Enterprise Learning Alliance

Mental Health and Wellbeing Policy

Date	Approval Date	Review Date
9 October 2023	9 October 2023	8 October 2025

Policy Statement

Enterprise Learning Alliance's mental health and wellbeing policy explains the school's commitment to its pupils' and staff's mental health and wellbeing. It outlines how the school will promote wellbeing through supporting its pupils and staff, continued commitment to staff training, and how it will work with the wider community.

It is during childhood and adolescence that mental health problem often begin. The mental health and emotional wellness of a child is clearly linked to physiological and social development and so their ability to access our provision of education.

The mental health and wellbeing support we have devised is tailored to the individual need of each pupil as our role in promoting emotional wellness is integral to achieving academic progress and personal development. All schools are under a statutory duty to promote the welfare of their pupils, which includes preventing impairment of children's health or development and taking action to enable all children and young people to have the best outcomes. Therefore mental health is a priority.

ELA Frameworks and documents relevant to this policy are:
- ELA Behaviour and Relationships policy.
- ELA SEN policy.
- Supporting Pupils with Medical Needs policy.
- ELA Child Protection policy.

Aims and Objectives

ELA's role in supporting and promoting mental health and wellbeing can be summarised as:
- **Prevention**: creating an environment where all pupils feel psychological safe, that they matter and that staff remain curious to look at what is behind behaviour so that pupils feel seen and heard. In such an environment, pupils will be equipped with tools to aid self-regulation through building relationships with staff as emotionally available adults. This in turn, aims to enable the development of resilience to arm pupils to deal effectively with everyday life stressors, helping to create a mentally healthy school. This includes teaching pupils about mental wellbeing through the curriculum and reinforcing this teaching through school activities and ethos.
- **Identification**: recognising emerging issues as early and accurately as possible.
- **Early support**: helping pupils to access evidence based early support and interventions through an internal tiered model. This includes access to specialist support; working effectively with external agencies to provide swift access or referrals to specialist support and treatment.

ELA staff recognise that they cannot act as mental health experts and should not try to diagnose conditions. There are clear systems and processes in place for identifying possible mental health problems, including routes to escalate and a clear referral and accountability system. With auditable pathways this will enable pupils and staff to access relevant external support.

The policy aims to:
- Promote positive mental health in all staff and pupils.
- Increase understanding and awareness of mental health issues.
- Alert staff to early warning signs of mental ill health.
- Provide support and training to staff regarding professional curiosity, working through the lens of trauma informed practice.
- Provide support and training to staff working with pupils with mental health issues.
- Provide support to pupils suffering mental ill health and their peers and parents or carers.

Lead Members of Staff
All staff have a responsibility to promote the mental health of pupils and colleagues. Those staff with a specific role are:
- Mrs M Clay – Headteacher
- Mr N Waters- DSL
- Mrs J Aduca-Harvey – SENCO and Interventions lead
- Miss B Clay – Mental Health Lead
- Mrs A Coyle – Attendance officer
- The ELA Safeguarding Team

Any member of staff who has concerns about the mental health or wellbeing of a pupil, should contact the Mental Health Lead and the DSL assigned to the given centre in the first instance. If a pupil is in immediate, imminent danger, a dynamic risk assessment will be carried out and the first aid procedures and or the safeguarding procedures will be implemented, including contact made with parents/carers and relevant external agencies, where appropriate.

Legal Considerations
- Under The Equality Act (2010) a person with a mental health difficulty is covered if their condition leads to an adverse impact on their ability to carry out their normal day-to-day activities. This will include pupils with conditions such as depression, bipolar disorder, self-harm and eating disorders.
- The Act also covers those who have had a mental illness or difficulty in the past, even if they have recovered, and those whose condition meets the definition but is successfully controlled by treatment (for example anti-depressants) or therapy.
- Under The Equality Act, it is unlawful to discriminate against pupils with a diagnosed mental health condition, and 'reasonable adjustments' may need to be made to ensure they can access education.
- Under the Data Protection Act (DPA and GDPR), all information regarding pupils with mental health difficulties is regarded as sensitive and personal information.
- Duty of Care - All staff need to be aware of the concept of the 'Duty of Care'. This is a legal obligation which requires us to take reasonable steps to ensure the safety and well-being of all our pupils, staff and visitors.

