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Principal: Stephen Pitcher

Re: Regulation 28 Report to Prevent Future Deaths – Ollie Lee (Deceased)

Date of Report: 8 May 2026

Dear Assistant Coroner Berry,

Thank you for your Regulation 28 Report dated 8 May 2026 concerning the tragic death of Ollie Lee.

Firstly, I would like to express our sincere condolences to Ollie's family and acknowledge the distressing circumstances outlined during the inquest. We have carefully considered the concerns raised within your report and recognise the importance of addressing these matters to reduce the risk of future harm.

The death in October 2024 occurred during a period of change for the school; however, the focus since that time has been on ensuring sufficient capacity and consistency to sustain high-quality provision for all students. From September 2024, a new Principal has provided continuity of leadership and oversight, supporting the embedding of existing systems and expectations. Additional staffing, including the recruitment of a further safeguarding officer, has increased the capacity of the safeguarding team, enabling continued timely and effective responses. A Peer Conflict Resolution Officer role was also introduced to provide structured support for students in managing social interactions and resolving issues, with appropriate processes in place from September 2024 to monitor and track concerns. The Senior Leadership Team has been expanded to support clear leadership responsibility, including a focus on character and personal development through PSHE and behaviour. The school's achievement of the UNICEF Rights Respecting Schools Gold Award and the Association for Character Education Quality Mark reflects the continuation of its established approach to promoting a respectful and supportive environment. Overall, these measures are intended to ensure that existing good practice is consistently maintained and supported with appropriate capacity.

Following the receipt of the *Regulation 28: Report to Prevent Future Deaths*, meetings were convened on 22 May, 4 June and 23 June 2026 between [redacted], Head of Service Barnsley City Council, [redacted], Service Director for Children's Social Care Barnsley City Council, [redacted], Head of Quality, Children Services NHS, [redacted], Principal at Barnsley Academy, [redacted], Regional Director United Learning and [redacted], General Manager CAMHs to ensure that we discussed each concern and our responses to these individually and collectively.

We have reviewed the concerns identified within your report in detail and have set out below our response to each concern as a school, including the actions that have already been taken and those that we will be taking individually and collectively alongside other agencies as a response to findings.

1. Communication and Engagement Between Agencies

We acknowledge the concerns regarding insufficient communication and coordination between agencies involved in supporting Ollie. Please find below the actions taken or proposed:

- In July 2024 Local Authority Partnership arrangements were adapted to support improved communication and effective working relationships with schools. Since this time, every school has been allocated a targeted Early Help link practitioner to support with communication and consistency in approach between schools and

agencies. This targeted support means regular connection between the school and the Local Authority Safeguarding Team's Early Help Practitioner who offers advice, guidance and support where required. Following these changes in July 2024, the school has seen an improvement in communication linked to the reduction in referral only conversations.

- Since May 2023, Barnsley Academy has engaged with the *Green Panel*, an Early Intervention Panel that meets once per half-term and is designed to share resources and best practice around inclusion intervention, with the aim of reducing suspensions and exclusions. This is an example of multi-agency collaboration and communication to support vulnerable young people. Membership of the panel includes schools, education psychologists, Compass, Education Welfare Service, Targeted Early Help, Youth Justice, Targeted Youth Support, CSC, Early Help services.
- As a result of CAMHS sharing the crisis flowchart with schools, Barnsley Academy has adapted its protocols around escalating concerns for students who have self-harmed or are deemed to be at risk of harming themselves (including suicidal ideation). Whereas previously, parents or carers would have been advised to take their child to A&E to seek support, school now contacts the crisis team directly.
- Following the updated guidance from the Department for Education's *Working together to improve school attendance* in August 2024 (Appendix 1), school safeguarding leaders updated their approach to ease identification of agencies involved with students via the use of 'pinning' on CPOMs profiles. Whilst we recognise that this action was taken prior to Ollie's death in October 2024, this has supported the ease and efficiency of communication with agencies and has provided a clearer oversight of their involvement for school leaders.
- Barnsley Academy has completed regular professional development training with all safeguarding trained colleagues (DSLs/DDSLs) within the Academy, including most recently on Thursday 4 June 2026. The focus of the most recent training was around ensuring that where multi-agency support is in place for a student and their family, all relevant information is shared as routine with all agencies involved. Furthermore, particular emphasis was placed upon information sharing across agencies even when other stakeholders (e.g. a parent or Family Support Worker) state that they will share that information (Appendix 2).
- In addition to training colleagues, Barnsley Academy has formalised its Safeguarding Quality Assurance and Supervision process guidance (Appendix 3) to ensure that specific reference is made to quality assurance of relevant information sharing across multiple agencies. Within the guidance the Designated Safeguarding Lead completes routine quality assurance audits (Appendix 4) to ensure efficiency and compliance in relation to CPOMs logs and to monitor the effectiveness of multi-agency working. Within the guidance, there is also clear reference made to quality assuring multi-agency working as part of termly complex case file reviews. Whilst the working practices have been in place for much longer, the formal guidance was updated on 5 June 2026 and outlines training commitments as well as quality assurance processes to ensure routine practice and accountability.
- United Learning will be completing a routine Safeguarding Audit at Barnsley Academy on 8 July 2026 and will review the guidance document around safeguarding information sharing. As a part of the review the school will be requesting a specific focus on case sampling where students have multi-agency involvement to quality assure the effectiveness of the school's work with external agencies.
- Through our working together and shared experiences, the Local Safeguarding Partnership Offer will be further developed to ensure a best practice template is available to schools where a Safety Plan is advised to be completed, for example in circumstances like self-harm.

