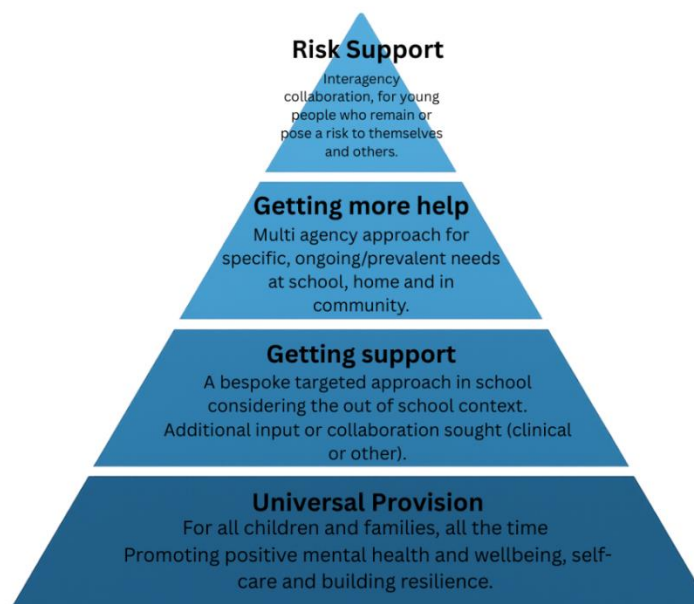


Cleaswell Hill Graduated Approach to Mental Health and Wellbeing



	What does this look like and how do we deliver this support?
Universal Provision For all children and families, all the time. Promoting positive mental health and wellbeing, self-care. Fostering resilience, positive relationships and 'readiness to learn'¹	• Delivery of provision outlined in Section B 'SEMH' of child's EHCP. • PSHE/RSHE Curriculum teaching underpinned by the PSHE Association SEND Framework. • Teaching of tailored programs matched to need including evidence-based programs such as 'Friends Resilience' as a preventative, early intervention to developing anxiety & depression (pathway specific). • Every child is made to feel welcome, greeted by adults, shown that they are valued. • Activities designed to promote wellbeing, across the curriculum, school and community. Underpinned by 5 Ways to Wellbeing - Wellbeing Info • Pupil voice is valued through curriculum but also targeted surveys, forums (tailored for need). • Close communication with parents.

	- Adults prioritise building secure relationships, underpinned by the 'Behaviour is Communication policy'. Staff trained in Trauma Informed approaches. - Recording of personalised 'Activities that support me' (Green scale) to promote belonging and wellbeing. - Essential background information, including early life events, safeguarding and input from services shared with key staff. - Adapted, age-appropriate resources used to explore feelings, emotions and life events. E.g. Zones of Regulation - Changes in behaviour and/or presentation are monitored and reported via PBS cloud and CPOMS. PBS used to recognise 'Green scale' motivating and regulating provision personalised to each child. - Mental Health First Aid. - MH and wellbeing concerns are shared when health professionals are involved with a child and/or family. This includes in routine feedback sought by CYPS ahead of ADHD clinics. - Use of wellbeing scale to track and monitor wellbeing, plan intervention and actions and evaluate impact. - Established Wellbeing Team promoting wellbeing and providing support in classroom during registration time.
Getting support A bespoke targeted approach in school, considering the out of school context. Additional input or collaboration sought (clinical or other).	- Referral to or discussion at CYPS² clinics - currently in school. - Refer or signpost to Northumberland Primary Mental Health, in line with their criteria Primary Mental Health Work: Northumbria Healthcare NHS Foundation Trust - Review need and provision in EHCP. - Adaptions to day-to-day provision in the short term. - Small group or 1-1 therapeutic interventions using creative arts to help a child process their emotions, e.g. Sand Stories and Drawing and Talking - Music Therapy delivered through Nordoff and Robbins 1-1 or group based. - Signposting/referral to support services such as: Mental health - Healthwatch Northumberland and Mental health and wellbeing Northumberland County Council - Identifying additional input and impact via the wellbeing scale (extended) shared with the Wellbeing team and dynamically reviewed.
Getting more help Multi agency approach to address specific concerns which are ongoing/prevalent at school, home and in the community.	- Prioritising proactive engagement with CYPS. - Signposting to specialist services, (private or otherwise.) - Submission of a Multi Agency Referral [Supporting families Northumberland County Council] - Multi agency meetings and collaboration.
Risk support Focus on interagency collaboration. Young people who remain or pose a risk to themselves/others.	Senior Leadership team members working with school teams to coordinate with external health and social care professionals.

Figure 17: Eight principles to promoting a whole school or college approach to mental health and wellbeing¹²



Updated spring 2026

12 Source: Promoting children and young people's mental health and wellbeing (publishing.service.gov.uk) from DfE guidance document. Updated Nov 2023

Please note: School staff are not expected to, and should not, diagnose mental health conditions or perform mental health interventions unless qualified to do so. Schools should promote good mental health and wellbeing and quickly identify individual pupils or students who need support with their mental health and work effectively with local children and young people's mental health services and other partners to provide timely support. If concerns about risk or needs are too complex for early intervention, which may include disorder eating, severe depression, extensive/complex phobias, PTSD, complex/long term trauma, moderate/severe OCD, psychosis and severe attachment disorder the DSL should be made aware. An individualised plan involving external partners should be made in collaboration with parents/carers and frequently reviewed.