Health Promotion in Education Settings
South Gloucestershire

Health and Wellbeing Good Practice Case Study Form

1. School Name

Sir Bernard Lovell Academy

Phase (Primary / Secondary / Special / Other)

Secondary

Lead Contact (Name and Role)

Mr Greg Lyle, Assistant Headteacher - Safeguarding and Student Welfare (Designated Safeguarding Lead)

2. Title of Practice

Mental Wellbeing Triage System (Whole-School Approach to Mental Health Support)

3. Context and Need

- No system to arrange support
- Key staff did not know who was receiving what support
- Ad hoc arrangements
- No measure of impact

4. Aims

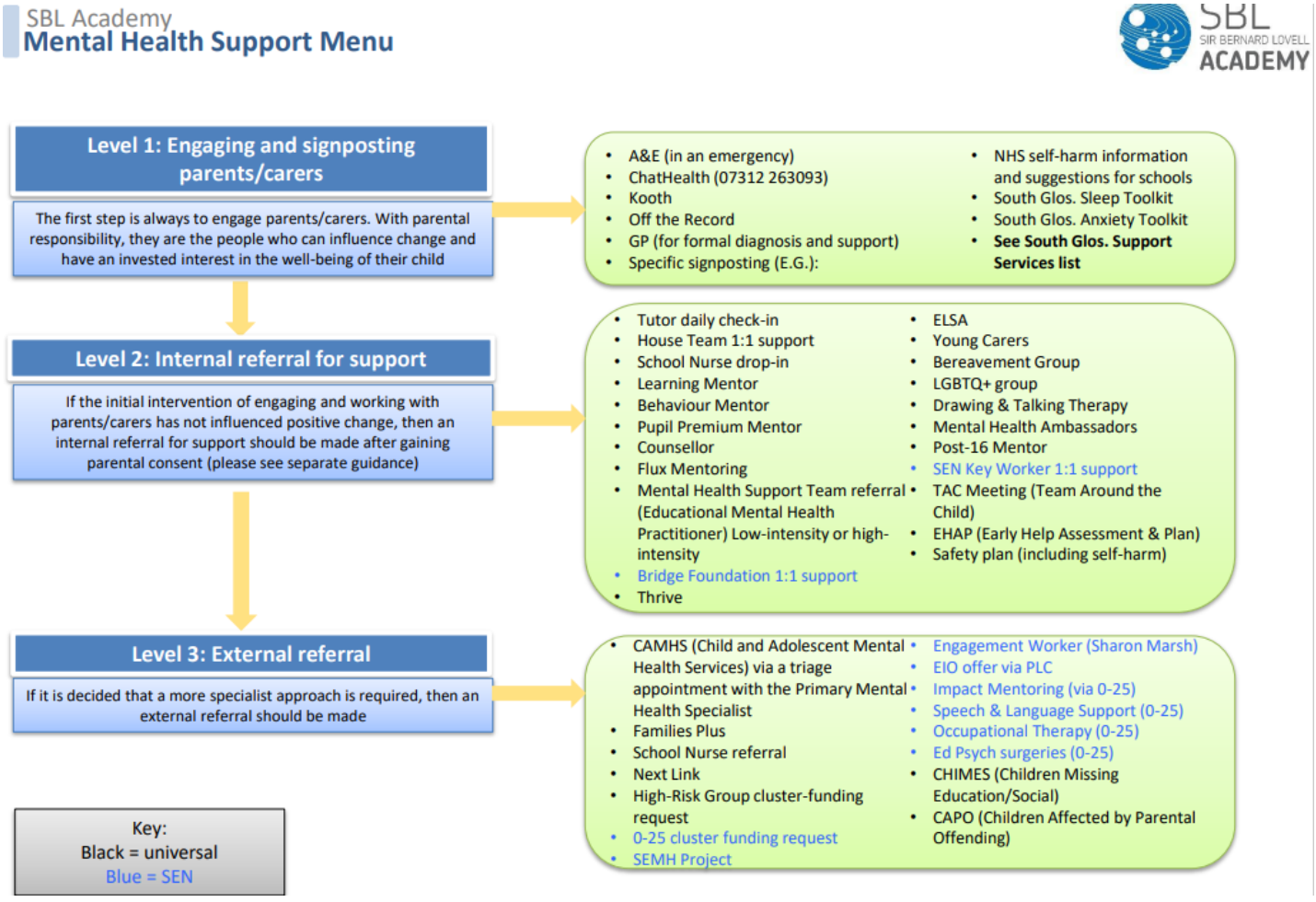
To implement a clear mental health support system in school.

To increase awareness of all staff to levels of mental health and wellbeing support aviable internally and externally.