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2. Communication Between Targeted Early Help and CAMHS

We recognise the issues identified regarding the lack of effective communication between targeted early help services and CAMHS, which contributed to a missed opportunity for continued support. Whilst not specifically named within this concern, Barnsley Academy can note that improved working practices with both agencies have supported more proactive and timely communication, as well as strengthened working relationships. This seems to support the stated intention from both parties to look at how multi-agency communication and working can be improved and made more comprehensive and efficient.

Targeted Early Help - Within school, an additional 7 members of staff have received central local authority training around Early Help processes since March 2025. As well as increased capacity to support referral processes, this has further enhanced staff understanding of how targeted early help services work and has made communication more efficient through a strengthening of cross-agency professional relationships and networks. As forementioned, from July 2024, Barnsley Academy has been allocated an Early Help Practitioner within targeted early help services who acts as a direct school liaison and primary point of contact. This has led to more proactive communication and support between early help and school.

Mental Health Services - The school has continued to hold link meetings once per term with a school liaison from Compass Be. However, as well as discussing whole school support, these meetings have become more focused to address next steps for specific caseloads of identified students, where mental health concerns have been raised.

3. Record Keeping and Recognition of Individual Needs

We acknowledge your third concern: *'there was no record of important discussions that occurred between early help and the school and Ollie's preference in relation to pronouns was not acted upon'*.

Whilst it remains unclear whether or not discussions around Ollie's preference in relation to name and pronouns did take place between early help and school, actions have nevertheless been taken or are proposed in order to reduce the possibility of unrecorded discussions. A safeguarding colleague from United Learning investigated a complaint on behalf of Barnsley Academy which was received from Courtney Lee, mother of Ollie Lee, on 22 August 2025. The findings from this investigation identified aspects of record-keeping as an area for improvement. Either prior to the complaint being received, or since the outcome on 24 November 2025, Barnsley Academy has completed the following actions, all of which strengthen record keeping:

- Additional recruitment into the safeguarding team on 20 January 2025 has increased capacity allowing quality assurance to take place more regularly. The additional capacity has also ensured that preventative as well as reactive work has been further strengthened within the school. For example, the safeguarding officer has an allocated caseload of vulnerable students (Child Protection, Child in Need, others identified) and personally supports the attendance team with calls and home visits for these students as a priority when they are absent from school. In addition, the increased capacity has reduced the time taken to address lower-level concerns on CPOMs, resulting in earlier intervention.

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- As part of the annual safeguarding training which took place on 2 September 2025, a focus was given to logging incidents on CPOMs in order to ensure their timeliness and the provision of high-quality factual information within all logs. Training was also provided on ensuring consistent logging of follow-up actions to indicate how incidents have been addressed and to confirm that they have been fully resolved (Appendix 5).
- Following the findings in November 2025, the Designated Safeguarding Lead has been trained on auditing CPOMs logs and has been provided with an auditing template and guidance from United Learning (Appendix 4). Auditing is now in place as routine to ensure the quality of recording is consistent. Where any areas of inconsistency are identified, including around agency communication, it is followed up through training with individuals or wider groups of staff, as applicable. A formal auditing schedule is outlined in the Safeguarding Quality Assurance and Supervision process guidance (Appendix 3).
- Where a pronoun or name change request is made to Barnsley Academy, the school follows the Department for Education guidance: *Gender questioning children and Keeping Children Safe in Education* (Appendix 6). Safeguarding our children and young people is our highest priority. We believe that our role is to work in partnership with students and their parents/carers to support the best interests of each child's wellbeing, safety and future.
- Whilst we recognise that Ollie did not expressly request a name or pronoun change, the name Ollie was identified on and in some school exercise books after her death. This suggests that there may have been potential missed opportunities to record concerns relating to identity questioning by some members of staff. As a result, during safeguarding training in September 2025 (Appendix 5), all members of staff were provided with further clarification around identification of concerns and low-level patterns of behaviour and expectations around information sharing, including around gender questioning. This was followed up again within the safeguarding update training for key colleagues on the 4 June 2026 (Appendix 2) and again with all staff on 26 June 2026 during a whole school Inset.

