GBO score was 9, a clinically significant 7 point improvement, mum's goal increased by 6 points and his teacher's final score was 9, a 4 point increase on the initial score. His teacher described Xavier as being much more confident, displaying his personality more in class and developing his friendships. Xavier's mum shared that he was more confident, happier and had made significant progress, "I don't know what magic wand you have, but he is like a new child since starting sessions."

6 Times Talk Time (6xTT)

6xTT is a set of 6 weekly sessions offered to individuals or groups of children needing support in one of 5 areas: Self-Esteem, Social Skills, Emotional Literacy, Anger Management, Transition and Change (moving to a new school; moving home; divorce and separation; bereavement).

Children are referred to 6xTT for a variety of reasons, the most common include:



6xTT Therapy Goals (89 children completed 6xTT in the year)



Goal Score Key

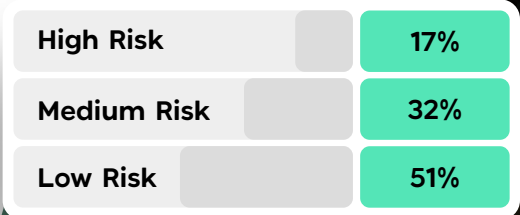
- 1-4 Emerging
- 5-7 Developing
- 8-9 Securing
- 10 Mastered

■ Initial Goal
■ End Goal

Child goals improved by an average of 3.07 points and teacher goals improved by an average of 2.67 points.

For children in 6xTT, we set a goal with the child and their teacher at the beginning and end of the 6 sessions. The chart displays the average child and teacher goal scores at the beginning and end of 6xTT.

Risk levels for children in 6xTT



“She is more willing to extend conversations in play with peers. She will now sometimes repeat the phrase then add something else, linked to and relevant to the game. She seems more confident to join in and will laugh and smile with friends.”

Teacher after a child attended 6xTT

93% of children reported that they improved after 6xTT

92% of children reported improved self-esteem after attending 6xTT

100% of teachers reported an improvement in children’s confidence after attending 6xTT

95% of teachers reported that their children improved after attending 6xTT



Occupational Therapy

Occupational therapy aims to provide practical support to help increase people’s independence and satisfaction in all aspects of their life. Its focus is on enabling people to do the things they want or need to do in their daily lives (‘their occupations’). In schools, the goal of OT is to improve students’ performance of the tasks and activities that are important for successful school functioning. Occupational therapist’s work alongside the child and teachers to help support changes in the child, environment, and task. Occupational therapist’s help children address a huge range of challenges that they may face in school and at home. See table below for examples.

Children are referred for a variety of reasons, the most common include:

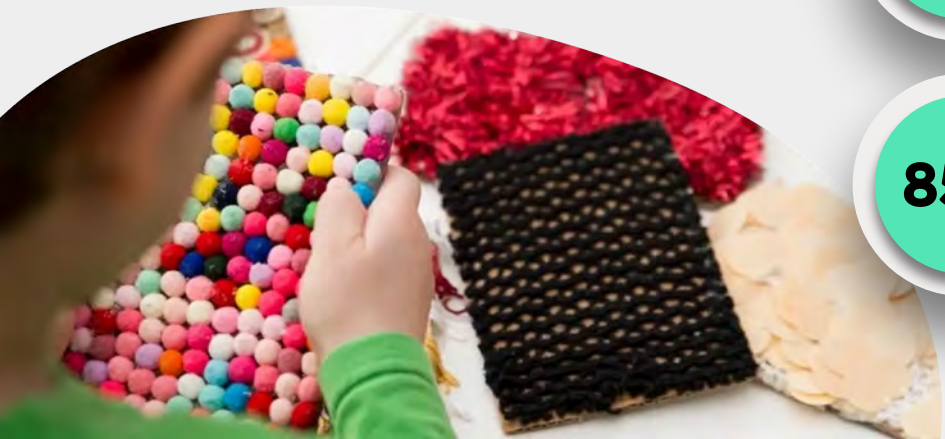
Attention/Focus		27%
Emotional/Sensory Regulation		24%
Handwriting		21%
Fine Motor Skills		14%
Social Skills		14%



Occupational Therapy Goals

Occupational therapists support children to ensure that the ‘occupations’ the child and therapist are working on most closely reflect the areas of difficulty the child is experiencing, based on their referral and assessments completed by the occupational therapists at the start of their work with the child. UP occupational therapists are responsive to the needs of the child so goals can be adjusted during the intervention to ensure that we are continuing to meet the child’s needs. Therefore, children are often supported to work towards several goals during an OT intervention and in the 2022/23 school year children engaging with OT worked towards 355 goals. This year’s goals included ‘learning’ goals designed to support children develop their handwriting and fine motor skills, such as being able to form letters such as ‘b’ and ‘d’ correctly and be able to write evenly and on the line.

- 99%** of children met at least one of their occupational therapy goals
- 94%** of teachers reported an improvement in children’s engagement with school / education after they attended OT
- 92%** of 355 goals were fully or partially met
- 85%** of children reported improved self-esteem after attending OT



Occupational Therapy Case Study

Jennifer, aged 7, attended an UP partner school in Brent and was referred to OT for support with confidence and learning. Jennifer has a developmental delay which significantly impacts her fine motor skills, with concurrent effect on reduced academic, social and self care progress.

Her goal was to be able to do three large buttons on a cardigan without physical support by the end of term as her teacher reported that she was having difficulties managing her own clothing at school.

