*They will soar on wings like eagles …'*
Isaiah 40:31

**collaborate | enrich | trust | innovate | aspire |nurture**

Common Trust Policy, Use as Published

# Aquila Mental Health and Wellbeing Policy

Reviewed January 2025

Date of next Review: January 2028

**Aims/Purpose:**
This policy outlines the ethos of the Aquila MAT regarding mental health and emotional well-being, and it summarises the preventative measures each school undertakes. The policy also aims to give all staff clear guidance as to which steps to take in the event of a child or young person developing a mental health difficulty.

This policy also reflects statutory guidance 'Keeping Children Safe In Education' (KCSIE)

Safeguarding and promoting the welfare of children and young people, including their mental health, is everyone's responsibility. Aquila Schools are committed to safeguarding and promoting the welfare of children and young people and we expect all Trustees, Governors, staff and volunteers to share this commitment.

## Policy Statement

According to the World Health Organisation:

> ***Mental health is a state of wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community. Mental health is fundamental to our collective and individual ability as humans to think, emote, interact with each other, earn a living and enjoy life. On this basis, the promotion, protection and restoration of mental health can be regarded as a vital concern of individuals, communities and societies throughout the world.***[1]

At Aquila Multi Academy Trust, we are committed to the protection and promotion of positive mental health for all students and staff. We will continuously endeavour to improve the mental health of the school community by utilising a whole school approach to mental health, and via the identification and implementation of positive processes and practices which promote good mental health and wellbeing.

In addition to promoting positive mental health, we recognise that one in six children and young people[2] and one in six adults[3] may meet the criteria for a diagnosable mental health problem, with

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[1] World Health Organisation. Mental health: strengthening our response. 2018. Available from: https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response

[2] NHS Digital. Mental Health of Children and Young People in England, 2020: Wave 1 follow up to the 2017 survey. 2020. Available at: https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2020-wave-1-follow-up

[3] McManus S, Bebbington P, Jenkins R, Brugha T. (eds.) Mental health and wellbeing in England: Adult psychiatric morbidity survey 2014. (2016) Available from: https://digital.nhs.uk/data-and-information/publications/statistical/adult-psychiatric-morbidity-survey/adult-psychiatric-morbidity-survey-survey-of-mental-health-and-wellbeing-england-2014

emerging evidence of a recent rise in anxiety and depression in some groups (as of 2020).[4] We aim to identify and provide timely and appropriate support for all members of the school community affected both directly and indirectly by mental health problems.

## Policy Aims and Objectives

By developing and implementing practical, effective and positive policies and procedures relevant to our schools and developed in conjunction with students and their parents and carers, we can promote a safe and supportive environment and ethos which is conducive to the mental health and wellbeing of the whole school community.

We will:

- Support students to understand their emotions
- Help children to manage change and adversity and develop resilience
- Provide an environment which is conducive to students sharing concerns about themselves or others
- We will promote a mentally healthy school environment by:
- Adopting a whole school approach to mental health and wellbeing
- Raising awareness in the whole school community of the signs and symptoms of mental health problems
- Supporting staff to manage their own mental health and wellbeing
- Supporting staff to respond swiftly and effectively to any signs of an emerging mental health problem
- Engaging in activities which promote mental health and wellbeing and a sense of belonging in the whole school community
- Celebrating individual differences in students, ensuring all students feel valued and respected
- Valuing and celebrating non-academic achievements

The Mental Health and Wellbeing Policy has the following objectives. To;

- Ensure all schools in the Aquila trust have identified their key staff needed to support children and to help all staff understand their role
- Raise awareness of good mental health and its impact on learning and behaviour
- Support staff in promoting good mental health to children, parents and carers
- Support staff in identifying those that could be at risk and taking the right action
- Support staff in working collaboratively to support children with mental health needs
- Signpost staff to organisations that can support children and/or their families.
- Support children at risk of non-attendance through poor mental health.
- Outline immediate steps to be taken when there are high levels of risk
- Provide opportunities for staff and students to look after their mental wellbeing.
- Promote positive mental health in all staff and students

[4] Kwong A, Pearson R, Adams M, et al. Mental health before and during the COVID-19 pandemic in two longitudinal UK population cohorts. British Journal of Psychiatry. 2020. 218(6).

- Reduce discrimination and stigma by increasing awareness and understanding of mental health problems
- Increase awareness of early warning signs of mental health problems

This policy applies to all members of the school community, Pupil, Staff, Governors and Trustees.

## Policy Values

**Mental Health can affect everyone**
Mental Health can affect all of us. How we think and feel about ourselves and our lives impacts on our behaviour and how we cope in tough times. It affects our ability to make the most of the opportunities that come our way and play a full part amongst our family, school, workplace, community and friends. It is also closely linked with our physical health. Whether it is called well-being, emotional welfare or mental health, it is key to living a fulfilling life.