Additional Measures

In addition to the actions above, we have undertaken broader service improvements, which include the following:

- As previously noted, Barnsley Academy will be having a scheduled safeguarding audit on 8 July 2026. Whilst safeguarding audits are routine for all United Learning schools, we recognise the importance of this visit in ensuring that the actions taken as a result of the tragic loss of Ollie are being consistently applied across the school and wider services.
- All Barnsley Academy staff received a full day's training from 14 professionals from a range of different agencies on 1 September 2025 (Appendix 7). This in-school training was aimed at further developing staff understanding of the challenges around emotional wellbeing and mental health for young people. This training also reflected our commitment to working effectively and proactively with external professionals.
- To further increase the impact of our mental health support within school, the Student Medical and Wellbeing Officer has attended a number of in-person and online mental health training events (both United Learning and others) to ensure we are engaging with best practice. We have also increased the number of mental health first aiders within school.
- Since the start of the academic year 2024-25, we have used the STEER Education platform to improve our early identification of students at risk of hidden social-emotional struggles. The research-led mental health

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platform provides tools to measure, track and improve student wellbeing. In addition to this, we are also developing a "vulnerability tracker", which will help us to better identify students whose wellbeing is at greater risk owing to contextual drivers within their lives.

Conclusion

We are fully committed to learning from this tragic case and will seek to continue strengthening our systems, processes, and partnership working arrangements wherever possible to ensure that individuals receive timely and appropriate support.

We will continue to monitor the implementation and effectiveness of these actions and will ensure that lessons learned are embedded across Barnsley Academy.

Please let us know if you require any further information or clarification regarding this response.

Yours sincerely,

Principal

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APPENDICES

Appendix 1 - Department for Education's *Working together to improve school attendance* in August 2024

Working together to improve school attendance (applies from 19 August 2024)

Summary table of responsibilities for school attendance (applies from 19 August 2024)

Appendix 2 – Safeguarding Professional Development Slides

Safeguarding Training: Multi Agency Working

Thursday, 4 June 2026

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Agenda

1. Single Agency to Multi Agency
2. Multi Agency Work: Identifying the Agencies
3. Multi Agency Work: Identifying the Agencies
4. Recording agency involvement and contacts - Arbor
5. Recording agency involvement and contacts - CPOMS
6. Regular contact to avoid drift and delay- Referrals
7. Regular contact to avoid drift and delay- Actions
8. Regular contact to avoid drift and delay- Supervision
9. Professional Curiosity

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Single Agency to Multi Agency

- Multi Agency work is any work with one or more external agencies to support the needs of the student/young person, group of people and/or Family.
- Multi Agency work occurs when other services become involved with the student/young person, group of people and/or Families.
- This is often through the process of referrals made by Barnsley Academy or external agencies.
- However, this can also occur because of a recommendation from another professional, for example a GP.

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Multi Agency Work: Identifying the Agencies

It is important we have a clear and comprehensive record of:

- All Agencies involved with students/young people, groups of people and/or Families.
- When information is shared/stored/logged and how concerns are followed up and escalated if required.

- Some students/young people, groups of people and/or Families have lots of Agencies involved and may transition to Barnsley Academy already involved with other Agencies.

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Multi Agency Work: Identifying the Agencies

- Any external professional working with the students/young person, group of people and/or Families would form part of the multi agency working group.
- This includes but is not limited to:
  - CAMHS, the IFD, Young carers, BESAFE, Health, youth offending team
  - Alternative Provision (e.g. Farm Space, Kip McGrath, Action to Change and other school settings).

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Recording agency involvement and contacts

Arbor: Demonstration will be given live

To log contact information of professionals linked to the student/young person, group of people and/or Family.

- On the student profile select the add button on 'Family, Guardians and Contacts.
- Input the contact information and select the relationship to the child, i.e. Social Worker, CAMHS Worker, Virtual School representative.
- Select the option of Authorised to collect if this is agreed with Parent/carer
- Any communications are to be noted on Arbor communication log for reference but the full log must be recorded on CPOMS
- The user defined fields of Arbor must also reflect the Agency/need/plan/vulnerability of the student
- When an Agency is no longer working with the student/young person, group of people and/or Families the the contacts/user defined fields should reflect this – Dates of Closure from external agencies must be recorded on CPOMS.