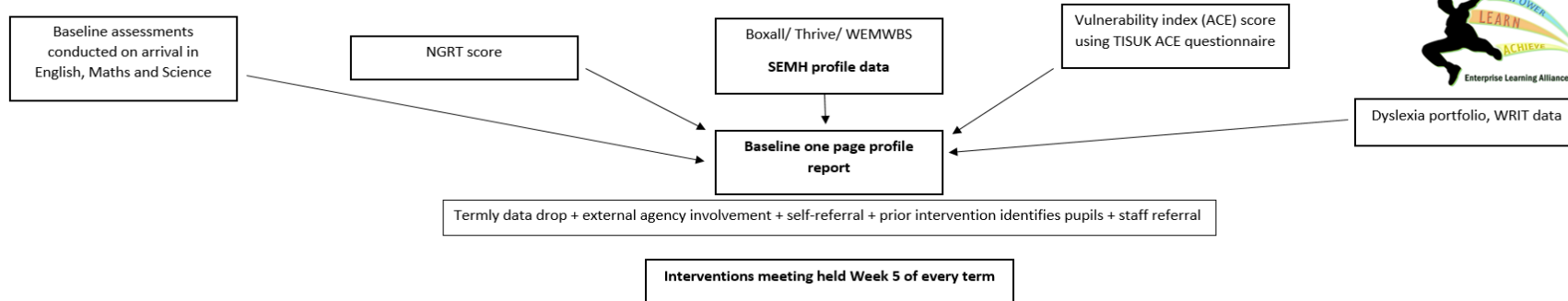## Identifying Needs and Interconnected Tiers of Support
There are identification and measurement tools and frameworks used to support positive mental health and develop resilience. These contribute to the identification and early warning signs of mental health needs. It is the power of positive relationships and professional curiosity that is key to identifying when a pupil needs additional support.

Possible warning signs include:

- The pupil has told you there is a problem, for example, they have been feeling low or anxious recently.
- Significant changes in the pupils' appearance, for example: weight loss/gain, decline in personal hygiene, noticeable signs of self-harm.
- Changes in mood, for example: mood is very up and down, miserable, tired, withdrawn.
- Physical signs of harm that are repeated or appear non-accidental.
- Changes in eating patterns or sleeping habits.
- Concerns expressed from friends, family, other staff members.
- Changes in behaviour, academic achievement or changes to friendship groups.
- Increased isolation from friends, family.
- Talking or joking about self-harm or suicide.
- Abusing drugs or alcohol.
- Expressing feelings of failure, uselessness or loss of hope.
- Filtering and monitoring breeches with at risk themes, for example: suicide, drugs, depression, anxiety.
- Changes in clothing – e.g. long sleeves in warm weather.
- Secretive behaviour.
- Repeated physical pain or nausea with no evident cause.

ELA has interconnected tiers of support to ensure that help is targeted and appropriate.

The Enterprise Learning Alliance guide to Interventions

Baseline assessments conducted on arrival in English, Maths and Science

NGRT score

Boxall/ Thrive/ WEMWBS
SEMH profile data

Vulnerability index (ACE) score using TISUK ACE questionnaire

Dyslexia portfolio, WRIT data

Baseline one page profile report

Termly data drop + external agency involvement + self-referral + prior intervention identifies pupils + staff referral