**Every Child Matters**
The mental health and wellbeing policy is a whole-school policy. Resources will be made available to every school within the Aquila Trust to ensure we promote well-being, monitor the child's needs and respond accordingly.

**Healthy Bodies and Healthy Minds**
Research has shown that good physical health can lead to good mental health. Schools in the Aquila trust will promote both of these aspects given they will both impact on achievement and learning.

**The Aquila values** of collaborate, enrich, trust, innovate, aspire and nurture aim to promote positive mental health and wellbeing in pupils and staff so that 'They will soar on wings like eagles.' Isaiah 40:31

## Lead Members of Staff

Whilst all staff have a responsibility to promote the mental health of students, staff with a specific, relevant remit include:

**Aquila Trust Leads:**

Aquila has the following trust-wide appointments who can be contacted for advice:

**Claire Beyzade:** Senior Mental Health Lead
**Chris Clarke**: Educational Psychologist
**Isabelle Bowey**: Assistant Educational Psychologist
**Teresa Grimwood:** Lead SENCo
**Annie Wiles:** Trust Safeguarding Lead

**School Leads**

- Lin Copley – Senior Mental Health Lead

- Jodie Bond – Designated Safeguarding Lead
- Ryan O'Connell – Designated Governor for Mental Health and Wellbeing
- Debbie Janman & Tracy Gooding – First Aid Leaders

Any member of staff who is concerned about the mental health or wellbeing of a student should speak to the mental health lead in the first instance.

In the event of any concerns that a student may be at risk of immediate harm, the school's child protection procedures should be followed, with an immediate referral to the designated safeguarding lead.

If the student presents as a medical emergency, then the school's procedures for medical emergencies should be followed, including the involvement of first aid staff and contacting the emergency services.

Where a referral to Children and Young Peoples Mental Health Services (CYPMHS, previously known as CAMHS) is appropriate, this will be led and managed by Debbie Jewell, SENCO. Guidance for referring to CYPMHS is provided in the Appendix.

## Responsibilities for Safeguarding

Our goal is to ensure the safety of all children, young people, staff and visitors. Each Aquila school has Designated Safeguarding Leads (DSL) as well as a Mental Health Leader. Concerns regarding mental health also raise safeguarding concerns, therefore the school's DSL must be involved. See the Child Protection and Safeguarding Policy for further information. DSLs must work collaboratively with mental health leaders to ensure best practice for understanding and supporting children with mental health needs.

**KCSIE 2024 States:** If staff have a mental health concern about a child that is also a safeguarding concern, immediate action should be taken to follow their school or college's child protection policy and by speaking to the designated safeguarding lead or a deputy.

**All Mental Health Concerns about pupils should be recorded on Bromcom and should be reported to the DSL or deputy for immediate action.**

Aquila MAT expect all staff to be vigilant about children's mental health and understand the potential links to their safety and wellbeing.

- We ensure all staff are aware that mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation.
- We ensure that only appropriately trained professionals in the Mental Health Support Teams will attempt to make a diagnosis of a mental health problem.
- We recognise that staff, however, 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.
- We ensure that staff are aware that where children have suffered abuse and neglect, or other potentially traumatic adverse childhood experiences, this can have a lasting impact throughout childhood, adolescence and into adulthood. Staff are aware of how these children's experiences can impact on their mental health, behaviour and education.

All schools in the Aquila Trust have a duty to keep children and young people safe and we share that responsibility with parents and carers. We therefore operate the following policy:

- Staff will inform parents/carers if there are concerns about risk to self or others. For example, reporting self-harm or suicidal ideation. In the majority of circumstances, reporting this information to parents/carers will have the child's consent, however, **we may overrule this when concerned about their risk**.
- We expect parents/carers to keep the school informed if there are concerns about mental health that could affect their child's safety while attending school. Information will be treated confidentially and will only be shared with staff on a 'need-to-know' basis. In some cases, historical facts about mental health should be shared with the school.
- We will pass on details to other organisations if we have concerns about the safety, risk or well-being of a child or young person.

## School Operation Arrangements: Recording Mental Health Concerns and Triage System

Each school in the Aquila MAT has a clear way of recording mental health events or concerns and a consistent triage system to ensure pupils receive the necessary support (including routine, urgent and crisis behaviours.) **These can be found in the Appendix** (Provision Map, Triage Process and action for routine, urgent and crisis behaviours.)