Jennifer attended 1:1 OT sessions and one group OT session. The focus of the sessions was managing her clothing and improving her fine motor skills.

Fine motor skill activities completed:

- 1** Making butterflies out of coloured paper and pegs (cutting butterfly shape out supported by OT).
- 2** Making bracelets out of small beads (mostly independent, minimal support required to cut the end of the string as it became frayed).
- 3** Drawing and colouring and painting.
- 4** Making lollipops: by drawing, naming, decorating, and cutting out squares, circles, and triangles to stick on lolly sticks.

“OT has made such a difference to Michael; before he would cry and refuse to do PE, now he’s excited to do PE.”

Reception Class Teacher from a school in Lambeth

Jennifer has met her goal, to be able to button up a cardigan with large buttons independently. She can thread a button through a buttonhole without physical support, like hand over hand or the OT completing a step in the task for her. Jennifer can put on and take off the cardigan independently when asked.

Jennifer can cut out a large square, circle, and triangle. She does not cut right up to the edges of the shape; she leaves less than a cm of paper around the shape. Jennifer’s cutting skills have improved over the course of the intervention.

All names and some details have been changed to protect the children and families that we work with. All the photos used in this report are stock images.

Speech and Language Therapy (SaLT)

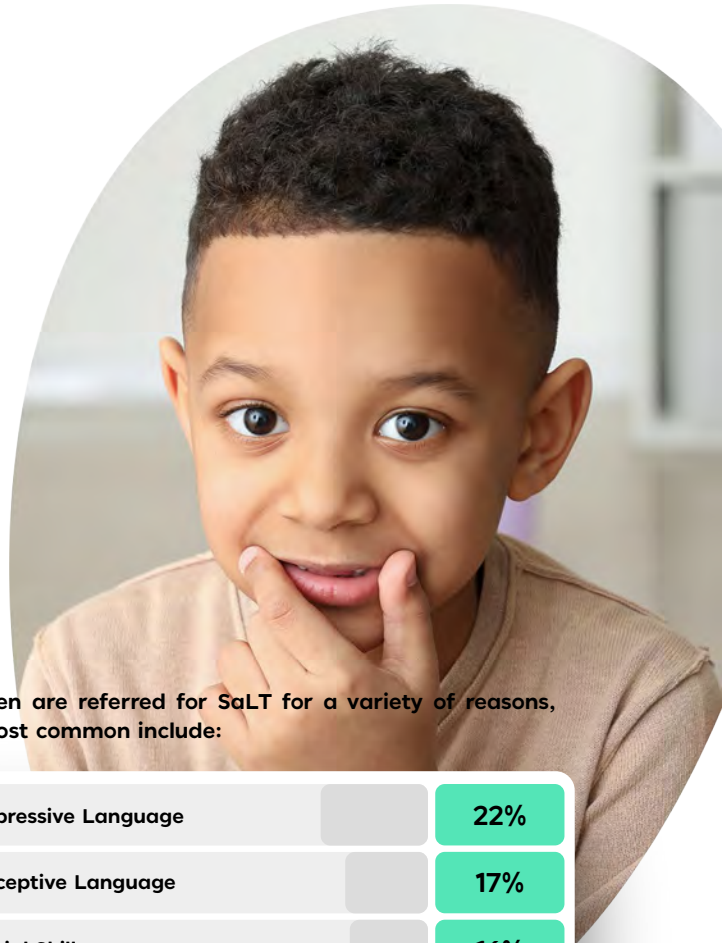
Speech and language therapists (SaLTs) are Allied Health Professionals. At UP, our SaLTs work with parents, carers, teachers, and other professionals providing intervention and care for children who have various difficulties with communication, but SaLTs can also support where eating, drinking or swallowing is an issue.

During a standard half termly package, UP SaLTs work with School Leads/SENCOs to identify 2 high need classes and to select an age range to work with who will receive universal-to-small-scale-targeted SaLT support that will benefit the communication development of the whole class setting. Children presenting with individual communication needs are identified and benefit from appropriate small SaLT groups led by a SaLT or Student SaLT. School staff are also offered relevant in-person training.

The combination of these three elements helps to secure better communication outcomes and reach the highest number of children possible.

Due to the link between communication difficulties and poor social, emotional and mental health, UP's SaLT works in a preventative manner initially addressing communication needs as part of UP's Tri-Part approach. Many SaLT referrals to UP are the child's first contact with the charity.

In 2022/23, the UP SaLT service provided this universal approach to 180 children across 4 of our partner schools Reception classes. In addition to universal in-class support, we provided training to the staff in these 4 partner schools on visuals, colourful semantics and zones of regulation, which was very well received.



Children are referred for SaLT for a variety of reasons, the most common include:

Expressive Language		22%
Receptive Language		17%
Social Skills		16%
Attention and Listening		13%
Speech		13%

SaLT Outcomes

100%

of children can reflect on their behaviour and make positive changes after attending speech & language therapy

96%

of children met at least one of their speech & language goals

95%

of children were able to communicate their needs more effectively after they had attended speech & language therapy

95%


of goals were either fully or partially met

SaLT Case Study

Jasmine was referred to UP SaLT by the class teacher due to concerns about her level of receptive and expressive language in comparison to her peers.


Jasmine found it difficult to join in at carpet-time, rarely raising her hand and often losing interest in the group activity. Jasmine also struggled in social situations, demonstrating difficulties turn taking and playing with others. Despite having a friendship group, Jasmine did not initiate conversation and rarely sustained eye contact.

