Personal Development and Wellbeing

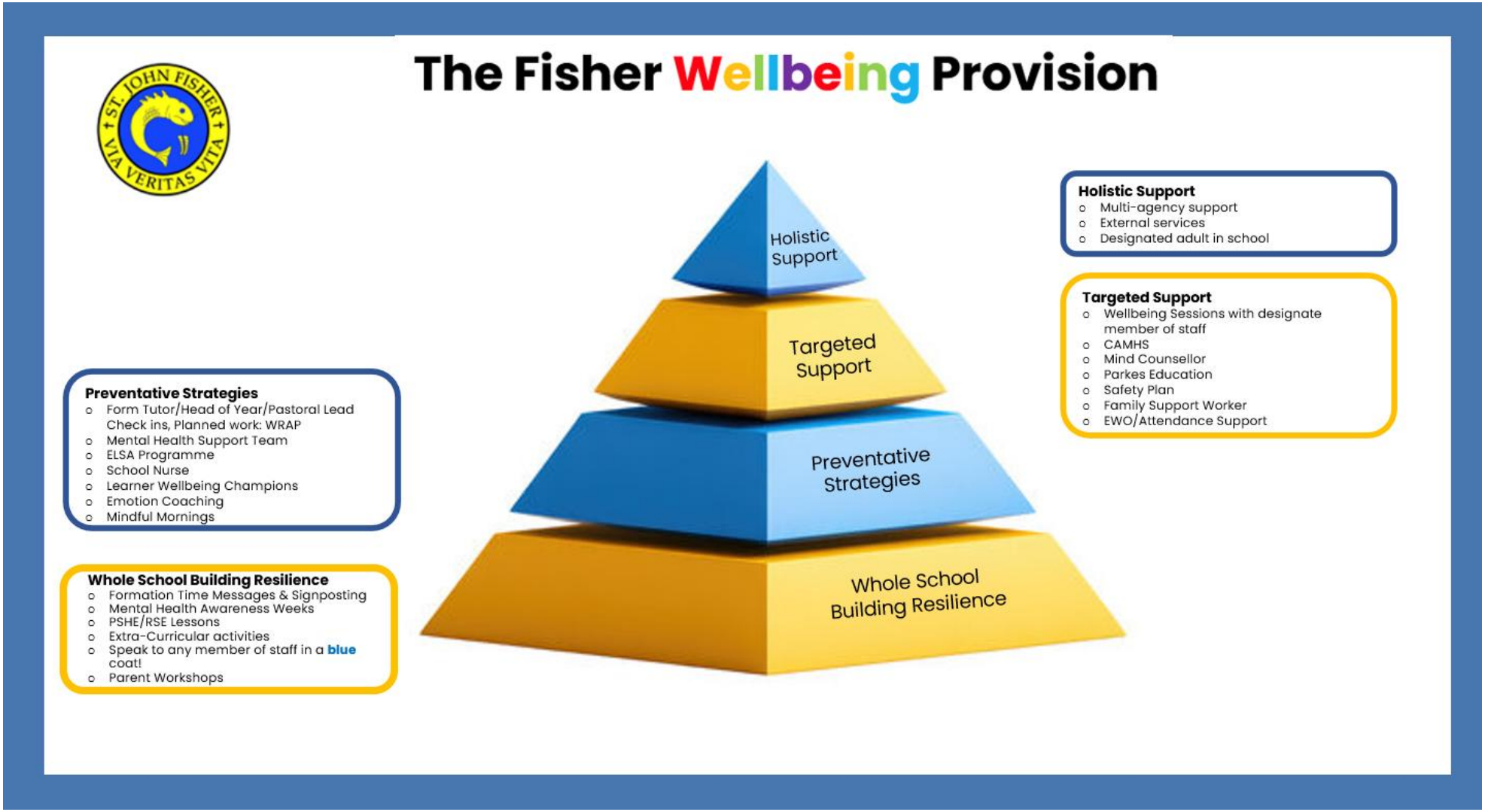
Whole School Approach to Mental Health & Wellbeing