**KCSIE 2024 States: If staff have a mental health concern about a child that is also a safeguarding concern, immediate action should be taken to follow their school or college's child protection policy and by speaking to the designated safeguarding lead or a deputy**

**All Mental Health Concerns about pupils should be recorded on Bromcom and should be reported to the DSL or deputy for immediate action.**

**Individual Care Plans**

It may be helpful to draw up an individual care plan for students where there is concern about a potential mental health problem or in instances where a student has received a diagnosis of a mental health problem. Care plan development should be a collaborative process, involving the student, the parents and carers and any relevant health professionals. The care plan may include:

- Details of the student's mental health problem and any diagnosis
- Details of any prescribed medication and any reported side effects
- Special requirements and precautions
- What to do and who to contact in an emergency
- The role the school can play
- The role that parents and carers can play

## Teaching about Mental Health

The skills, knowledge and understanding needed by our students to keep themselves and others physically and mentally healthy and safe are included as part of our developmental PSHE curriculum.

The content of lessons will be determined by the specific needs of the cohort we are teaching, but there will always be an emphasis on enabling students to develop the skills, knowledge, understanding, language and confidence to identify when mental health problems may be emerging, and to seek appropriate support when needed, for themselves or others.

We will follow the Relationships Education, Relationships and Sex Education (RSE) and Health Education statutory guidance to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms.

We also promote positive mental health by:

- Supporting 'Hello Yellow'/Mental Health Week or other mental health campaigns
- Having a Student Mental Health Ambassadors
- Supporting Mental Health Charities
- Teaching strategies from My Happy Minds
- Nurture and mental health therapies
- All children are Boxall Profiled each year
- Pupil Progress meeting to discuss specific pupils

## Warning Signs and Training

School staff may become aware of warning signs which may indicate a student is experiencing mental health or emotional wellbeing issues. These warning signs should **always** be taken seriously and staff observing any of these warning signs should communicate their concerns to Lin Copley, our mental health and emotional wellbeing lead or Jodie Bond our Lead DSL. Any mental health concerns should be recorded on Bromcom.

Each school will follow its provision map/triage process in the event of a concern. (See Appendix)

We all differ in outward manifestations of distress, so it is important to consider any signs of change, for example, someone who is normally outgoing and communicative becoming less talkative and more withdrawn. It is important to emphasise that for some students experiencing distress, there may not be any apparent warning signs, or the student may actively be trying to hide their distress.

Potential warning signs include:

- Physical signs of harm that are repeated or appear non-accidental
- Evidence of any changes to eating or sleeping habits
- Increased isolation from friends or family; becoming socially withdrawn
- Changes in activity and mood
- Lowering of academic achievement
- Talking or joking about self-harm or suicide
- Evidence of use of non-prescribed drugs or alcohol
- Expressing thoughts and feelings of failure, hopelessness or worthlessness
- Unsuitable clothing (for example, long sleeves in warm weather)
- Secretive or unusual behaviour
- Avoiding attendance at PE or getting changed secretively
- Repeated physical pain or nausea with no evident cause
- An increase in lateness or absenteeism
- Expressing unusual ideas or beliefs

As a minimum, all staff will receive regular training (at least annually) about recognising and responding to mental health issues as part of their regular child protection training to enable them to keep students safe.

The MindEd learning portal provides free online training suitable for staff wishing to know more about specific issues.

Training opportunities for staff who require more in depth knowledge will be considered as part of our professional development process and additional CPD will be supported throughout the year where it becomes appropriate due to developing situations with one or more students.

Where the need to do so becomes evident, we will host twilight training sessions for all staff to promote learning or understanding about specific issues related to mental health.

Suggestions for individual, group or whole school CPD should be discussed with the SMHL or SLT who can also highlight sources of relevant training and support for individuals as needed.

The Charlie Waller Trust provides funded training to schools on a variety of topics related to mental health including twilight, half day and full day ` sessions.

## Support and Signposting

Whenever we highlight sources of support, we will increase the chance of student help-seeking. We will ensure that staff, students, and parents and carers are aware of sources of support within school and in the local community, including outlining:

- The help that is available
- Who the help is for
- The reasons for accessing the support

- When to access the support
- How to access the support
- What is likely to happen once the student/staff member has accessed the support

We will display relevant sources of support in communal areas such as staff rooms and toilets, and will regularly highlight sources of support to students within relevant parts of the curriculum. The support available within our school and local community, including who it is aimed at and how to access it is outlined in the appendix (School Provision Map and Aquila Offer of Support)

**Internal Support**
Aquila MAT has a number of internal pathways which supports mental health and wellbeing in staff and pupils. **See appendix** for more details of the offer.

**Support for pupils:**
Internal support for pupils follows a tiered approach as shown in the school's Mental Health and Wellbeing Provision Map. See Appendix.