The SaLT team audited the classroom with Jasmine in mind, noting where communication support could be improved. Classroom visuals and simple Makaton signs were introduced at carpet-time to support verbal instructions given by the teacher. Colourful Semantics sentence strips were introduced to the whole class setting to further support language understanding and use. Jasmine was selected to join a targeted SaLT group with two peers, to develop communication confidence and social skills e.g. attention, turn taking, eye contact in a supported and motivating setting. School staff were invited to attend a training led by the Lead SaLT, to explain what had been put in place and explain how to implement and develop it further.



“It was wonderful to learn how simple changes in class like using visuals and Makaton signs can impact the children’s understanding so greatly.”

**Classroom Teacher,
school in Wandsworth.**



Following the 3 parts of the intervention, Jasmine showed significant improvement in both her verbal and non-verbal expression, using more eye contact and turn taking, and using visual cues in social scenarios.

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Support for School Staff and other Professionals

Our offer for teaching staff is timely, adaptable, bespoke and trauma-informed. Our staff seek opportunities to support and upskill school staff across the school day, both through informal chats and scheduled 1:1s booked by staff to discuss how to manage challenging or concerning behaviour and increase children and staff wellbeing.

Professionals Meetings

149

Teacher Meetings

541

“School staff have found their mental health has been positively impacted as they have had knowledgeable qualified professionals on hand to share big issues and they know the issues are being addressed.”

Inclusion Team at a school in Lambeth

We know that supporting parents and carers is key to providing effective support to children and young people and ensure that regular meetings and check-ins are a key part of our service. We recognise the value of positive relationships, and prioritise these at every stage of the work: when introducing our parents/carers to UP and our team members, when booking regular check-ins to hear how a child is progressing at home and school, when thinking with the parent/carer about how family life is supporting a child's development, and when responding to parents in crisis on the phone or at the school gate.

It can be hard for parents/carers to take the step to engage with external services, but the positive relationship they have with UP staff builds their confidence to accept help from social care, housing and adult mental health services.

Parent Meetings Attended

607

Parent Phone Calls

537



Positive Parenting Group

In 2020/21 to further develop our offer to parents/carers we began our Positive Parenting Group.

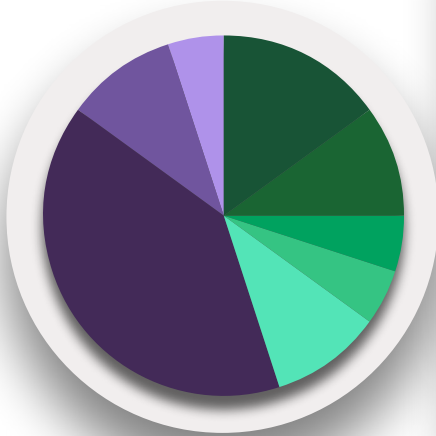
The group has grown each year and in the 2022/23 school year supported 20 parents/carers across 3 groups during the year. This year participants had children attending schools in Brent, Camden, Hackney, Lambeth, Lewisham and Wandsworth. The groups are co-facilitated by members of the UP team, a child therapist trained in Parent Group Facilitation and able to hold in mind the needs of the child, and an adult therapist able to work with any strong feelings evoked in parents.

The 8-week programme includes sessions on empathy and communication, the power of connection, helping children with their big feelings, how to get the most out of your day, encouragement and praise, self-care, and family relationships.

A key and unique aspect of the group is the mid-week 1:1 phone calls, to follow up and check in with parents/carers to see how they experienced the group, what they took away to put into practice, how their child is responding to the new strategies/ways of thinking and being, and answer any questions in a timely way. It is in these calls that our staff can often identify if a parent has their own learning/additional needs themselves or is struggling with their own mental health and would benefit from closer connection with the school and the possibility of onward signposting/referral to other supportive services.



Our Participants



Ethnicity	
Any other ethnic group	15%
Any other White background	10%
Asian or Asian British: Indian	5%
Black or Black British: African	5%
Black or Black British: Caribbean	10%
White: British	40%
White: Other European	10%
Not Given	5%

Risk Factors

We consider children to be more vulnerable if they receive pupil premium, have a mental health diagnosis or an EHC plan, or are on a statutory service plan.

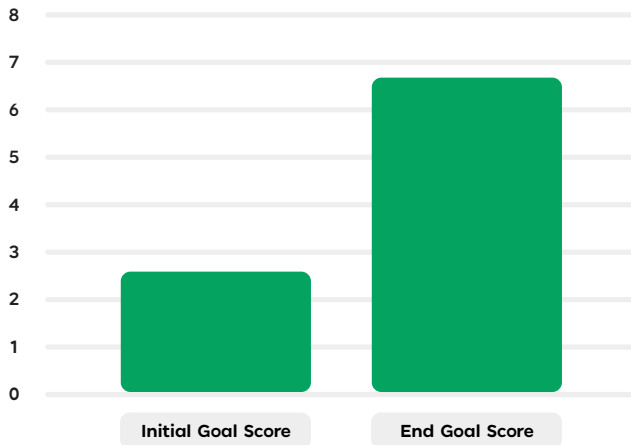
- 44%** were parents of children receiving Pupil Premium
- 38%** were parents of children with a SEMH diagnosis
- 31%** were parents of children with an EHCP
- 19%** were parents of children on statutory service plans (child protection, child in need)

Risk Levels



Our Impact

To measure the impact of our parent group we use Goal Based Outcomes (GBOs). Parents set goals to support their children to improve their communication, manage their feelings and to more effectively manage boundaries.