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Recording agency involvement and contacts

CPOMS: Demonstration will be given live

To log contact information of professionals linked to the student/young person, group of people and/or Family;

- Add as an incident the following information in this format;
- Name of Agency
- Name of Key Worker
- Contact details of key worker
- This will be logged as information only and pinned, each separate agency will be logged on a separate incident.

Any communication must be recorded on CPOMS in the following format:

- Type of contact (email/telephone contact/teams meeting/letter/face to face meeting)
- This will be logged as External Agency Communication . Any actions following this will be logged on the same incident as actions.
- All logs must include full factual details of the communication (where possible transcribes/copies of emails/scanned letters) and highlight any action points. If there are agreed actions or follow up required, this will be added to the CPOMS public calendar and a reminder set in the function.
- When an Agency is no longer working with the student/young person, group of people and/or Family, Dates of Closure from external agencies must be recorded on CPOMS and relevant documents uploaded at this point. The pinned incident for the relevant agency will be unpinned.
- If there is a change in worker, then the incident must not be edited it will be unpinned and a new incident recorded following the above format

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Regular contact to avoid delay - Referrals

- It is vital that communication remains active between agencies and that professional challenge and curiosity is exercised appropriately to ensure that there is appropriate information sharing
- If there are formal plans in place such as CP/CIN/LAC then communication/meetings are to adhere to the statutory guidance around the individual plan.
- If a referral to an external agency has not been acknowledged by the external agency a scripted email will be sent requesting confirmation of the receipt of the referral.
- The referral will then be followed up on the third day after submission with a scripted email.
- A second follow up will be sent on the third day after the first follow up email. The second email will include the next step, which will be escalation.
- **In some cases, it will not be appropriate to wait to follow up referrals. Any referrals that need an urgent follow up will be discussed with the DSL and appropriate actions taken.**

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Regular contact to avoid delay - Actions

- If an action is agreed with an external agency the expectation is that appropriate timescales are agreed to ensure that actions are carried out, responded to, communicated and recorded.
- If the action has not been completed by the external agency then the process and follow up will commence as per the referral process follow up

If the Action is carried out by the school, then this must be recorded and communicated within the given timescales.

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Regular contact to avoid delay - Supervision

- During supervision, caseloads will be discussed to ensure that multi agency work is effective and the process of responding, recording and escalation is evidenced.
- This supports additional training needs and feedback promotes scrutiny and appropriate challenge identifying the need for further discussions with partner agencies.

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Professional curiosity

- It is important that all staff remain professionally curious to ensure that there are no gaps in communication.
- Messages must not be passed via student/young person, group of people and/or Families to external agencies
- In addition, information shared by student/young person, group of people and/or Families should be checked/shared with external agencies.
- All communication should be logged as an incident on CPOMS and then the verification/sharing of information in relation to the received communication added as actions on the same incident.

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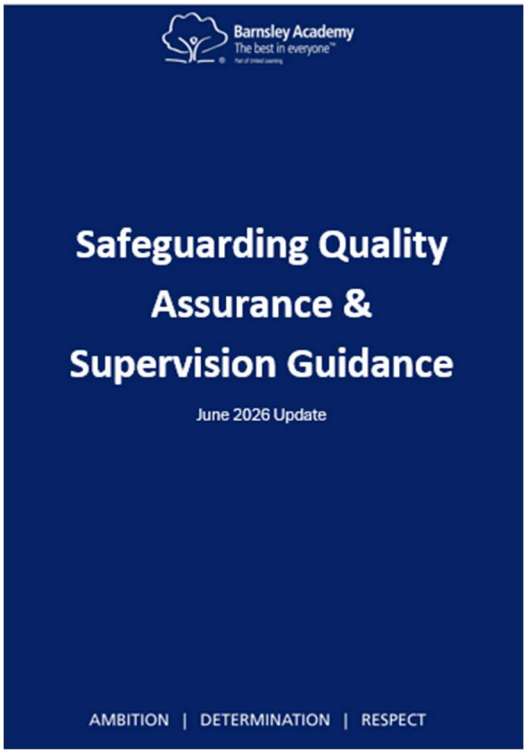
Appendix 3 - Safeguarding Quality Assurance and Supervision process guidance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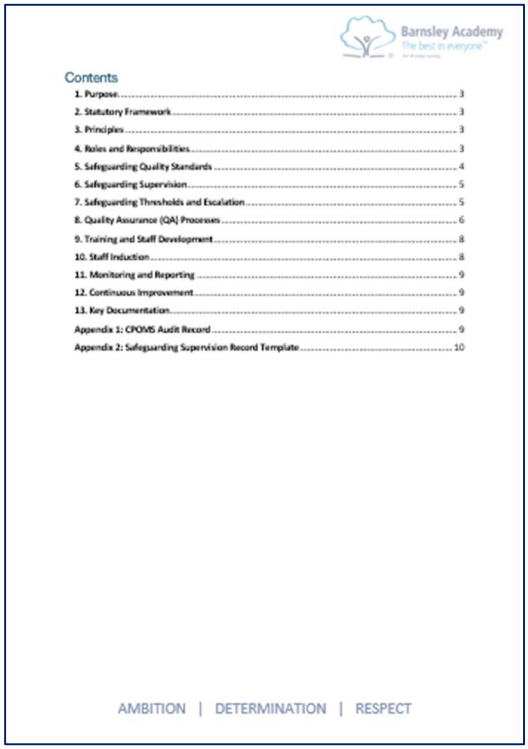
Safeguarding Quality Assurance & Supervision Guidance