Interventions meeting held Week 5 of every term
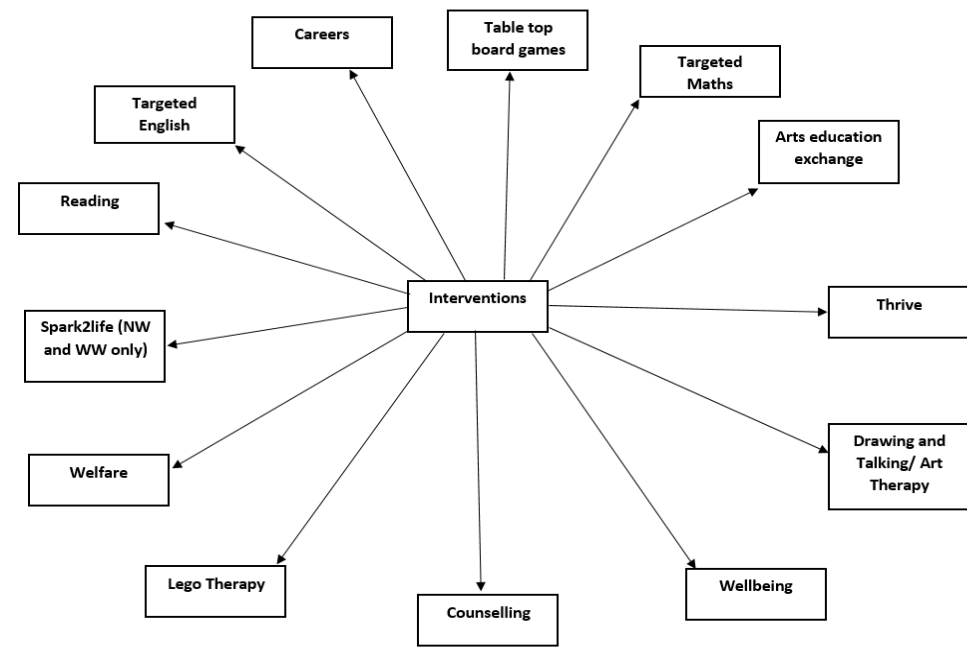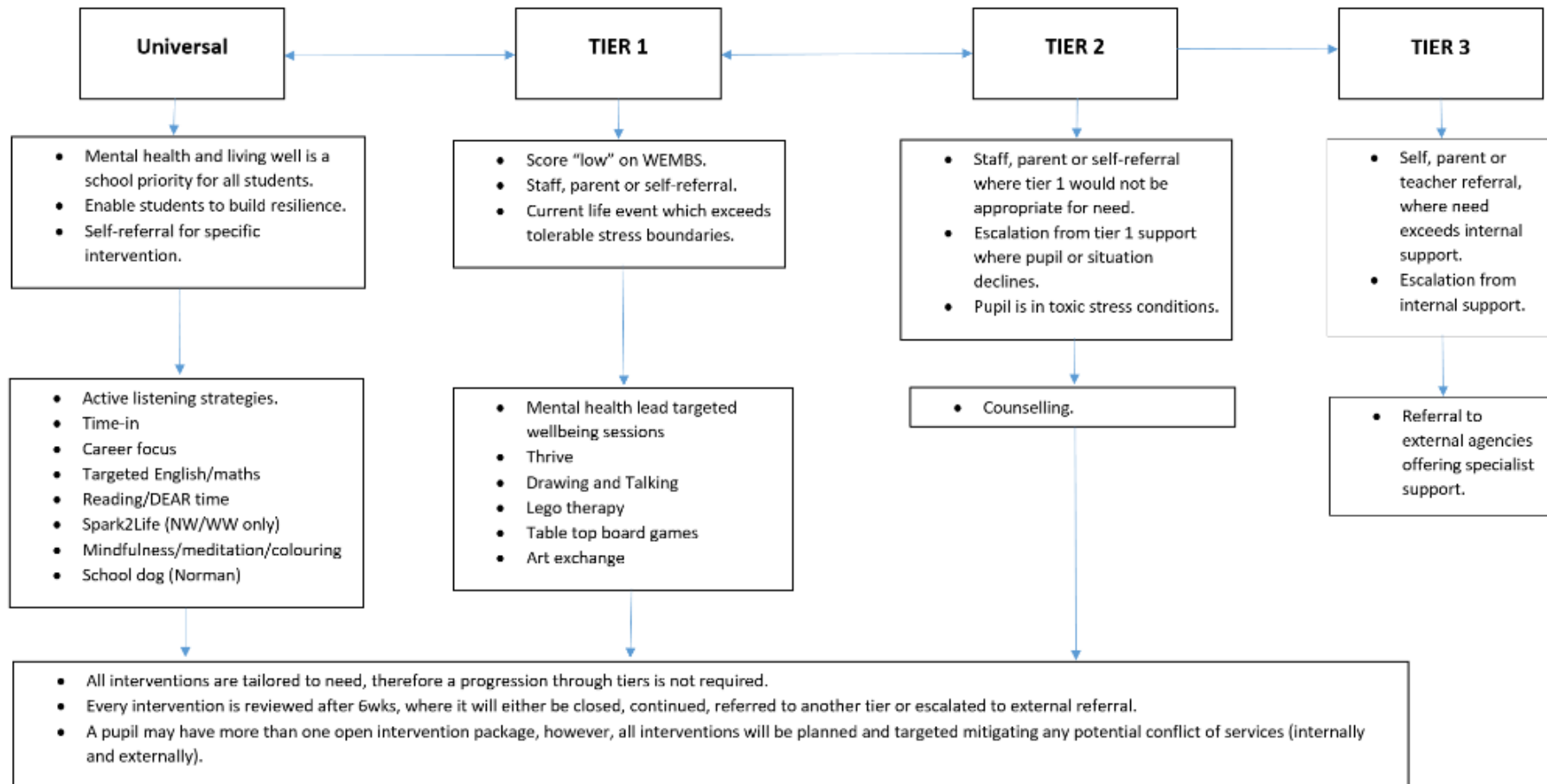