Parent goals improved by an average of 4.1 points.

“ Thank you so much for inviting me onto your course. I strongly feel that society quite often pits parents against each other right from the start with debates on birthing, breastfeeding, vaccinating, screen time, discipline, schooling etc etc, the opinion and judgment are endless! Something so refreshing and powerful happens when parents come together to simply share their experiences, and listen to each other, under the gentle guidance of people like A & N. No judgement, just grace and support.

100%

of parents agreed that their children could communicate their needs more effectively after they attended the parent group

100%

of parents agreed that their children were better able to manage their emotions after they attended the parent group

Case Study

Amanda, a parent of daughter Julia aged 7 in one of our UP schools, was referred to the Online Parent Group due to high anxiety levels that both she and her daughter were experiencing which had taken over the family's lives and day-to-day functioning.

Julia was struggling with anxiety around any separations from Mum, and any change or transition, and worries about her parents dying. She had recently been diagnosed as being on the autistic spectrum, and her frequent outbursts left her parents desperate for support. Julia was having 6xTT with UP and was on a waiting list for CAMHS therapy and family therapy.

Amanda set a goal for the Parent Group: 'to gain more understanding and be able to respond to Julia's panic in the best possible way'. She scored it 1 at the start of the group.

Amanda attended all 8 online sessions and mid-week phone calls. She engaged well, finding it extremely helpful to be able to talk, hear other's experiences and make sense of what was happening for her daughter and in their family. In the initial calls she shared issues involving complex dynamics between Julia and her younger sibling, who being neurotypical, found life naturally easier, evoking tension, envy, and a sense of incompetence for Julia as the older sibling.

“Before the UP parent group I felt I was running out of ideas, I knew I needed help and that we had hit a brick wall with Julia. Now I have plenty of tools, and much more confidence in my parenting and communication skills with my daughter. The outbursts and meltdowns at home have really gone down – I am so grateful.”

Amanda

As the group ended, Amanda rated her goal at a 10

All names and some details have been changed to protect the children and families that we work with. All the photos used in this report are stock images.

Various strategies from the Online Parent Group helped Julia, including 'How to Listen and Talk with Children', and in particular, coaching around 'How to Speak with Children about Big Feelings'. Amanda put suggestions into practice, inviting Julia to draw her fears, give her big worries a name, a face, a colour. This introduced a new playfulness which had been missing in the mother-daughter interaction. Amanda also learned about the typical/expected stages of child development, and what is 'normal' for children her daughter's age. This helped both parents feel more comfortable to tolerate Julia's fears around routine changes and in particular around death. They became more able to have an open dialogue about such things with their daughter, to prepare Julia for changes, and teach about negotiation and compromise, which in turn helped Julia feel relieved and heard, and less stuck in rigid thinking.

Approaching the end of the 8-week programme, Amanda reported how she found it helpful and thought-provoking, and that anxiety levels for the whole family had decreased dramatically. Mum felt this was due to having gained more understanding into her daughter's struggles and inner world, as well as having received more tools to cope with feelings and behaviours. She also realised that she and her partner were not alone in their struggle and that other parents were going through similar difficulties.

As the group ended, Amanda rated her goal at a 10.

Children’s Mental Health Week

Children’s Mental Health Week took place between February 6th – 12th 2023. The theme of this year’s UP Children’s Mental Health week was ‘Express Yourself’.

UP therapists delivered theme-specific sessions and fun activities across all our partner schools, designed to help children and young people get to know themselves and each other better. A variety of resources were also created and provided for free to schools and on the UP website.



ImpactEd

In the 2022/23 school year we partnered with ImpactEd a not for profit organisation that supports schools and charities working in the education sector to improve the evaluation of their interventions. Working with ImpactEd we conducted a small-scale pilot of our School’s Programme in 5 schools in Brent, Lambeth and Wandsworth. We used the ImpactEd platform to collect pre- and post-intervention data from school Management Information Systems on attendance, behaviour, and exclusions, and used academically validated survey tools to measure pupil wellbeing (the Stirling Children’s Wellbeing Scale) and school engagement (the School Engagement Survey).

As to be expected during this time of financial, political, environmental and social crisis, the average wellbeing of all children declined from start to end of measuring period. However, those children supported by Unlocking Potential were bolstered by their interventions as their wellbeing fell only 0.05 points (from 3.48 to 3.43), in contrast to children not supported by UP, whose wellbeing fell more sharply by 0.10 points (from 3.66 to 3.56).

School engagement declined, on average over the course of the evaluation, for all pupils. This can be part-way explained by the fact that children’s engagement naturally reduces as the school year progresses from September through into the summer months, and as children are coping with more and more stressors. As with wellbeing, Unlocking Potential offers a buffer against this, with UP children only falling by 0.10 points (from 3.52 to 3.42), in contrast to children not supported by UP, whose engagement fell steeply by 0.17 points (from 3.70 to 3.53).

We have continued to work with ImpactEd in the 2023/24 school year to further develop our impact measurement process.