June 2026 Update

AMBITION | DETERMINATION | RESPECT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Appendix 4 – Safeguarding Quality assurance Audit Form

QUALITY ASSURANCE RECORD – CHILD'S FILE

Initials of child:	
Auditor:	**Date of Audit** Click or tap to enter a date.

Standard	RAG
Are records up to date and complete?	Choose an item.
Has feedback been given to any member of staff who shared a concern?	Choose an item.
Has a rational been given for sharing information and with whom?	Choose an item.
Is there evidence of clear and transparent records (easy to follow)?	Choose an item.
Does the record show effective identification and management of risk?	Choose an item.
Does the record show what safeguarding action(s) were taken by the DSL?	Choose an item.
Is there evidence of timely referral(s) where necessary?	Choose an item.
Is there evidence of timely escalation(s) where necessary?	Choose an item.
Does the record show clearly any feedback/outcome of the actions taken?	Choose an item.
Is there evidence of work with other agencies?	Choose an item.
Is there evidence of work with parents/carers?	Choose an item.
Is there evidence of the voice of the child?	Choose an item.
Overall	Choose an item.

RAG Rating - Each 'Met' Scores 1

RED	Score: 0-6	Red - Indicates that record does not meet minimum requirements for a specific standard. Actions required to support author of record.
AMBER	Score: 7-9	Amber - Indicates that several elements are in place but need to be improved for a specific standard. Support may be required.
GREEN	Score: 10	Green - Indicates that the record meets the required standard with all elements in place.

Actions (if applicable)

Action(s) regarding safeguarding of the child	Who Took the action	Action(s) completed
		Click or tap to enter a date.
		Click or tap to enter a date.

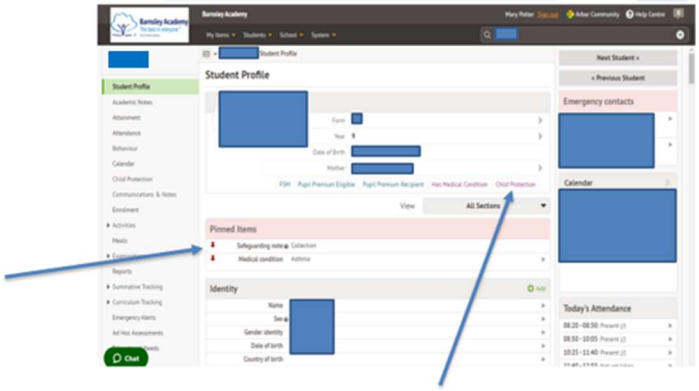
Action(s) regarding quality of records	Who Took the action	Action(s) completed
		Click or tap to enter a date.
		Click or tap to enter a date.

Action(s) regarding quality of practice	Who Took the action	Action(s) completed
		Click or tap to enter a date.
		Click or tap to enter a date.

Appendix 5 – Annual Safeguarding Training September 2025: Slides 65-68 referencing the importance of noticing / reporting small signs, *including notes in books*.

Knowing Our Students: Accessing Information

- Child Protection / Child in Need, Safeguarding notes, Young carer, SEND etc.



Knowing Our Students: Noticing and Reporting

- Part of ensuring vigilance around safeguarding is noticing changes or details that could hint at a wider concern or vulnerability.
- Sometimes these are clear and obvious, sometimes they can be small. *Often, they are completely harmless.*
- It is better to report something apparently small as a *For Information* log on CPOMS or to discuss it with a member of the safeguarding team than risk missing an opportunity to support at an early, low-level stage.
- This is about exercising appropriate professional curiosity.
- The better we know our students (notice them), the better we are able to perceive potential concerns.