Priority 1 for Intervention:

Large gaps identified using data

Sudden decline in progress and/ or engagement.

Major change in personal/ welfare circumstance.

Priority 2 for Intervention:

Gaps remain

Gap between chronological age and reading age exceeds 3 years.

Parental/ SLT request

Outcome of CiN/ CP/ Core group meetings

Pupil self-referral

Priority 3 for Intervention:

Pupils in receipt of PP

Pupils not on track to meet termly targets

Classroom based Intervention

High quality teaching is embedded.

All staff aware of pupils on SEND register and implement classroom based provision consistently.

Assess, plan, do and review (ADPR) graduated approach is used to inform planning.

Adaptive teaching approaches.

All staff are aware and use data to plan and scaffold appropriate to ability.

Rosenshine's principles of instruction is consistently used.

Use of Blooms taxonomy and question stems.

Visual approaches to support learning.

Active listening strategies used.

Pupil progress meetings inform gap analysis.

All staff use a range of scaffolding strategies.

Effective use of Teaching assistants (EEF guidance).

Effective use of positive relationship and behaviour policy.

Interventions

- Careers
- Table top board games
- Targeted Maths
- Targeted English
- Arts education exchange
- Reading
- Thrive
- Spark2life (NW and WW only)
- Welfare
- Drawing and Talking/ Art Therapy
- Lego Therapy
- Counselling
- Wellbeing

Universal	**TIER 1**	**TIER 2**	**TIER 3**

- Mental health and living well is a school priority for all students.
- Enable students to build resilience.
- Self-referral for specific intervention.

- Score "low" on WEMBS.
- Staff, parent or self-referral.
- Current life event which exceeds tolerable stress boundaries.

- Staff, parent or self-referral where tier 1 would not be appropriate for need.
- Escalation from tier 1 support where pupil or situation declines.
- Pupil is in toxic stress conditions.

- Self, parent or teacher referral, where need exceeds internal support.
- Escalation from internal support.

- Active listening strategies.
- Time-in
- Career focus
- Targeted English/maths
- Reading/DEAR time
- Spark2Life (NW/WW only)
- Mindfulness/meditation/colouring
- School dog (Norman)

- Mental health lead targeted wellbeing sessions
- Thrive
- Drawing and Talking
- Lego therapy
- Table top board games
- Art exchange

- Counselling.

- Referral to external agencies offering specialist support.

- All interventions are tailored to need, therefore a progression through tiers is not required.
- Every intervention is reviewed after 6wks, where it will either be closed, continued, referred to another tier or escalated to external referral.
- A pupil may have more than one open intervention package, however, all interventions will be planned and targeted mitigating any potential conflict of services (internally and externally).

Managing and Reporting a Disclosure

A pupil may choose to disclose concerns about themselves or a friend to any member of staff, so all staff are trained to know how to respond appropriately to a disclosure. The process of managing and reporting a disclosure is the same as that for a safeguarding concern.

Pupils will usually disclose a mental health concern about themselves or a friend to a member of staff that they feel comfortable with, therefore all staff will be both trained to respond appropriately and with empathy. Staff should actively listen first and foremost, ensuring the pupil feels safe and heard. First thoughts should be of the pupil's emotional and physical safety rather than beginning to explore reasons. No member of staff will attempt to diagnose. The emphasis is on listening to what the pupil is saying, not trying to give solutions.

Managing disclosures is part of the staff induction process. All staff have relevant safeguarding training and all staff are aware of the reporting process in place for managing and supporting disclosures and safeguarding/mental health concerns.