The Corner School is a specialist Independent Primary School in Brent for children who have been excluded or are at risk of exclusion from mainstream education, due to the challenges their SEMH needs present. We provide quality learning opportunities in a multi-disciplinary, nurturing, and therapeutic environment where children can grow and thrive. Our children develop a sense of safety and belonging within the school community, coming to understand that all aspects of themselves are valued, even if there are still challenges or struggles to be worked through. Drawing on social communication tools to support children's understanding and receptivity, by modelling appropriate behaviour, and by building significant relationships, we foster willingness, enjoyment and inspiration that leads to success. We aim to increase children's self-esteem and resilience and improve their emotional regulation and support them to express empathy for themselves and others.

Our vision is to improve the life chances of all children at the Corner School by providing an appropriate and relevant education, improving their mental and physical health, and helping them build positive relationships with peers and adults so that they can contribute to their community and wider society.



“Leaders and staff want the best possible outcomes for every pupil. They know how to help pupils build up their self-esteem and to experience success.”

**Ofsted report
February 2022**

Our school follows the national curriculum which is then tailored to suit the specific needs of our pupils through bespoke educational programmes and lesson plans. Our approach is both trauma informed and sensory-aware, to ensure we view a child's learning interests, their needs and their behaviour in the context of their wider family system and historic and emerging SEMH needs.

We limit our class sizes because we recognise that small and one-to-one work with teachers is crucial to the academic development of our children. We also offer exclusive one-to-one learning if a child struggles in the classroom with other children.

In addition to our academic work, our children access a tri-part therapeutic model of Occupational Therapy (OT), Speech & Language Therapy (SaLT) and Psychotherapy/Emotion Coaching. We support learning and academic progression by ensuring diagnosed or emerging SEMH needs are met through our team of therapists in the wider charity and a dedicated child psychotherapist who is on the school team.

Ofsted

We are proud to have achieved a 'Good' Ofsted rating at our first inspection in 2019 and again at our last standard inspection in February 2022.

See the full reports here:

www.reports.ofsted.gov.uk/provider/27/145849



Academic Progress

Children at The Corner School are assessed against National Curriculum levels. We help children set bespoke academic goals which reflect where they are against the national curriculum. We then embed these targets into classroom learning and therapists, teachers, and other staff members work collaboratively to help children reach their goals. We encourage children to become independent learners who take ownership of their goals, instilling a love of learning and a desire to become their best selves. All individual goals are shared with the parents and carers to support progress at school and at home.

Our team is utterly committed to transforming life chances of children, ensuring that they have opportunities to thrive. Our dedicated team of teachers, teaching assistants and therapists work together to support each child to develop as individuals in their own unique way. We offer a safe and nurturing environment and the stability needed to gain emotional balance and to develop their self-esteem and resilience. We are committed to delivering inspirational teaching that develops confidence in learning and encourages our children to take ownership of their learning and be proud of their achievements. We use an imaginative and innovative curriculum to bring out the best in our children.

“We have been using the visual resource for reflections with the boys and they are really starting to get it; they can reflect on what has happened and it has helped me to structure the conversation.”

Class Teacher



Reading & Writing

We use Read Write Inc. Phonics, a literacy programme validated by the Department for Education, designed to teach children to read and write with ease and fluency.

Read Write Inc. is used in more than a quarter of UK primary schools and was designed to ensure progress for every child. It has proven success in all types of schools, including those with high numbers of children with SEND and those in the least privileged areas. Read Write Inc. Phonics is split into different literacy levels that are represented by a group. There are 9 groups each having at least 10 books that are designed to consolidate knowledge at that level. When the child has demonstrated solid understanding of that level they can move onto the next level.

- Once children complete Read Write Inc. Phonics they move to Fresh Start, which is split into five groups with a total of 33 modules.

- Once children complete Fresh Start they move on to accessing further reading that is more appropriate for their age.



Progress in Reading

Children were assessed for reading at four points in the year.

100%

of children made positive progress in reading.

77%

of children made more than 3 levels of progress in reading.

“ I can use my mood board to show you how I am feeling. ”
Ben

31%

of children are now engaging in further reading having completed Read Write Inc Phonics and Fresh Start.

Progress in Writing

Children were assessed for writing at three points in the year.

100%

of students made progress at each time point.

100%

of students moved up at least 1 year group level between September and June.

Progress in Maths

Children were assessed in maths at three points in the year.

100%

of children made progress at each time point.

38%

of children have moved up a year group level between September and June.

23%

of children were able to access work up to two year group levels and above, between September and June.

Therapeutic Support at The Corner School

The Corner School is a unique, specialist provision, where a therapeutic approach underpins our work with the children. We have a dedicated, experienced, in-house Child Psychotherapist working 3 days a week in the school, who works to support children’s social-relational, psychological, emotional and mental health needs. We also have dedicated occupational therapy and speech and language therapy support.



	Number of children that accessed	Number of sessions attended
Formal 1:1 Therapy	5	48
Informal 1:1 Therapy	13	105
Therapeutic contact (this includes clinical observations, universal and targeted support)	13	Every child has 1:1 dedicated therapeutic contact each week
OT	9	14
SaLT	12	94

