



SHERRIER CE PRIMARY

MENTAL HEALTH AND WELLBEING PROVISION MAP

Through this provision map we have outlined a range of support that some of the children in our school maty require during the school year, through this may be adjusted to cater for changing needs and it is provided subject to budgetary constraints. The provision map is split into four categories of need.

The following provision map shows staff and parents the path of support for children. At times, individual concerns may require an alternative or unique approach (to be assessed on an individual basis). If, as a parent, you are concerned about a child, please speak with the class teacher. If you are on staff, you should seek advice from SLT, SENDCo or ELSA.

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| Universal Provision These concerns are characterised by short-term periods of feeling low or unable to cope. They may be caused by ‘normal’ situations that are a part of daily life. There is no long-term impact on wellbeing. |
| Typical concerns:* Minor illness (headaches/feeling sick)
* Friendship problems, conflict, arguments with parents and/or peers
* Low-level worry or stress (short term) academic, transitions, loss of objects, tests/assessments
* Higher level worries or academic stress
* Growing up, the environment, world issues
* Loss and change
* Moving house, family changes, death of a pet
* Social media
* Past incidents of mental health concerns that require monitoring
* Low level disruption in class
* Presenting as withdrawn or tearful
* Attendance falls below 96%
 | Who can help with this? * Class teachers (CTs)
* Teaching assistants (TAs)
* Phase leaders
* Senior Leaders
* Adults, CTs, TAs, LSAs seek advice from ELSA, SENCO or MHFA
* SENDCo
* DSLs
 | How do we support your child and you? -Listen to child and reassure. -TA to inform CT of issue, CT and TA to support-Monitor and report concerns to Pastoral team using a ‘Pastoral Concerns Form’-If a safeguarding concern notify a DSL and add case to CPOMS-If case is not resolved use activities below and then move onto next stage.Proactive * Inclusive whole school ethos – community minded and compassionate
* Have a shared understanding and belief about mental health and anxiety disorders
* Age-appropriate PSHE spiral curriculum promotes positive messages; challenges children to think; enables children to explore; provides self-help strategies and tools
* Assemblies (class, phase, whole school) explore issues that can cause concern and introduce strategies for well-being
* Class circle times
* Worry Boxes
* Stories about feelings/emotions
* Structured lunchtimes/breaktimes
* Peer support
* Playground buddies, school council, wellbeing ambassadors
* ELSA Room (The Hub) available for children, CTs, TAs/LSAs and parents
* Emotion Coaching (Mrs Lill and Mrs Ashby)
* Sense of community- projects in our curriculum (3Cs)
* Parent coffee mornings to support parents to support their children
* Opportunities for regular exercise – brain breaks integrated within timetable of school day
* Promote resilience, build self-esteem, persistence, organisation and getting along through weekly certificates (Keys to Success)
* Build confidence through increased responsibility
* Promotion of general strategies for good mental health – signposting children/parents on Class Dojo- Wellbeing Newsletters and mental health days and weeks
* Positive behaviour management strategies used consistently across school in line with school policy
* Open –door approach for parents and children – parents and children know they are listened to
* Whole school singing supports sense of ‘togetherness’ in assemblies

Reactive * Listen to child and reassure them
* Communication among adults
* Peer support (see above)
* Emotion Coaching (see above)
* ELSA Room (see above)
* Structured lunchtimes/breaktimes
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| School (Targeted) Intervention These concerns are characterised by long-term periods of feeling low or unable to cope. There is beginning to be an impact on wellbeing and academic progress. |
| Typical concerns:* Sustained period (or repeated short-term periods) of children displaying low mood or an inability to cope either at home or at school which is beginning to impact on daily life.
* Long-term or repeated friendship problems (a term or more without resolution)
* Increase in anxiety (class, element of school, home life) despite support from CT/TA/LSA.
* Divorce of parents or significant change in home circumstances.
* Loss of extended family member(s). Sleep problems/difficulties.
* Persistent lack of resilience or low self-esteem.
* Strong emotion (including anger) negatively affecting school or home behaviour.
* Sensory issues or sensitivities that regularly impact child’s learning
* School refusal
 | Who deals with this? * Class teachers (CTs)
* Teaching Assistants (TAs)
* CTs, TAs, LSAs seek advice from phase leaders, SLT, SENDCo or Pastoral Team
* Advice from outside professionals (where appropriate)
 | How do we support? * Ensure all adults involved are aware of the situation
* Ensure Pastoral Concerns form is completed and given to Pastoral Team or added to CPOMS if necessary
* Put monitoring in place (e.g. Behaviour Reflection charts/ Now and Next/Behaviour Lead to monitor)
* Provide individual approach. For example:
* Set targets for child
* Informal plan (e.g. come into school via front entrance, come in early to ‘do a job,’ lunch buddy, a key worker or a reward system etc.
* Therapeutic Interventions- ELSA
* Put child on SEN register so that Parents have access to termly consultations with teachers and children have individual targets and interventions to support their need.
* Refer to ELSA for possible sessions/drop-in sessions/
* Parent meetings where needed with CT/Pastoral Team
* SENDCo consultation to begin to discuss specialist support via SEN Concerns Form
* SENDCo (with support from the class teacher) provide letters for GP referrals ELSA packs sent or emailed home if needed

