

### **Description of the Service**

The School Wellbeing Service (SWS) is a school based early intervention mental health (MH) support service. It is jointly funded by Health, Local Authority and Schools.

### **Role of the School Wellbeing Worker**

The School Wellbeing Workers (SWW) are managed by the Local Authority (LA), clinically supervised by Child Adolescent Mental Health Service (CAMHS) and based across a cluster of schools. Their focus is to work with children and young people (cyp) and school staff around emerging and developing mental health need. They provide schools with consultation and advice, training, direct work in partnership with school staff and increased communication with specialist CAMHS services.

### **Requests for access to and involvement of the School Wellbeing Worker**

The SWS is a consultation based service. Requests, access or referrals for the involvement of the SWW are negotiated, prioritised and agreed through a consultation discussion between the SWW and pastoral lead in each school. If requests for SWW involvement come from external agencies these will be re directed to the pastoral lead to arrange a consultation discussion with the school's SWW in order to discuss the cyp.

### **Who we work with**

The service is targeted at emerging and developing mental health need. In particular at the cyp who are presenting mental health issues and concerns that are below an intervention from specialist CAMHS and above what school pastoral structures can support. This could involve:

- **Anxiety**—where there is a concern that anxiety may begin to impair functioning at school / home. This might include panic attacks, emotional regulation, phobias, separation anxiety and MH hygiene/psycho education.
- **Developing Low mood and depression**-(early detection) –where there is concern that low mood begins to interfere with functioning at school/ home. Early physical and cognitive symptoms.
- **Poor self-regulation**—where cyp find it difficult to focus their attention, control their emotions and manage their thinking behaviour and feelings and this is impacting on their MH.
- **Low self-esteem**—Lacks confidence, negative self-concept, fixed mindset, socially isolate.
- **Risk taking behaviour**-including self harm. Any behaviour that is harmful to a cyp that is impacting on their MH
- **Lack of resilience**—fixed mindset, easily gives up, poor coping strategies, learned helplessness.
- **Trauma/loss and attachment difficulties**—Where there are concerns that cyp have experienced trauma/loss or attachment difficulties and this is impacting on their MH.
- **Eating disorders**-(early detection) sporadic and chaotic eating that is causing concern at school and home. Increased exercise and restricted diet.
- **ASD and ADHD**—support with potential early identification and referral for screening.

### **What we don't do**

The service is not targeted at; support and interventions that schools staff eg ELSAs could provide as part of the school's established pastoral support systems, concerns about and response to behaviour that does not have a mental health cause, mental health diagnosis, pre assessment for specialist

referrals, leading on early help support packages, direct work with parents and families, on going sustained direct work with children and young people.

### **How we work**

The start of all contact and work with the service is a consultation discussion. This structured, assessment, problem solving consultation discussion will generate a shared plan with agreed actions for different agencies, workers, staff to deliver including the SWW. The shared plan could involve the following:

- **Signposting**-to other agencies-including Local Area Teams (LAT-Early help), IDAS (Domestic violence), Danesgate Outreach (Behaviour), Parenting programmes, Relate, Young Minds, Cruse (Bereavement)
- **Advice / strategies / resources** – evidence based MH interventions, strategies, tools, websites
- **Referral to and or advice from CAMHS** – referrals will be completed by Schools (with support from SWW). SWW can seek advice and guidance from CAMHS in relation to early intervention
- **1:1 / Group work interventions**—this should be delivered in partnership with school staff eg ELSA
- **Contribution to a bigger plan**-SWWs can provide MH support and intervention for a child/ young person alongside other agencies (eg LAT) as part of a bigger plan and package of support.

### **Direct work**

The amount of direct work that each SWW is leading on per school and across their cluster will be monitored carefully and challenged appropriately to ensure that the SWS resource is being targeted effectively in line with the service objectives. All direct work that is agreed for the service, will be delivered in partnership with school staff, fixed term, measured, outcome / goal focused and linked to MH evidenced based interventions and strategies. Direct work will typically cover 6-8 sessions, in line with the MH research and evidence of the length of time/number of sessions that has the maximum therapeutic impact.