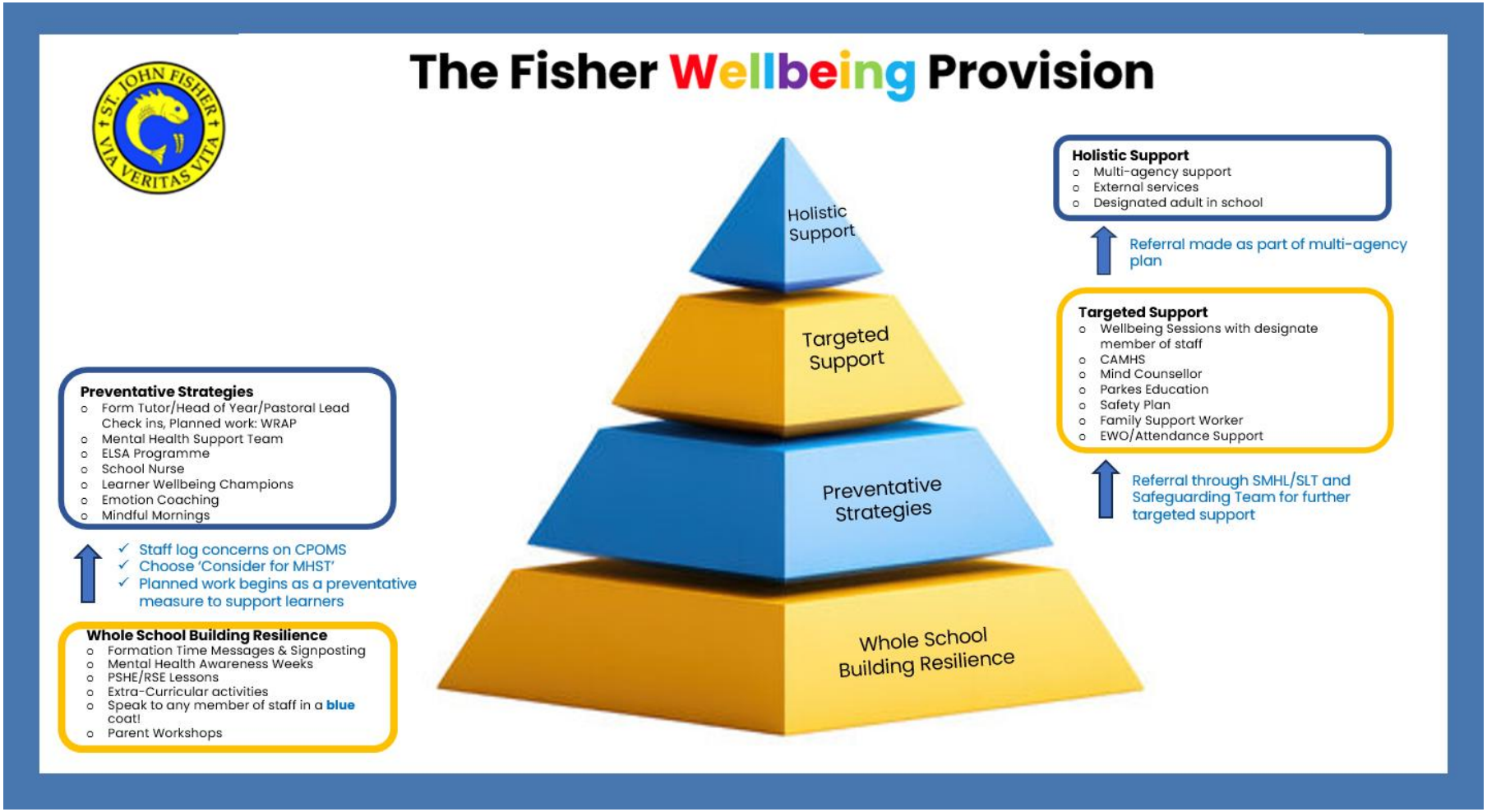
The Fisher Wellbeing Provision



Provision Offer



Referral Process



The Fisher Wellbeing Provision

Whole School – Building self-resilience. (Whole School Approach to Wellbeing and Mental Health – Our Universal offer) We recognise that sometimes in life, we can face challenges. Issues may arise for learners which cause distress but do not seem to have a long-term or lasting impact on their wellbeing. All adults in school can make a huge difference with low level interventions.			
What are the concerns?	**Who should deal with this?**	**What is our response?**	**Expected outcome?**
Examples could include: ○ Minor illness such as headache or feeling sick ○ Friendship problems, conflict, argument with parents/peers ○ Low level worry which needs reassurance, such as before changes/transition/assessments ○ Short-term academic stress ○ Low mood, generalised anxiety	Form Tutor/Class Teacher/LSA, alerting Pastoral Lead/HOY	➢ Inclusive Quality First Teaching for ALL children. ➢ Whole School rules and routines: The Fisher Values. ➢ Use of de-escalation strategies, restorative practice. ➢ Assembly programme, curriculum opportunities teaching how to build self-resilience. PSHE/RSE and cross-curricular activities. ➢ Signposting parents/carers to local activities. ➢ Parent Workshops looking at how they can support their child. ➢ Form tutor/Teacher/LSA to support, monitor, report concerns to Pastoral Lead/HOY. ➢ If a more serious concern, escalating up to a higher tier of provision map and report via CPOMS.	Positive, supportive, restorative practice, leading to resolution of concerns. Learners feeling safe and supported in school. Those interacting with learners are aware of issues and offer appropriate support. Positive perception of self and strong self-resilience. Positive/resilient engagement and participation with learning. Where appropriate, Pastoral Lead/HOY to consider whether possible 'additional'

		➢ If issue does not resolve itself, move up to 'Low level intervention', reporting concerns to Pastoral Lead/HOY.	support is required – 'Low Level' (preventative strategies) kick in.

Preventative Strategies (Low-Level support)

These concerns are categorised as beginning to impact the welfare and academic progress of learners. Reports routinely run from CPOMS help the SMHL to monitor and triage for planned work to take place before referring the learner for an wellbeing intervention.

What are the concerns?	Who should deal with this?	What is our response?	Expected outcome?
Examples include: ○ Sustained periods (one week, or a series of short periods) of not feeling able to cope/low mood. ○ Long term and repetitive friendship problems (over a term or more without resolution). ○ More significant anxiety in class or surrounding a specific element of school/home life, despite support from class teacher/TA. ○ Family concerns. ○ Bereavement. ○ Emotional response to an upsetting event, which causes a period of *distress* but which does not cause a specific safeguarding concern.	