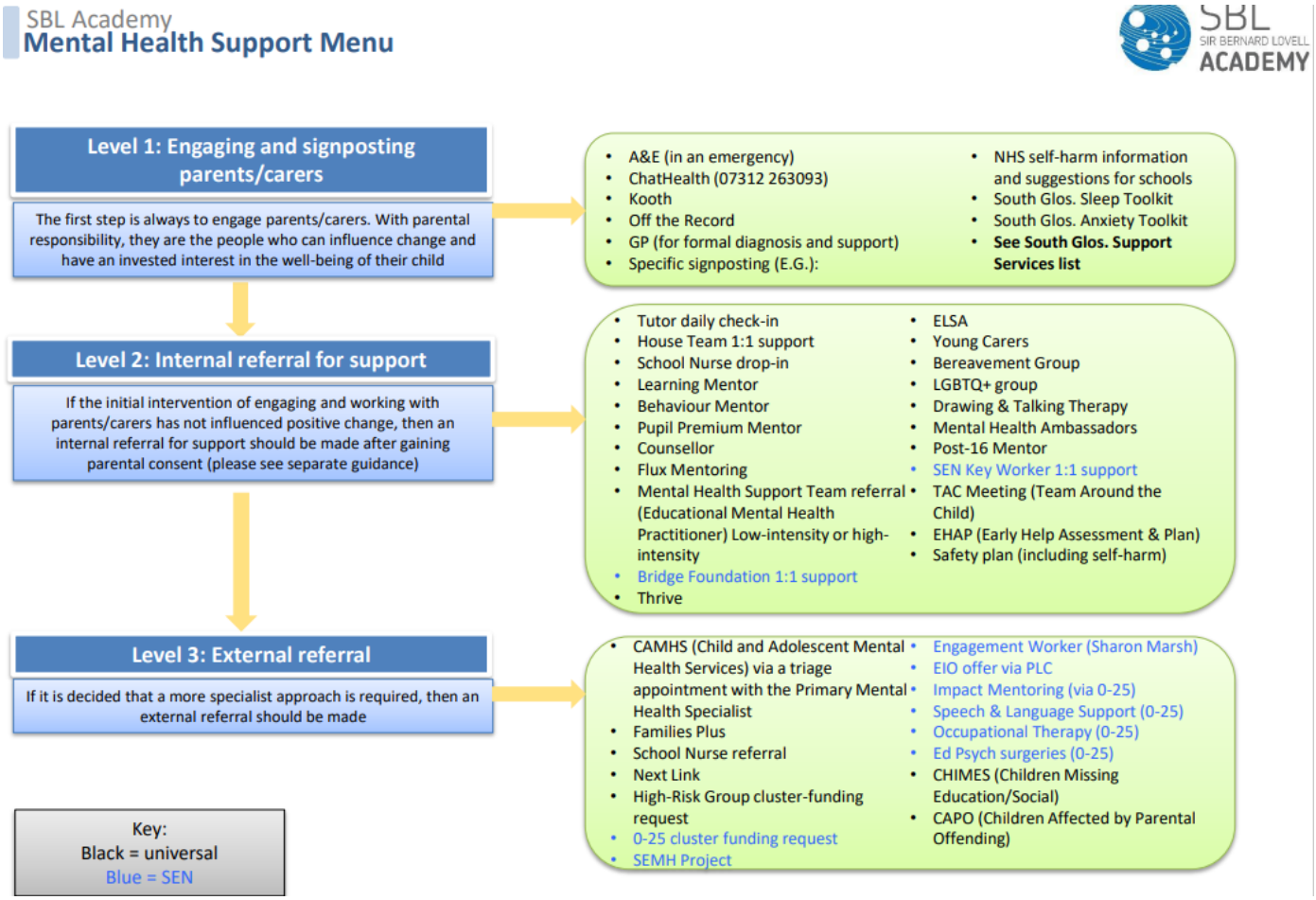
Increase communication with clear routes of communication where there is a concern about students.

5. What Was Implemented (include who was involved and timescale)

- Triage meeting set up to discuss students presenting mental health and wellbeing need attended by DSL, Mental Health Lead, MHST, SEN Team representative and Assistant Head (Inclusion).
- Clear menu of support shared with all staff:



Clear mental health and wellbeing referral routes outlined:



6. Impact (include evidence and/or feedback)

Now that the system has been in place for a number of years (6), relevant staff at the school understand how to access support for a student. The tiered system encourages colleagues to signpost and try other things prior to higher-level interventions. This is beneficial when attending meetings such as PMHS consultations, or MHST triage meetings, as you are able to evidence what has been tried, plus there is a dialogue with the student and parent/carer.

When external visitors audit the school, we are able to demonstrate who has received what interventions, including any vulnerable groups. Attendance and progress data can also be used to evidence impact.

The external medical professionals that we work with have been impressed with the school's processes and appreciate how clear the evidence of 'what has been tried' is.

7. Key Success Factors

It is not very easy to measure success when dealing with interventions, particularly mental health interventions. This is because you will never know the outcome of a young person's

life trajectory should no intervention take place. However, using this system allows us to track which interventions were tried, when they were tried, and what impact they had in a systematical way.

8. Challenges and How They Were Addressed

Whilst, initially, some staff felt that an additional barrier to student support was being put in place, once they realized that signposting can be successful, and engaging the parents early helped, they were fully on board.

9. Key Learning

We are not medical professionals, however by using a tiered systematic approach, we can ensure that the medical professionals have the necessary information to fully support a child.

10. Tips for Other Schools

Consider what works for you:

What staff do you have? What skillsets are there? Who in your building can help by offering an intervention? Can you be creative with the use of the Pupil Premium budget and how you deploy Teaching Assistants. Are any of your staff willing to be trained in ELSA, or THIRVE?

We found that people are willing to, and very capable of offering a really valuable intervention.

Include key staff in decision making and communications following triage meetings so they 'see and feel' that progress is being made and children are receiving the right support at the right time.

11. Links to Resources (optional)

See above.

12. Consent to Share: √ Yes