Spotting Early Signs – "Minor" Observations Matter

Be alert – small changes often come first

Behaviour & Engagement

- Becoming withdrawn, quieter, or unusually disruptive
- Sudden change in attitude, mood, or motivation
- Avoiding certain people, lessons, or going home

Attendance & Participation

- Slight drop in attendance or punctuality
- More time out of lessons (toilet, medical, corridors)
- Reduced focus, tiredness, or "zoning out"

Presentation & Physical Signs

- Decline in hygiene or inappropriate clothing
- Frequent tiredness or minor unexplained injuries
- Noticeable weight or appearance changes

Communication

- Low self-esteem ("I'm useless", "no one cares")
- Unusual language for age (sexualised, aggressive)
- Being secretive or evasive

Work / Written Indicators

- Drop in effort, presentation, or completion
- Work is minimal, rushed, or careless
- Repeated themes of sadness, anger, violence, or hopelessness
- Concerning drawings or imagery
- Negative self-talk in writing ("I can't"...)
- Work that suggests worrying experiences beyond age
- Notes in exercise book or on work to suggest wellbeing concern / vulnerability

Key message: *A single change = note it. A pattern of changes = act on it.*

What To Do – Professional Curiosity in Action

It's not about proof — it's about noticing and sharing

Be Professionally Curious

- Notice patterns, frequency, and changes over time
- Don't dismiss concerns as "just a phase"
- Trust your instincts

Record

- Log concerns factually and promptly
- Include what you saw/heard (not opinions)
- Small details matter when combined

Share

- Follow safeguarding procedures
- Pass concerns to DSL / safeguarding team
- Link information – different staff see different parts

Support

- Be a consistent, trusted adult
- Check in with the student (where appropriate)
- Keep expectations high and relationships strong

Key message: *Early noticing + early action = stronger safeguarding and better outcomes*

Appendix 6 - Department for Education guidance: *Gender questioning children and Keeping Children Safe in Education (Draft for consultation)*

Gender Questioning Children - non-statutory guidance

Appendix 7 – Professional Development: **Emotional Wellbeing and Mental Health for Young People (multi agency input). INSET Day Training – Monday, 1 September 2025**

Supporting Emotional Health and Wellbeing				
9:00 – 9:15	**Welcome and Outline of the Day** • Group agreement - 2 positive statements from each group, shared with the whole group and 3 agreed by the whole group. • How can this be mirrored in classrooms/whole school to encourage consistent approaches?	Main Hall	Teresa Brocklehurst	All staff
9:15 – 9:30	**Beyond Reflection# We're in this Together** • Use of an animation to aid discussion around issues young people face / experiences that prompt certain behaviours. • How can this animation be used in school?	Main Hall	Teresa Brocklehurst	All staff
9:30 – 10:30	**Supporting Emotional Regulation**	Main Hall	Jo Patterson Kim Pearson	All staff
10:30 – 10:45	**BREAK – CANTEEN**			
10:45 – 11:15	**IDAS presentation**	Main Hall	Lydia Smallman, Megan (IDAS)	All staff
11:15 – 12:15	**Scenarios** • 10 group discussions based on scenarios and identities / experiences ○ BSARCS, Chilypep, IDAS, Education Inclusion, 0-19's, Compass Be, Youth Justice, BMBC, Waythrough • Writing a letter from the pupil's perspective, "What I want my teacher to know" • Feedback to group and discussion around compassionate approach/seeing the bigger picture/how support in school	Sports Hall	Various	All staff
12:15 – 13:00	**LUNCH – CANTEEN**			
13:00 – 13:40	• Emotional health and wellbeing support box • Mental health first aid kits **Open Up Directory** • EHWB training directory and contact details of practitioners delivering the training • Kooth posters • Positive noticing cards • Case study of young person needing sensory equipment and emotional regulation/deregulation • Per group select sensory equipment from the table, discuss on tables what could/couldn't have in their support box. Why? • How could this be adapted to meet needs? • I want my teacher to know…space for young person to post, post-it notes (demonstrate what looks like in a classroom)	Sports Hall	Chilypep Teresa Brocklehurst Bev Bradley	All staff
13:40 – 14:30	**Trauma Informed Practice and ACEs**	Main Hall	Ruth O'Leary	All staff
14:30 – 15:00	**Next steps and reflections of the day** **Summary and Pledge** • Individual pledge to be placed on the tree using a luggage label. • 3 pledges as a whole school to be developed within 3 months. • Follow up with young people in school, 3 months from now: ○ How has their classroom/school responded to the training? What has changed? What's new?	Main Hall	Bev Bradley	All staff

Appendix 8 – United Learning Mental Health Tiered Model

United Learning's Tiered Model for a Mentally Healthy School

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This tiered model has been developed by United Learning to support school Senior Mental Health Leads (SMHLs) and those with responsibility for pupil mental health and wellbeing to:

- Better understand what they are accountable for at school level that ensures pupils' mental health and wellbeing and understand what they can put in place to ensure they are building a Mentally Healthy School with a sense of belonging
- Know how to accurately categorise child mental health across a continuum to identify appropriate interventions in school or relevant external support

You can find a wide range of resources and guidance to support your SMHL role and implementation of this model on the Mental Health Lead Resource Hub here – developed by the Anna Freud Centre in partnership with the DfE. United Learning focused resources and supporting practice/case study examples are in the process of being added to the UnitedHub Mental Health page here over the course of the 24-25 academic year.

