



# **Wellbeing and Mental Health Policy**

**November 2020**

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### 1 Important contacts and arrangements

SCHOOL CONTACTS	NAME	CONTACT DETAILS
Wellbeing Lead	Lucinda Pates	Lucinda.Pates@quintonhouseschool.co.uk
Designated Safeguarding Lead (DSL)	Thomas Muskin	Thomas.Muskin@quintonhouseschool.co.uk
Deputy DSL (DDSL)	Julia Saghri	Julia.Saghri@quintonhouseschool.co.uk
PrincipalPrincipal	Jo Storey	Jo.Storey@quintonhouseschool.co.uk
Director of Education	Nicola Lambros	Nicola.Lambros@cognita.com
Group Director of Education	Simon Camby	<u><a href="mailto:simon.camby@cognita.com">simon.camby@cognita.com</a></u>
Regional Safeguarding Lead (RSL) - Europe	Alison Barnett	<u><a href="mailto:alison.barnett@cognita.com">alison.barnett@cognita.com</a></u>
Director of Wellbeing	Beth Kerr	<u><a href="mailto:beth.kerr@cognita.com">beth.kerr@cognita.com</a></u>

Details of important internal contacts are listed above.

With regards to arrangements, the DSL and Wellbeing Lead, wherever their location (remote or onsite), will be responsible for supporting the emotional wellbeing and mental health of students, alongside the Principal, who holds ultimate responsibility.

The DSL and Wellbeing Lead, with the support of all school staff, will identify who the most vulnerable children in our school are with regards to mental health, and arrange additional support/interventions as needed. They will update any safeguarding records and liaise with parents at all times, and make referrals to external partner agencies where significant mental health concerns arise.

### 2 Definitions

*Mental Health* is defined as a 'state of wellbeing in which every individual recognises his or her potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her own community' (World Health Organisation).

*Wellbeing* is defined as the sense of feeling content: socially, emotionally, and physically flourishing.

### 3 Core Principals

**The safety and wellbeing of all our students is the number one priority in our school**

In our school, we follow these important safeguarding and wellbeing principles:

- The best interests of children **must** come first;
- If anyone has a concern about any child, including in relation to their emotional wellbeing / mental health, they should act on it immediately by informing their DSL and Wellbeing Lead;
- A DSL or DDSL must be available and contactable during school hours in term time;
- Children's wellbeing should be promoted when they are learning **online**, in school or at home; and
- We will have regard to the statutory safeguarding guidance: [Keeping Children safe in Education \(2020\)](#).

### 4 Rationale

- Wellbeing is a global issue linked to the increasing prevalence of mental health concerns (Mental Health Foundation).
- One in eight children aged 5-19 have at least one mental health disorder (Mental Health Foundation).
- Suicide is the second leading cause of mortality in 15-19-year olds (Mental Health Foundation).
- More than 80% of the world's adolescent population is insufficiently active (World Health Organisation).

Evidence supports that a proactive focus on wellbeing impacts positively on personal development and academic success, with the aim of equipping all young people to understand and self-regulate their own wellbeing (Organisation for Economic Co-operation and Development, International Positive Psychology Association).

At Quinton House School, we are committed to **‘Providing an inspiring world of education: building self-belief and empowering individuals to succeed’**. This means that we want each student to flourish, aspire, fulfil their dreams and, most importantly, be comfortable with who they are. Ensuring that our students develop as well-rounded individuals takes **intentional effort** and does not happen by chance. For this reason, we place a high emphasis on creating the right climate within each school and proactively teaching students about wellbeing.

We believe that **academic outcomes and pastoral care are interrelated and complementary**. We wish for our students to be healthy and well-rounded individuals; able to inter-relate with others; to make sound life choices; to engage and make a positive difference; and be prepared for whatever they wish for in their future. Within Quinton House School, we see health in its broadest sense - **including physical and mental health**, with these being inter-related. Our over-riding approach to mental health and wellbeing is positive and proactive.

### 5 A whole school approach

It is critical to have a whole school approach to mental health and wellbeing. This means that we:

- have a culture and environment that promotes positive mental health and wellbeing;
- raise awareness of emotional wellbeing and mental health issues, and reduce stigma;
- ensure that all school staff know every child and young person in the round, including their mental health;
- upskill staff so they can respond to children and young people’s mental health needs should they arise;
- identify the mental health needs within the school;
- implement both targeted and school-wide interventions to help students build resilience and support their wellbeing
- make sure that students and their parents/carers are aware of, and able to access, a range of mental health interventions;
- are committed to student and parent participation in decision making;
- support staff to have positive wellbeing themselves;
- deliver high quality teaching to students around mental health and wellbeing; and
- align and link wellbeing strategies to existing policies and procedures.