Pastoral Lead to support directly and advise Form Tutor/Class Teacher/LSA, where appropriate. Emotion coach, Trained MHFA staff, MHST, Attendance Coordinator, Learner Wellbeing Champion.	• Ensure Form Tutor/Pastoral Lead is aware of concern and can monitor. Pastoral Team/Form Tutor to contact parents/legal guardians to discuss concerns. • Pastoral staff initial cycles of ADPR, **planned work.** (WRAP- wellbeing resilience action plan) • Signposting to local agencies using central school resource shared in Formation time. • Signposting to extra-curricular activities and enrichment groups. • Emotion Coaching strategies and self soothe strategies **used by staff.** • School Nurse (In school 1st and 3rd Tuesdays) • Referral to Learner Wellbeing Champions via SMHL. • Mental Health Support Team intervention. Record added to CPOMS 'Consider for MHST' by form tutor/class teacher – SMHL triages. • Attendance coordinator intervention at earliest sign of emotional school avoidance. • ELSA programme with LSA. • SENCO consultation, where relevant.	Positive, supportive, restorative practice, leading to resolution of concerns. Learners feeling safe and supported in school. Those interacting with Learners are aware of issues and offer appropriate support. Mental Health First Trained Faculty Leads and Pastoral staff. Positive/resilient engagement and participation with learning.

Targeted Support (Medium Level support)- Additional planned interventions in school to address wellbeing and mental health concerns

A concern which is affecting the wellbeing and academic progress of the child. This could be a long-term concern over anxiety, mental health or depression. **Previous cycles of ADPR must have been completed before targeted intervention**. **All targeted interventions must be reported on CPOMS and Edukey.**

What are the concerns?	Who should deal with this?	What is our response?	Expected outcome?
Examples include: ○ Persistent low mood/ongoing emotional regulation difficulties. ○ Attachment difficulties and triggered responses. ○ Bereavement of close family member(parent/legal guardian/sibling). ○ Historic abuse which causes legacy mental health distress. ○ Self-harm. ○ Suspected eating disorders. ○ Risky behaviour.	SMHL/Pastoral Team/DSL/ SENCO/SLT	**Following school ADPR/Planned Work** – SMHL to liaise with staff to engage learner in further targeted support: • Targeted bespoke **wellbeing sessions** with designated staff SLT/PL/HOY/other support staff. In addition to daily check ins, bespoke work may include a resilience action plan or earliest help plan. Other resources available. Other in-school support/interventions following targeted support: • Parkes Education. • Family Support Worker. • Emotion Coaching • Use of Single Point of Contact (SPOC). • MIND counsellor. • Soft starts to the school day, work with EWO. • Safety Plans (RAG rated) • CAMHS referral. • Appropriate referrals to external agencies. **All targeted interventions reported on CPOMS**	Relevant intervention is identified and in place for the learner, so that wellbeing and mental health is supported. Improved attendance and improved academic progress.