This document is not designed to be used as a case management tool but rather as a starting point to guide your in-school practice; implementation will depend on your local context and the support available in school and in your area. Thresholds between tiers 3-5 will vary between regions dependent on the clinical provision available. This sets out that a multi-agency approach is required for the most serious cases.

Child Mental Health Continuum

Mental wellbeing is a continuum and is fluid. Children may move between tiers both ways dependent on severity of their symptoms and effectiveness of interventions in each tier.

Universal provision; self-care and social support

Targeted provision

Professional care

Specialist provision

Strand no.	*Strand theme*	Tier 1 **THRIVING**	Tier 2 **HEALTHY**	Tier 3 **COPING**	Tier 4 **STRUGGLING**	Tier 5 **UNWELL**
1	***Accountability***	The school, parents and community work in partnership to ensure every child has the resources and environment needed to ensure their mental health and wellbeing.	School is accountable.	School is accountable.	There is multi-agency accountability which may be led by an external partner. School is accountable for commissioning/referring, where need identified to secure external/ local commissioned services. If available: Mental Health Support Team (MHST), or other expert provision e.g. Place2Be counselling service.	There is multi-agency accountability. School is accountable for commissioning specialist services but is not the lead professional. NHS are accountable for service delivery, namely Child Adolescent Mental Health Services (CAMHS), sometimes other specialist medical support/provision. The school's responsibility is to make effective referrals for the child - and escalate capacity issues/delays with access to United Learning so that central colleagues can lobby local services.
2	***Holistic tier descriptor at school level***	School proactively builds positive and collaborative relationships with parents (see resource here). Parents are clear on their own responsibility to support their child's mental health.	School creates a sense of belonging. School culture focuses on inclusivity, belonging and creating psychological safety for whole school community where every child feels supported by Trusted Adults to attend. School commits to delivering a whole-school approach to mental health and has staff with strategic responsibility for this (a trained Senior Mental Health Lead with appropriate seniority – ideally on the SLT, to influence practice).	School has a range of appropriate support in place for children when life events impact emotional health e.g. Adverse Childhood Experiences (ACES). SENCO oversees appropriate in-class adjustments. School acknowledges their role is to help children to cope, *not* to diagnose. In some areas, MHSTs may be available at this level.	In the event that children experience moderate mental health difficulties that impact their daily functioning, or require more targeted or specialist mental health intervention or support, the school has access to provision to meet this need. For example, talking therapies or group interventions through a MHST or via a matched therapist (via TACaccess.com platform).	Where children experience more serious and acute mental health disorders, the school has an effective process in place to refer via the appropriate channels or pathways to access the right level of support e.g. CAMHS for pupils/alternative referral pathways such as Early Help or other local provision.