If concerns continue or increases in severity move on to the next stage.  |

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| Specialist Intervention and support – These are persistent and on-going difficulties which continue despite school intervention and support or sudden and serious incidents which require professional intervention but can still be supported in school |
| Typical concerns:* Sustained period (or repeated short-term periods) of children displaying low mood or an inability to cope either at home or at school which is impacting on daily life and is not improving despite intervention and support at school/home
* Long-term or repeated friendship problems (2 terms or more without resolution/Difficulties with social interactions and relationships with peers/adults
* Increase in anxiety (class, element of school, home life) despite support from CT/TA/LSA
* Divorce of parents or significant change in home circumstances
* Loss of extended family member(s)
* Sleep problems/difficulties
* Persistent lack of resilience or low self-esteem
* Strong emotion (including anger) negatively affecting school or home behaviour
* Sensory issues or sensitivities that regularly impact child’s learning
* School refusal
* Suspected eating disorders, risky behaviours
* Questions around gender/sexual orientation
* Risky behaviours
* Attachment difficulties and triggered responses
 | Who deals with this? * Any safe-guarding issues must be reported to DSL and Safeguarding procedures followed Consultation between Parents and:
	+ Class teachers (CTs)
	+ Teaching Assistants (TAs)
* CTs, TAs, LSAs seek advice from phase leaders, SLT, SENDCo, ELSA
* Advice from outside professionals (where appropriate)
* If appropriate SENCo/Inclusion leaders to refer or consult to one of the named outside agencies
 | How do we support? •* Pastoral Lead or SLT to contact parents
* Log concern with DSL (if appropriate) this could include contacting Social Services Ensure all adults involved are aware of the situation
* Continue with In-school support/ interventions with ELSA whilst considering or awaiting external agency support
* CT and TA responsibility to report any safeguarding concerns through CPOMS
* Early Help referral – Children and Family Wellbeing Service
* Work with parents and children to provide early intervention and preventative support to support mild to moderate anxiety, depression or challenging behaviour. (ie phobia, panic attacks) working with the MHFA
* External Agency referrals to be considered by SENDCo/ SLT/ Pastoral Team – possibly to one of the following agencies:
* Specialist Teaching Services
* Speech and Language Therapists (SALT)
* Oakfield Short Stay (SEMHSupport) for difficulties with self-regulation motivation, negativity, sensory difficulties, anxieties around coming into school, friendships problems
* Autism Outreach for supporting pupils with ASD
* Referral to Community paediatrician where appropriate
* Referral to CAMHS via GP where appropriate
* CWP – support for Parents – Work with parents and children to provide early intervention and preventative support to support mild to moderate anxiety, depression or challenging behaviour. (ie phobia, panic attacks)
* Therapist support ie Occupation Therapy for support with sensory sensitivities, focus and attention functional skills
* Education Psychologist – referral for support/advice on a range of cognitive, social, emotional or communication difficulties
* Primary Mental Health Worker (CAMHS) school advisory service: a forum for schools to discuss emerging mental health concerns for young people (not open to CAMHS), ie to discuss potential strategies, self-help materials, the role of other agencies and whether to refer to CAMHS or one of their partner agencies. Sometimes this will include some contact with parents.
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| Urgent/ Personalised SupportThese are serious and possibly life threatening incidents which require professional intervention outside of school.  |
| What are the concerns?* School refusal as a result of persistent low mood/ongoing emotional regulation difficulties /anxiety or attendance as severe persistent absence
* Diagnosed anxiety disorder or depression
* Disclosujre of incident of witnessed Domestic Abuse (Physical, Emotional, Sexual abuse and Neglect)
* Disclosure of direct abuse (Physical, Emotional, Sexual abuse and Neglect)
* Sustained self- harm
* Suicide attempts
 | Who should deal with this?* Report to DSLs face to face and report concerns on CPOMS
* DSL to call First Response and Professional Help Line with local authority Children’s Social Care.
 | How do we support?* Direct immediate support from the Pastoral Team member or SLT
* Remove child to a safe place in the school to talk to an adult
* DSL to consider appropriacy of contacting parents as soon as possible
* DSL to consider consultation with social services as appropriate
* Consider a risk assessment/ behaviour plan on a basis of safeguarding for suitability of child to be in school and consider ‘Team Teach’ plan with parents if needed
* SLT to consider reduced timetable if appropriate and in agreement with parents
* Work in tandem with external professionals to support the child through school based support detailed in the stage previously
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As a school we will use our best endeavours to provide the four tiers of support, however there are instances when outside specialist support is needed quickly. It might be that the despite the school’s comprehensive support the situation is still a major concern or a sudden situation develops which requires immediate specialist intervention. For example: self-harm, bereavement of close family member, severe distress or aggression, sudden and unexplained deterioration in emotional state and behaviour at home or school. In this case we will communicate directly with parents to direct them to an appropriate support agency or charity.

Useful information:

SLT – Senior Leadership Team

SENDCo – Special Educational Needs and Disabilities Coordinator

ELSA – Emotional Literacy Support Assistant

MHFA- Mental Health First Aider