Holistic Personalised Support (High-Level support) – Professional/Multi agency referral to address wellbeing and mental health concerns Serious and possibly life-threatening incidents which require professional intervention outside of school.			
What are the concerns?	**Who should deal with this?**	**What is our response?**	**Expected outcome**
Examples include: ○ School refusal as a result of persistent low mood/ ongoing emotional regulation difficulties/anxiety. ○ Diagnosed anxiety disorder or depression. ○ Disclosure of incident of witnessed domestic abuse. (physical, emotional, sexual abuse or neglect). ○ Disclosure of direct abuse (physical, emotional, sexual abuse or neglect). ○ Acute self-harm. ○ Suicide ideation or attempts.	Report to DS/DDSL face to face immediately and follow up recording concerns through CPOMS.	Direct immediate support from lead adult who sticks with learner e.g. school lead for multi-agency work with external agencies/PL. Timely contact made with parents/legal guardians as soon as possible if incident occurs during the day (not waiting for end of school day). If a disclosure is made, staff to follow Safeguarding policy and report on CPOMS. • DSL to consider consultation with social services, as appropriate. Following any incident, DSL to consider a risk assessment on basis of safeguarding for suitability of child to be in school and consider positive handling plan, with parents/legal guardians. • SLT to consider reduced timetable, if appropriate, and in agreement with parents/legal guardians; Local Authority must be informed. • School multi-agency planned work with external professionals to support student through school-based support TAF. • Safety Plans (RAG rated) • EHCP application.	Professional intervention is in place for the learner, so that mental health is supported, with the learner on a pathway to recovery.

Appendix

Implementation - Impact

The Fisher Wellbeing Provision first implemented in school Summer 2024

Impact reviewed and updated provision: December 2025

WWW: Significant improvements made in 4 areas including: leadership & management, targeted support, staff development, identifying need & monitoring impact.

EBI: Develop links at governance level and completion of evaluation of: Curriculum, teaching & learning, Student Voice, Ethos & environment.

Learner Provision Services

The following services are involved usually as sole services at a first point of escalation **following intervention/planned work in school** (Pastoral/ Progress led). Suggestions and strategies they offer need to be implemented.

The Fisher Wellbeing Provision Pyramid



Preventative Strategies (Low-Level Intervention)

Mental Health Support Team MHSTs are about BRIEF early intervention and prevention – not reactive. Delivering one to one manualised guided self-help intervention using LICBT principles (with clear goal-based outcomes) over 6-8 sessions in the Discovery Room. Form Tutors/Class teachers are most likely to identify low level intervention required. Add to CPOMS choosing '**Consider for MHST'**. SMHL will then triage.

PRESENTATION	**INTERVENTION**
ANXIETY - Mild social anxiety - panic - exam stress - general anxiety	- cognitive restructuring - graded exposure - problem solving - goal setting - parent-led for CYP under 11 based on Cathy Creswell - worry management - Behavioural experiments – testing beliefs
LOW MOOD Not depression! Most of the time tracks back to anxiety	- Cognitive restructuring - Behavioural activation - Goal setting

	- Behavioural experiments - testing beliefs
BEHAVIOUR - Challenges that might be impacting on overall wellbeing such as social interactions and academic performance, e.g. frustrated with friends, walking out of classes, banging the table, an outburst of unexpected emotion, verbal profanities, hitting/kicking objects, refusing to follow direction - Poor sleep - Low level self-harm (we do not work with anti-social behaviours, high levels of aggression and violence, any trauma based behaviour, suicidal ideations and significant self-harm that is persistent and pervasive)	- Parent-led for CYP under 11 (can go up to 13) based on Triple P - Assessment as generally speaking the underlying issue is linked to anxiety/self-confidence/low mood (Anger Iceberg) - Self-harm work must link to the above interventions in the context of anxiety/low mood - Goal setting

School Nurse (through PL responsible– please speak initially with them if you need to speak with the school nurse). Anyone can refer – speak first with safeguarding team to ensure this is part of a shared school approach for the learner and update on CPOMS. It should follow planned work (ADPR cycle) completed in school. Referrals such as those to CAMHS are tricky and best done in collaboration with people who have experience. Referrer will be school link and lead in school for the work and updating colleagues via CPOMS/Edukey. Agencies require consent from parents, children and a referral form to be completed which should be uploaded to CPOMS.