United Learning's Tiered Model for a Mentally Healthy School

3	***Tier descriptor at child level and mental health presentation in the child***	Children are provided with an emotionally warm, supportive and stable home environment with consistent boundaries and are able to meet developmental milestones to the best of their abilities.	Children in this tier are generally satisfied and happy in their lives. They are emotionally well-balanced, stable, and cope with the normal stresses of life and the challenges that every day brings such as exams. They are able to contribute to their community. Children practise good self-care and social support such as healthy sleep patterns, regular exercise and have appropriate coping strategies. The child/family report or the child presents with normal mood fluctuations. Takes things in stride. Consistent patterns. Healthy sleep patterns. Physically and socially active. Usual self- confidence.	Children in this tier may show some distress and inability to cope when faced with a significant event such as a bereavement, but are capable of performing daily life functions and participating in normal school activities following isolated intervention. The child/family report or the child presents as: Irritable/impatient. Nervousness, sadness, increased worry. Declining attendance. Procrastination, forgetfulness. Trouble sleeping. Difficulty relaxing. Decreased social activity.	Children in this tier may show distress and inability to cope over a longer period of time; distress is not easily alleviated by an individual's typical coping strategies or isolated interventions. This in turn starts to have an impact on performing daily life functions. The child/family report or the child presents with: anger, anxiety. Sadness, tearfulness, hopelessness, superficial self-harm. Decreased academic performance. Disturbed sleep. Social withdrawal. Persistent absence over at least a 6-week period.	Children falling under this category are unable to cope with stress and exhibit significant changes in their thoughts, behaviours, and actions. Their symptoms can be significant and prolonged and need the support of clinical professionals. The child/family report or the child presents with high level of anxiety, panic attacks. Depressed mood, overwhelm, constant fatigue. Suicidal ideation/ thoughts/ intent/ behaviour. Persistent absence/long term absence or Emotionally Based School Avoidance (EBSA).
4	***Features of effective support at school level***	- Schools acknowledge that parents' own mental health issues are often the biggest barrier to ensuring their child's wellbeing and consider the impact of this for wellbeing strategies – school can signpost to parental support where appropriate. - Parents are informed and collaborative strategies identified as soon as issues with a child's mental health emerge. - Active links to community support groups (or their own Community Hub) to promote mental health and wellbeing support.	- Trained SMHL oversees whole school approach to mental health & leads a shift in culture for everyone to wellbeing as a core foundation - Focus on mentally healthy school forms part of staff induction - All staff trained in MH – appropriate levels for different types of staff - Newsletters/bulletins for staff on MH - PHSE curriculum supports management of mental health and wellbeing including showing children that some stress is normal e.g. exam periods - School wide initiatives support general wellbeing e.g. School mile for regular group exercise - Responsibility to record incidences of mental health – identify PA pupils and if connected to a MH issue - Protected weekly meeting time for colleagues involved in MH - Build autonomy focus into Education with Character programme - Weekly check ins with pastoral team logged on CPOMS	- Provision of an appropriately qualified school counsellor at level 4 (see guidance here), to signpost appropriate resources or offer solution focused, brief intervention - SMHL accessing relevant supported supervision - School routines have features that support emotional wellbeing e.g. quiet times, safe corners, buddy systems - Access to free online counselling via kooth.com for ages 10+ - Responsibility to record incidences of mental health issues - Evaluating impact of school-led interventions - SMHL has effective and regular liaison with SENCO to establish links between SEMH and SEND for specific pupils - Key worker drop in/support - ACES training for staff - Schools to personalise tiered approach with own interventions	- Provision of a qualified counsellor to provide a more complex, longer-term package of intervention e.g. course of therapy - Triage/referral system in place - External targeted support service commissioned (MHST or equivalent level) - Strong working relationship with local MHST or national providers (if available) - Responsibility to record incidences of mental health - Pupils with active referrals have appropriate Safety Plans in place and these are shared with relevant stakeholders - Complete referral for an Early Help Assessment where appropriate - School proactively communicates and works in partnership with parents when child is struggling	- Staff involved in supporting mental health know how to make successful CAMHS referrals (see guidance here), or alternative NHS service referrals e.g. GP/111 mental health crisis line/A&E; staff do refer and work proactively with local NHS teams on particular pupil cases. In the event that external referrals are declined, staff feel confident to escalate/challenge or revert to previous tier strategies - Referrals are tracked in a systematic way, info is shared and monitored by a number of appropriate staff - Staff are allocated time to follow up and actively manage the relationship with referral partners, knowing where to challenge lack of support or decisions and advocate for pupils where necessary - Responsibility to record incidences of mental health

			- School routines have features that support emotional wellbeing – helping children regulate along with school demands			
5	***Central support and activity from United Learning***	Training on working effectively with parents of children with mental health issues - EBSA Roll out of United Learning Community Hubs – Healthy Lives focus (26 hubs in place nationally by 2026)	- Development of SMHL network for best practice sharing - Safer Schools App free CPD module on MH for all staff - Signpost Place2Be's Mental Health Champions free training - Provide Mental Health & Wellbeing policy template - Primary academies – Conscious discipline approach	- Provision of evidence-based resources through the Mental Health UnitedHub page and newsletter to support common emotional stress triggers at school - School counsellor work – improving level of qualification, best practice on how to recruit - Centrally funded Supervision offer for SMHLs - Engagement with external partners; identifying and sharing best practice from across the sector and disseminating back to SMHL network	- Where no MHST is available, centrally reimbursed therapy sessions provided via TAC Access - United Learning central team to proactively engage with DfE to lobby for prioritisation of MHST provision in our academy regions	- How to/best practice guides on navigating local CAMHS systems - Guidance on how to monitor referrals through CPOMS and other central reporting systems - Provide risk assessment templates for pupils with suicidal ideation and other issues to guide schools to correct practice

For any queries or to provide feedback on the model, please contact the central mental health project team on mentalhealthsupport@unitedlearning.org.uk