### **Link to Local Area Team (LAT)**

SWW will work closely with Local Area Support Practitioner (LASP) around the early help offer where there is a clear and identified mental health need for the child and young person. The SWW will contribute to problem solving discussions around mental health and contribute mental health input to bigger plans and packages of support.

### **Link to Single Point of Access (SPA) in CAMHS**

It is good practice for a school to have completed a consultation discussion with a SWW and explored early intervention strategies and support before a referral is made to specialist CAMHS. However it is recognised that this is not always appropriate and needed and a consultation discussion should not be seen as pre assessment or screening for appropriate referrals to specialist CAMHS provision. If a referral does not meet the CAMHS threshold or criteria, advice, guidance and signposting will be provided by the CAMHS SPA team. The SPA will signpost to LAT if a broad and or complex early help package of support is needed for the child and family. Requests and signposting for the involvement of the SWW will be negotiated, prioritised and agreed through a consultation discussion between the SWW and pastoral lead in each school.

## **School Wellbeing Service case study examples**

### **Case study one**

A consultation with the school's head teacher and class teacher was undertaken regarding a KS2 student who was anxious about attending school and finding it difficult to self regulate. The student had previously been assessed at CAMHS, but no diagnosis was given. ELSA work was already in progress, therefore it was decided that the School Wellbeing Worker (SWW) would support with these sessions.

A meeting with the child's parent and head teacher was held to gain a parental perspective of the current situation. The meeting enabled the parent to discuss their child's presenting needs, any concerns they had and also discuss the ideas around the session plans. The meeting was successful and reduced the parent's anxiety around the situation.

The School Wellbeing Worker co-delivered 8 sessions with the ELSA using resources on emotional literacy, resilience, anxiety and self regulation using CBT, DDP and mindfulness approaches.

### **Case study two**

Year 6 pupil was presenting with anger issues at home and school as a result of anxiety. The young girl has struggled to regulate emotions, resulting in engaging in verbal and physical aggressive behaviours. As a result of this, the young girl has developed negative self-esteem and is fearful of relationship breakdown at both school and home. The young girl has access to ELSA support at school, as and when required. She has been offered and was briefly involved in 1:1 and family counselling through Relate, but did not engage. A consultation took place between SWW and school ELSA and then an additional consultation was agreed and took place with the girl's mother. Mum is querying whether her daughter has ADHD.

The SWW has offered 6-8 sessions direct 121 sessions with the young girl. A Dyadic Developmental Psychotherapy (DDP) approach was used, in particular PACE strategies to enable the girl to discuss her anxiety at home and at school. Cognitive Behaviour Therapy approaches (CBT) were then used to look at helping the young girl change her behaviour.

SWW has offered strategies to mum and class teacher to implement at home and in the classroom. The SWW has sought guidance from CAMHS in clinical supervision and based on advice will support school in a potential referral for an ADHD assessment and explore with mum a potential referral to CAMHS Family therapy.

### **Case study three**

A year 6 girl had suffered a bereavement during the summer and consequently presented very low in mood, withdrawn, and anxious to be at school. She was not comfortable in school and would physically try to escape. School had implemented a plan to support the young person which involved the ELSA and Headteacher doing a meet and greet and liaising with parents.

SWW worked 121 with the young person for 8 weeks. The SWW used art therapy and DDP techniques to engage the young person. Solution focussed practice was also used in combination with a ladder plan from school. The young person gradually built up the time she spent in school each week to be able to feel comfortable being in school for a whole day and spending time in her classroom environment, doing the same work as her peers. Impact was measured using SEB and SDQ tools. These measurement tools along with evaluation feedback demonstrated an increased resilience and improvement in her overall mental health.