EMHP's WILL	EMHP's MAY (with close supervision)	EMHP's WON'T (Significant levels of need/complexity)
• Offer brief parenting support for behavioural difficulties • Train parents and teachers to support interventions with children • Offer brief intervention for children and young people who are low in mood • Offer brief worry management and though challenging for children and young people • Offer brief intervention for anxiety and avoidance (panic management, separation anxiety, simple phobias) • Offer sleep hygiene support and advice • Offer problem solving • Complete audit's of school support for emotional wellbeing and mental health • Be a 'bridge' between Core CAMHS and schools • Offer consultation to school staff	• Support school staff and co-facilitate a full parenting programme (Triple P, Solihull Approach, EPEC) • Support young people expressing anger/irritability as a symptom of low mood/depression • Offer brief intervention to support with low confidence • Provide some short term phobia exposure work • Assess self-harm and support alternative coping strategies • Assess and understand complex interpersonal challenges	• Offer treatment for conduct disorder, or deliver without support full parenting programmes • Offer treatment to parents for depression/anxiety • Offer treatment for moderate, or long standing depression symptoms • Offer treatment for low self-esteem • Offer treatment for phobias • Offer support for young people who regularly/severely self-harm or who present a risk in regards to self-harm or suicide • Offer treatment for PTSD, trauma or nightmares • Offer (relationship) counselling • Offer treatment of/support with attachment disorders/developmental disorders/learning difficulties • Offer support to young people with experiences of abuse/trauma • Offer treatment for OCD • Offer treatment for Disordered Eating

Targeted Provision (Medium-level Intervention) This should follow planned work (ADPR cycle) completed in school

Emotion Coach: Anyone can refer, through Pastoral Leader responsible – speak first with PL/safeguarding team to ensure this is part of a shared school approach for the learner and update on CPOMS. Referrer will be school link and lead in school for the work and updating colleagues via CPOMS/Edukey. There is a referral form that needs to be completed, shared with Emotion Coach via Evie and uploaded to CPOMS. Please don't pop into speak to Emotion Coach. In the first instances please speak to PL with responsibility who will advise/arrange appointment if required.

Parkes Education – outreach programme**.** Referral through safeguarding team, based on CPOMs and planned work already completed in school. There is a referral form, should colleagues want to make a case for support but the caseload is very tight. GM/KW refer learners according to need on days other than the outreach programme. Please don't pop into see Adam. If you need to speak with him, in the first instance, talk to DSL who will advise.

Fr Hudson's Caritas (Family Support Worker)

(The beginnings of multi-agency work.) The threshold is that records on CPOMS demonstrate growing awareness that support for parents, as well as the child, will be useful. This is escalation of early safeguarding concern.

Family Support Workers are often co-ordinating the work of other services and have intensive communication with parents.

Referral through Safeguarding Team, based on CPOMS records. Safeguarding Support Officer (SSO) leads this work and is the point of contact with FSWs for colleagues in school. Except in cases of single incidents of concern, FSW will be referred to following planned work in school. FSWs lead this work and we ask that colleagues go through the safeguarding team (SSO) should they have requirements/suggestions for the FSW. Please don't pop into see FSWs. If you need to speak with them, in the first instance, talk to SSO who will advise / arrange appt if required.

MIND counsellor – awaiting CAMHS / no parental support/reluctance for MH referral/inability to engage with other professionals.

Referral through SSO, following work completed by SS/other school colleague.

Holistic Personalised Provision (High-level Intervention)

Referrals to external agencies/multi agency support social care (Early help; CIN/CP) will usually be **through the safeguarding team** (including attendance).

Social care will only pick up following planned work in school and cycles of APDR, unless there is a clear risk of significant harm that has just been recognised. There will be a safeguarding / SLT team member as lead for school within the multi-agency plan as they need to be in a position to agree to school actions. The plan is led by the social worker (under statutory arrangements) or by the early help practitioner. Pastoral Leaders are always invited to early help meetings and often to CIN mtgs and lead implementation of plans within school.