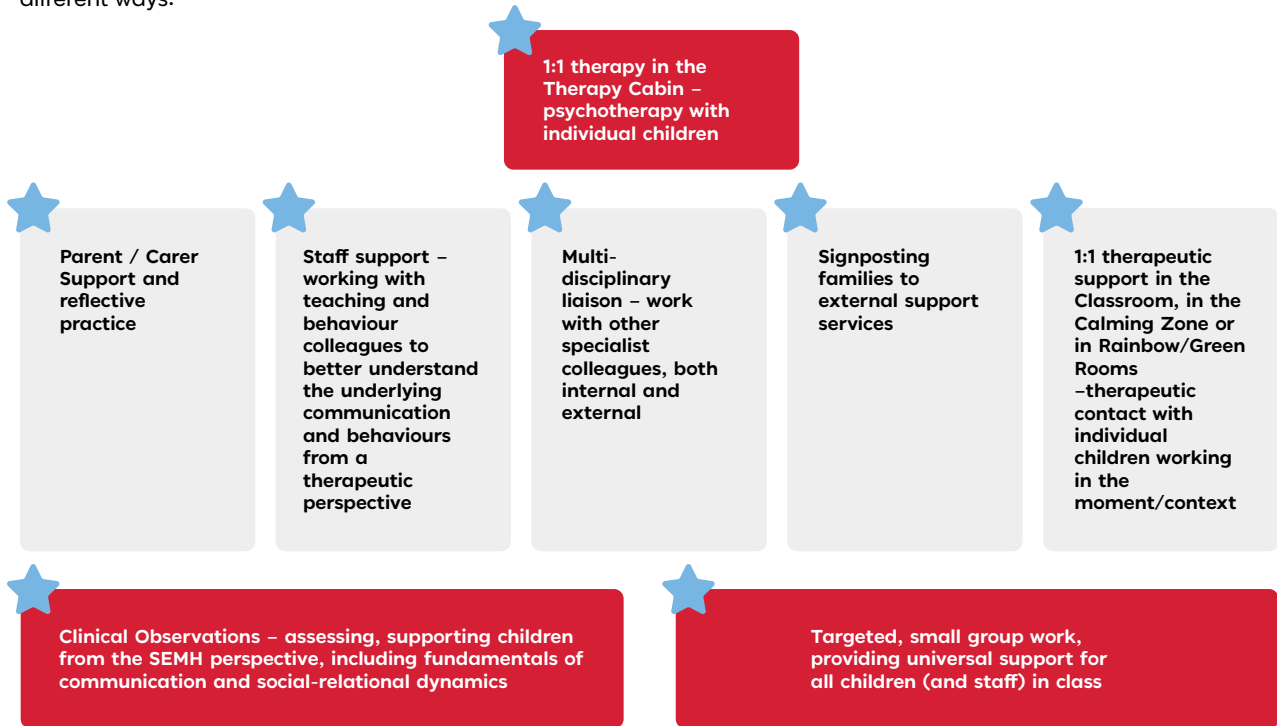
1:1 Therapy

The Corner School Psychotherapist is an integrative practitioner, who will observe, assess and work to support each child depending on their specific needs and presentations. Very often children have a range of multi-layered needs that The Corner School Therapist can help to assess and work with. These clinical areas may include:

- ★ Range of presenting issues, difficulties, diagnosed and undiagnosed educational and social, emotional and mental health needs
- ★ Functioning – Developmental factors, including ages and stages, challenges and delays
- ★ Significant Life events/trauma/separations/moves/ loss/family issues
- ★ Safeguarding issues
- ★ Social, relationships to others, attachment issues and roles in group
- ★ Communication styles (work alongside Speech and Language therapist SaLT)
- ★ Psychological factors, Emotion & Affect, Including relationship to Self
- ★ Cognitive-behavioural – thoughts and beliefs
- ★ Regulation/Dysregulation – their norm, length of regulation/in crisis, known triggers & de-escalation strategies
- ★ Somatic/physical & Sensory (work alongside Occupational Therapist OT)
- ★ Patterns of play and creative expression (self and with / alongside / interactive with others)

Tiered Psychotherapeutic Support

The Complex Case Therapist provides a tiered support service, working within The Corner School in a range of different ways:



Therapy Cabin

The Corner School therapist has worked to refurbish the therapy cabin in line with our new cohort of children’s and parent’s/carers needs.

Newly renovated it has become a very popular space in the school grounds for both children and parents, and now includes the following:

- Play Zone:** including miniatures, puppets and projective play, interactive games, construction, storytelling
- Sensory Zone:** a safe space to support nervous system regulation, grounding, calming, supporting the children’s sensory seeking and sensory avoidant needs
- Art and Craft zone:** allows for art and creative media as therapeutic tools to encourage safe, non-judgement expression



Speech and Language Therapy (SaLT)

Speech and Language Therapy (SaLT) at The Corner School supports children to develop their communication and interaction skills which are essential for accessing learning, building and maintaining meaningful relationships and developing awareness of self, others and emotional literacy. SaLT is embedded in the school through communication-friendly environments and differentiated learning curriculums.

All children at The Corner School access SaLT at a universal level which includes communication environment audits, joint target setting, and bespoke training for all staff. Children requiring more support access targeted interventions, for example, social groups, attention and listening groups, joint PSHE lessons and social stories. These may be delivered by the SaLT and other therapists, or a member of staff who has received training from the SaLT. Children requiring a high level of specialised support access 1:1 intervention. The SaLT also works with families to support communication and interaction in the home environment.



In the year 2022-2023, The Corner School has accessed 2 days per week of speech and language therapy which has increased the level of direct and indirect support the SaLT has been able to provide across the school. Direct interventions delivered this year include: Lego-based therapy, Attention Autism, Playground Games, Social Conversation Skills, Secondary Transition, Communication Boards, Emotional Literacy Development. SaLT has also focused on supporting emotional regulation and wellbeing throughout the day. Formal training sessions delivered by the SaLT have included: 'Creating Quality Interactions' and 'De-escalation and Restorative Approaches'.