### 6 The link between Mental Health and Safeguarding

There is a logical link between safeguarding and mental health. With regards to safeguarding, it is incumbent upon us all to ensure that we:

- protect children from maltreatment;
- prevent impairment of children's mental and physical health or development;
- ensure that children grow up in circumstances consistent with the provision of safe and effective care; and
- take action to enable all children to have the best outcomes.

Whilst only appropriately and medically trained professionals should attempt to make a diagnosis of a mental health problem, all staff are well placed to observe children day-to-day and identify those whose behaviour suggests that they may be experiencing a mental health problem or be at risk of developing one.

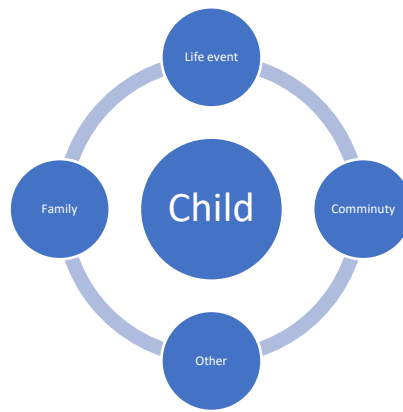
If staff have a mental health concern about a child, they will speak to the Designated Safeguarding Lead (DSL) and Wellbeing Lead. Should there also be safeguarding concerns about the child, then appropriate decisions will be made to safeguard the child by the DSL. Likewise, if there are safeguarding concerns about any child, consideration about how this may be impacting on the child's emotional wellbeing will be taken into consideration, support offered, and interventions put in place, where appropriate.

Internal school Safeguarding Meetings will still take place at a minimum of 6 weeks and where there is a new concern about deteriorating wellbeing or mental health for a child, this will be discussed. Clear actions for intervention will be decided, working in partnership with the parents/external agencies if involved. These interventions will be reviewed at every subsequent meeting, or before as the need arises, as is often the case with children who are experiencing poor or deteriorating mental health.

### 7 Identifying vulnerable children

We recognise that we have a pivotal role to play in building children and young people's resilience, fostering their emotional wellbeing, and supporting them to have good mental health. We know that all children and young people need to have opportunities to talk to school staff about how they are feeling and what may be troubling them. Our staff understand that the 'contextual safeguarding model' and knowing about the 'bigger picture' of children and young people's lives *including their family circumstances*, will help them identify any social, emotional and mental health needs.

All staff employed at Quinton House School have an awareness of the early indicators of poor emotional wellbeing, and know that certain children, young people and families are more likely to be at risk of having poor emotional wellbeing. The risks can relate to their community, life events, their family, the child themselves and/or another factor.



The tables below show the key protective factors alongside the risk factors with regards to developing mental health difficulties. The school DSL and Wellbeing Lead will regularly review children who may face these risks to ensure that any children who are more vulnerable are identified at any early stage, with the aim of preventing a mental health difficulty arising in the first place, or reducing the impact of one before it becomes more serious.

**In the Child**

Protective Factors	Risk Factors
Being female (in younger children)	Genetic influences
Secure attachment experience	Low IQ and learning difficulties
Outgoing temperament	Specific developmental delay or neurodiversity
Sociability	Communication difficulties
Being a planner and having a belief in control	Physical illness
Humour	Academic failure (perceived or actual)
Problem solving skills	Low self-esteem
Experiences of success and achievement	
Faith or spirituality	
Capacity to reflect	

**In the family**

Protective Factors	Risk Factors
At least one good parent-child relationship	Overt parental conflict
Affection	Family breakdown
Clear, consistent parenting/discipline	Inconsistent or unclear parenting/discipline
Support for education	Hostile or rejecting relationships
Supportive long-term relationship or the absence of severe discord	Failure to adapt to a child's changing needs
	Abuse
	Parental mental health illness
	Parental criminality, alcoholism or drug misuse
	Death and loss-including loss of friendship

**In the School**

Protective Factors	Risk Factors
Clear policies on behaviour and bullying	Bullying
Open door policy for children to raise problems	Discrimination

A whole school approach to promoting good mental health	Breakdown in or lack of positive friendships
Positive classroom management	Deviant peer influences
Positive peer influences	Peer pressure

### In the community

Protective Factors	Risk Factors
Wider supportive network	Socio-economic disadvantage
Good housing	Homelessness
High standard of living	Disaster, accidents, war or other overwhelming events
High morale school with positive policies for behaviour, attitudes and anti-bullying	Discrimination
Opportunities for valued social roles	Other significant life events
Range of sport/leisure activities	

## 8 Interventions to promote positive wellbeing

We know that school interventions to promote positive emotional wellbeing are more successful when students and their parents participate in any decision making. Any interventions put in place by school staff to support students with their emotional wellbeing are therefore planned, co-ordinated, targeted appropriately, then sustained and evaluated. With regards to the support offered to students, please see below:

### Universal support

We will support the emotional wellbeing of all students in partnership with their parents/guardians, who hold main responsibility for meeting their child's needs. Examples of ways we support are as follows:

Buddy Bench  
 Global Be well day  
 Wellbeing themes running through the week  
 Worry box  
 Tootoot  
 Wellbeing meetings form tutor and HOY  
 Weekly tracking and RAG ratings  
 AS tracker  
 Bullseye group – Anti bullying  
 Ambassador programme  
 Steps club

Wellbeing board with helplines and support groups  
 School Council  
 Wellbeing Tree  
 Magnificent Mind Champions (for 2021)

### Pastoral Support

Some children, in addition to the above, may require enhanced levels of *pastoral* support in the form of informal daily or weekly check-ins with nominated staff. Examples of other ways students supported are through the following:

Pastoral drop in  
 Planned withdrawal



Scheduled support meetings  
Counselling  
Close liaison with parents  
Communication with teaching staff  
Pastoral Concern document

### **Targeted support**

For some children, enhanced pastoral support may not be enough to meet their emotional/mental health need. They will be given additional targeted support with nominated staff. Examples include:

School counselling  
Group work and workshops  
HOY intervention plans  
AS Tracker plans  
Reduced and individualised timetable  
Home visits  
Advice from external agencies  
Multi agency liaison (diabetic and oncology nurses; grief counselling; allergens)

### **External Support**

For some children, enhanced pastoral support and targeted support may not be enough to meet their need. In these situations, the parents of the child will be signposted to an external agency/organisation/professional/GP. The school may also make a referral to an external agency as required.

### **Request to temporarily withdraw**

In some situations, akin to when a child is physically very unwell, the mental health needs of a student may be so serious that the school is unable to keep them safe on the school site despite a range of interventions being attempted. Discussions about how interventions are managed are facilitated with the parents at every step of their child's journey. Any decision made about the student being unable to attend school may be a temporary measure until the child's mental health is assessed as stable enough for them to safely return to school (this may be an immediate full return or a staggered return by arrangement). This assessment will be required to be completed by the child's treating clinician and must be put in writing for the school prior to the child reintegrating.

### **Request to permanently withdraw**

In a very small minority of situations, despite a range of interventions attempted, a student's mental health needs are such that the school can no longer keep them safe on the school site. A decision will be made that the school is no longer the most appropriate setting to meet the child's mental health needs and the parents will be asked to permanently withdraw their child. All avenues and options will be considered before this serious step is taken.

### **Self-harming and/or suicidal ideation interventions**

Should an incident occur where a student has harmed themselves, the DSL and Wellbeing Lead will be contacted, and first aid will be administered by the school's nominated First Aider. Parents will be contacted, unless to do so will place the student potentially at greater risk of harm (in these situations, social care and the Regional Safeguarding Lead will be contacted for advice). If a CAMHS referral is not yet in place, a referral will be discussed with the parents.

Should a more serious incident occur whereupon a student requires urgent medical assistance after harming themselves, an ambulance will be called via 999, and the parents contacted.

Should a student voice that they intend to harm themselves or that wish to take their own life, they will be supervised by the Wellbeing Lead, Counsellor or DSL immediately. The parents will be called and asked to collect their child immediately from school. They will be advised to take their child to Accident and Emergency to have an urgent mental health assessment. Referrals will be made if not already in place.

Where students have serious mental health needs, including self-harm or suicidal ideation, a Risk Assessment will be completed by the school, in collaboration with the student and their parents. Those who have expressed significant and repeated suicidal ideation or attempted to take their own life will require medical certification to say that their mental health is stable enough for them to return safely to school (see above).

### **9 Wellbeing in the Curriculum**

All subject HODs are requested to build in wellbeing into their curriculum planning.

PSHEE

PE and Sport take a lead role in establishing links to wellbeing.

Growth mindset programme incorporated into PSHEE lessons.

### **10 Inter-agency working**

We will continue to work with Children's Social Care, the Police, and all other external agencies involved with the care of our children, for example CAMHS/other professionals involved in supporting children's mental health. DSLs/DDSLs/Wellbeing Leads will make referrals to partner agencies and contribute to meetings such as CAMHS reviews, Core Groups and CIN/LAC Reviews (in some cases remotely or by sending documentation) as needed.

### **11 Policy review arrangements**

This policy will be reviewed centrally by Cognita by Alison Barnett (Regional Safeguarding Lead – Europe) and Beth Kerr (Director of Wellbeing) on a bi-annual basis.

At every review, any changes or amendments will be approved by Simon Camby (Group Director of Education) and Jayne Pinchbeck (Group Legal Counsel).



## Wellbeing and Mental Health Policy

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<b>Ownership and consultation</b>	
Document sponsor	Simon Camby - Group Director of Education
Document author	Alison Barnett - Regional Safeguarding Lead (Europe) Beth Kerr - Director of Wellbeing

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Wales	Yes
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