All disclosures should be reported to the mental health lead and DSL, this should be recorded following the safeguarding policy. ***This record will include:***
- Date
- The name of the member of staff to whom the disclosure was made
- Main points from the conversation
- Agreed next steps

This information will be shared with the mental health lead, Interventions Lead and then safeguarding team. The most appropriate member of the safeguarding team will take action, in line with the tiers of support, in consultation with the mental health lead.

Internal Support and Interventions

There are robust procedures in place to identify when a pupil requires additional support, where the level of need will help guide what support/intervention is put in place. These interventions are exclusive are not punitive, nor can they be withheld or withdrawn as a behavioural measure. Each intervention will be delivered by the appropriate member of staff, which will include the intervention team, Mental health lead and behaviour leads. The following are examples of interventions currently used with pupils who are experiencing mental health difficulties:
- Wellbeing check-ins and soft starts
- Drawing and talking
- Board games
- Lego therapy
- Thrive
- Counselling
- Emotional learning support
- Arts exchange
- School dog
- Emotionally available adult (advocate)

External Support and Signposting

Pupils experiencing mental health difficulties are often best supported jointly by home and school. There are various mental health charities who provide helpful information for parents, and who offer tools to assist young people with their mental health outside school.

ELA display relevant sources of support in communal areas of the school and regularly highlight sources of support to pupils within relevant parts of the curriculum as well as via home school communication. By maintaining the high profile of mental health and wellbeing we seek to increase the chance of pupils understanding:

- What help is available
- Who it is aimed at
- How to access it
- Why to access it
- What is likely to happen next

Creating a Safe and Supportive Learning Environment

- By creating an environment where all pupils feel psychological safe, we ensure pupils know that they matter. In order to do so, staff are to remain curious looking at what is behind behaviour so that pupils feel seen and heard. In such an environment, pupils will be equipped with tools to aid self-regulation through building relationships with staff as emotionally available adults. This in turn, aims to enable the development of resilience to arm pupils to deal effectively with everyday life stressors, helping to create a mentally healthy school.
- ELA teaches pupils about mental wellbeing through the curriculum and reinforces this teaching through school enrichment activities and its culture and ethos.
- Staff have opportunities to maintain positive emotional health and wellbeing, thus offering positive role modelling and sharing ways to live well and maintain positive emotional health & wellbeing.

Partnership Working

Pupils and parents/carers provide valuable input and insights into mental health issues. This process begins at the induction meeting, where the initial wellbeing meet and greet will be held with the mental health lead. Throughout the school year questionnaires seek views from pupils and parents/carers and areas for development are identified and acted upon.

Parents/carers are often very welcoming of support and information from the school about supporting their children's emotional and mental health. In order to support parents/carers, we will:

- Highlight sources of information and support about common mental health issues on our school website.
- Ensure that all parents/carers are aware of who to talk to, and how to go about this, if they have concerns about their child.
- Make our mental health policy easily accessible to parents by sharing it on our website.
- Share ideas about how parents/carers can support positive mental health in their children through our regular communication.

Parents/carers and staff members may also struggle with their mental health. Caregiving and teaching can both be emotionally demanding jobs and it is important to ensure that care is taken around personal wellbeing. ELA promote the importance of self-care and actively encourage the staff to maintain a healthy work life balance, as well as providing a wellbeing afternoon for each centre, chosen by the staff.

Training and Continuing Professional Development

All staff will receive regular training about recognising and responding to mental health issues as part of their regular child protection training to enable them to keep pupils safe. Key members of the safeguarding team have Mental Health First Aid training at a minimum. Training opportunities for staff who require more in-depth knowledge will be considered as part of the performance development process and additional CPD will be supported throughout the year.

UN Convention on the Rights of the Pupil

This policy takes into consideration the following Articles:

Article 3 - The best interests of the child must be a top priority in all decisions and actions that affect children.

Article 12 - Every child has the right to express their views, feelings and wishes in all matters affecting them, and to have their views considered and taken seriously. This right applies at all times, for example during immigration proceedings, housing decisions or the child's day-to-day home life.

Article 29 – Education should develop each pupil's personality to the full. It should encourage pupils to respect their parents, and their own and other cultures.

Article 39 - Children who have experienced neglect, abuse, exploitation, torture or who are victims of war must receive special support to help them recover their health, dignity, self-respect and social life.