“You have no idea how proud it makes me to hear her (child) saying those words” – sessions with a parent of child using communication board.

Parent of child in KS1

Secondary Transition

This year the therapy team have created a transition programme for 4 students who transitioned to secondary school. The programme has been shared with the class teams and families and covers a range of functional skills and activities to prepare for secondary school including using public transport, managing feelings around transition and reading school timetables. All children who transitioned to secondary school were offered weekly sessions with therapists, and therapists have worked closely with the class teams to support discussions and preparation around transition to secondary school.

Occupational Therapy

Occupational therapy (OT) at The Corner School supports children to regulate their emotions and sensory system so that they can engage in lessons and develop their foundational skills. OT is embedded in the school curriculum through child centered teaching activities and meaningful enrichment activities.

Each child in The Corner School receives a yearly holistic occupational therapy assessment which combines class observations, discussions with staff, and one-to-one work with the child. An intervention plan is created based on the holistic assessment which may consist of one-to-one sessions outside of classroom, integrated activities with teachers, or occupational therapy-based group work with other students.



It is UP's belief that a deeper understanding and level of empathy for ourselves will in turn lead to an improved relationship with our children.

This school year we supported ten families with parent coaching and counselling.

Parent & family support at The Corner School

Parent/carer reflective support – 10 parents

- Parents supported in a safe, confidential space to reflect on their child's needs
- Termly or half termly parent/carer meetings for all children accessing individual therapy

Themes covered:

- Building mentalising capacity and empathy
- Different parenting 'styles'
- Cultural parenting
- Family and systemic/environmental factors
- Specific issues affecting child – e.g. adoption and fostering, trauma, abandonment, separation and divorce, eating, sleep, screens and internet
- Understanding EHCP diagnoses
- Identifying additional external specialist support
- Home visits for new referrals

Case Study

Ben has been a student at The Corner School since February 2022. In terms of early learning skills, Ben was significantly below age related expectations. His attention and concentration skills for an adult-led task were significantly limited. Ben also displayed difficulties with his gross and fine-motor skills. Ben required support with dressing and undressing, eating with cutlery and playing safely by himself or alongside others. Ben was diagnosed with ADHD in mid-2023 and has been on medication since July 2023.

In addition to above, Ben presented with significant difficulties with his social communication and interaction. He required considerable support to develop his receptive and expressive language skills.

Reason for referral to The Corner School:

- 1 Complex SEMH needs
- 2 Reduced timetable at mainstream school
- 3 Refusal to follow instructions
- 4 Persistent disruptive behaviour
- 5 Persistent physical aggression and assaults on adults and peers
- 6 Damage to school property

Interventions and strategies implemented:

- Full time placement at The Corner School
- Implementation of Brent's Graduated Approach Framework: Individual Child's Assess, Plan, Do & Review cycle
- Therapeutic support at universal and targeted level via tri-part therapy model at The Corner School: Art/Play therapy, SaLT and OT
- Lego Therapy to support his social and communication skills
- Trauma informed approaches to ensure that all staff were holding in mind Ben's attachment and relational challenges in all their day-to-day work with him
- 2:1 adult support in the garden room as an individual learning space to ensure safety for Ben and others
- Phased increase of classroom learning with other peers in the afternoons
- Restorative approaches with peers and adults following incidents
- Consistently high expectations and firm boundaries
- Additional take up and processing time
- Personalised behaviour support plan and targets
- Modelling of expected behaviour and use of language
- Explanation of choices and consequences
- Use of specific positive praise and token reward system
- Use of visual timetable, now and next board, and consistent predictable routines
- Zones of regulation and personal toolbox with strategies to support co and self-regulation
- Regular wellbeing check-ins throughout the day
- Regular contact with mum
- Regular brain breaks (trim trail, rainbow room)
- Modelling and use of breathing activities

"I enjoy coming to The Corner School, I love Enrichment and my phonics is getting really good!"

Quote from Ben

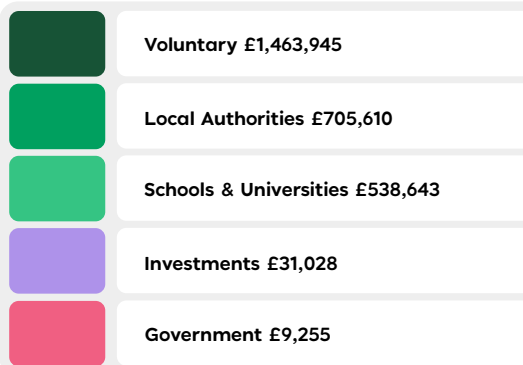
Impact of Intervention and strategies:

- Improved relationships with self, others and curriculum
- Strong progress in reading levels- moved up 5 levels
- Increased self-esteem and improved attitude towards learning
- Increased window of tolerance to try new things
- Improved relationships with others
- Improved ability to work and play collaboratively with others
- Improved social awareness, ability to interact with others appropriately and development of how his actions may affect others
- Significant reduction in the number of incidents of physical harm to others (adults and peers) and therefore reduction of safe holds/physical intervention

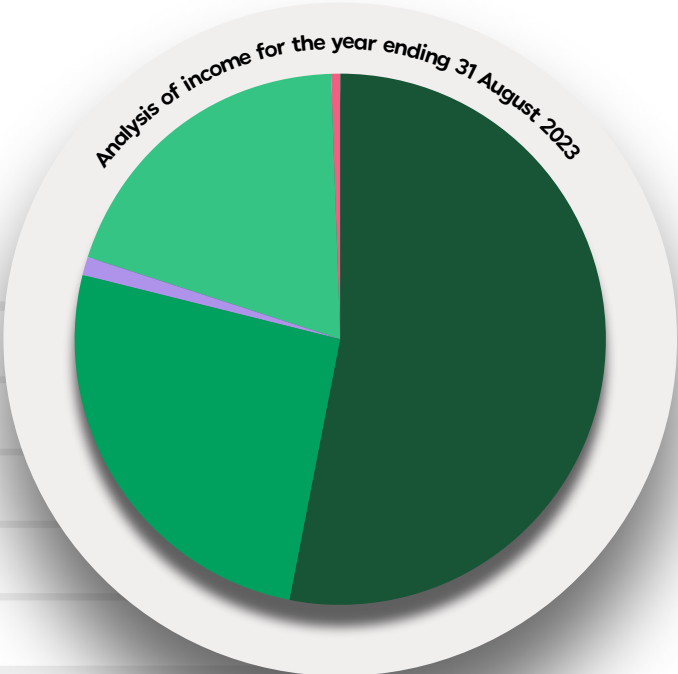
Our Income

Thanks to your generosity and support we raised £2.7m to enable us to carry out our vital work with children and young people with social, emotional, and mental health needs to improve their mental health and unlock their full potential.

We received support from philanthropists, Trusts and Foundations, corporates, and individuals. We are particularly pleased to receive multi-year funding which helps us to plan and develop our work. We also receive funding from schools, universities, local authorities, and government.

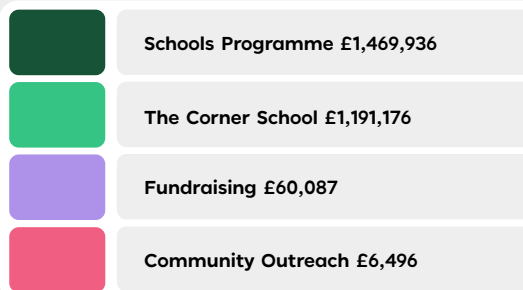


Total £2,748,481

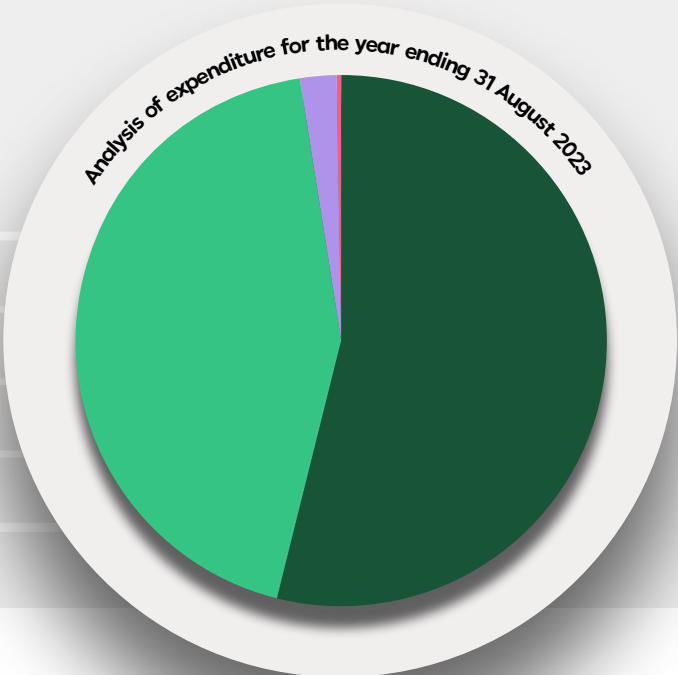


Our Expenditure

We have tight controls over our expenditure and most of the money we receive goes directly into our programmes that help children and young people. The majority of our cost is for salaries and employment costs. Our team are largely made up of highly qualified therapists and educational professionals.



Total £2,727,695



A full breakdown of our income and expenditure is available in our Annual Report & Financial Statements for the year ended 31 August 2023.

Funders

A huge thank you to the following organisations and individuals who, among other generous benefactors, have given us much needed funding and support during the year:

- ★ The Charles Wolfson Charitable Trust
- ★ The Gerald & Gail Ronson Family Foundation
- ★ Lenta Space
- ★ Zvi and Michal Noe
- ★ The BigGive

With special thanks to:

- ★ Alan Howard
- ★ Alex and William de Winton Trust
- ★ Brian and Clare Linden
- ★ The Childhood Trust
- ★ The Davis Foundation
- ★ The Glenbevan Trust
- ★ Lansdowne Partners
- ★ Mr Natsis
- ★ The Peltz Trust
- ★ Rachel Charitable Trust
- ★ The Roden Family
- ★ Troy Asset Management

Trustees

We have an experienced and extremely dedicated board of Trustees who generously volunteer their time and expertise. The Charity would like to warmly thank the Trustees for their tremendous support that they have provided during the year.

Stuart Roden (Chair)

Brian Linden (Vice – Chair)

William de Winton (Treasurer)

Tatiana Amory

Thomas Bible

Jonathan Clark (Safeguarding Lead)

Andy Cook (appointed 10 August 2023)

Carrie Herbert (Chair of the Corner School Education Committee)

Emily Meeyoung Sun (resigned 10 May 2023)

Derek Nasser





Unlocking Potential

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