**Support for Staff:**
Our trust offers Three Levels of Training and Support for Staff in addition to the support offer outlined in the appendix:
Level 1: Awareness training where schools will be offered the chance to attend training developing their knowledge and understanding of mental health difficulties in children based on current data. This will equip our schools to identify and prioritise their needs in terms of further training and support.
Level 2: Training will be offered to schools which will allow them to implement psychological theories allowing them to identify strategies to support children and to monitor their progress. This training will utilise the Kolb learning model to support learning. Therefore, training will be offered in stages:

- Step 1 is where theories and concepts will be introduced and examples given of practice
- Step 2 is where attendees return to the schools and implement what they have learnt
- Step 3 is where attendees come together to learn and share their experiences of implementing the training

Level 3: This support is offered by relevant professionals, such as the Trust's educational psychologist, which can be used to support the school at a strategic level, or to support children, families and adults on a one-to-one level

**Support from External Organisations**

There are a vast number of organisations and websites designed to support individuals with mental health difficulties. In many cases, self-help can make a difference.

Any referral on behalf of a child or young person should be discussed with the school's DSL and/or Pastoral Team. Consent from parents should also be considered.

'Keeping Children Safe in Education' 2024 states the importance of working with external agencies; further details can be found in 'Mental health and behaviour in schools' guidance 2018. This guidance also sets out how schools and colleges can help prevent mental health

problems by promoting resilience as part of an integrated, whole school/college approach to social and emotional wellbeing.
Mental health and behaviour in schools (publishing.service.gov.uk)

## Supporting Staff When Dealing with Difficulties

Staff may face personal difficulties in many ways including those that arise from supporting children with specific needs. The trust and schools aim to support staff with any issues arising in a number of ways. See Appendix for details.

## Confidentiality

All matters relating to child protection will be treated as confidential and only shared as per the 'Information Sharing Advice for Practitioners' (DfE 2018) guidance.

Information will be shared with staff within schools in the Aquila Trust on a needs to know basis.

All staff must be aware that they have a professional responsibility to share information with other agencies in order to safeguard children, and that the Data Protection Act 2018 and General Data Protection Regulations are not a barrier to sharing information where a failure to do so would place a child at risk of harm. There is a lawful basis for child protection concerns to be shared with agencies who have a statutory duty for child protection. Early identification of needs, responsive referrals to the CYPMH, and multiagency partnerships with strong communication are key to keeping young people safe and supporting their wellbeing.

All staff must be aware that they cannot promise a child to keep secrets which might compromise the child's safety or well-being. However, staff are aware that matters relating to child protection and safeguarding are personal to children and families. In this respect they are confidential and the Designated Safeguarding Leads (DSLs) will only disclose information about a child to other members of staff on a need-to-know basis.

All staff will always undertake to share our intention to refer a child to Children's Services with their parents /carers unless to do so could put the child at greater risk of harm or impede a criminal investigation.

Mental health and emotional needs, as well as safeguarding needs can impact on attendance in education. Thoughtful individual tailored consideration of needs and collaboration between a young person, their carers, school inclusion and safeguarding teams; and external professionals is needed to ensure the factors that are impacting on attendance are understood and addressed. These can be complex and multifactorial and within school adaptations and multiagency working may be required. In accordance with Department for Education guidance, schools should not routinely ask for medical evidence to support absence of children/young people with mental health needs. In conjunction with the young person and family, schools should create a plan to implement reasonable adjustments to alleviate specific barriers to attendance and work together towards re-engagement in education. These adjustments should be agreed by and regularly reviewed with all parties, including parents/carers. Strong multi-agency communication is key to safeguarding children and understanding mental health needs.

For more information on confidentiality please see the school website (link below)
https://www.archbishopcourtenay.org.uk/page/?title=Privacy+Statement&pid=2352

## Working with Parents and Carers

We recognise the importance of working with and supporting parents and carers as part of our whole school approach to mental health and wellbeing. In order to support parents and carers, we will:

- Ensure that this policy is available in accessible formats including multiple languages where required
- Make sources of information and support about common mental health issues, available in a prominent position on our school website
- Involve parents and carers in the ongoing review and development of this policy
- Ensure that all parents are aware of who to contact and how, if they have concerns about mental health or wellbeing
- Ensure that parents and carers are involved in our whole school approach to mental health and wellbeing
- Ensure that parents and carers are aware of the support available within the school and externally
- Share ideas about how parents can support positive mental health in their children
- Keep parents and carers informed about the mental health topics their children are learning about in PSHE and share ideas for extending and exploring this learning at home
- Provide opportunities for parents to be involved in any training or other activities which may help them support their child's mental health

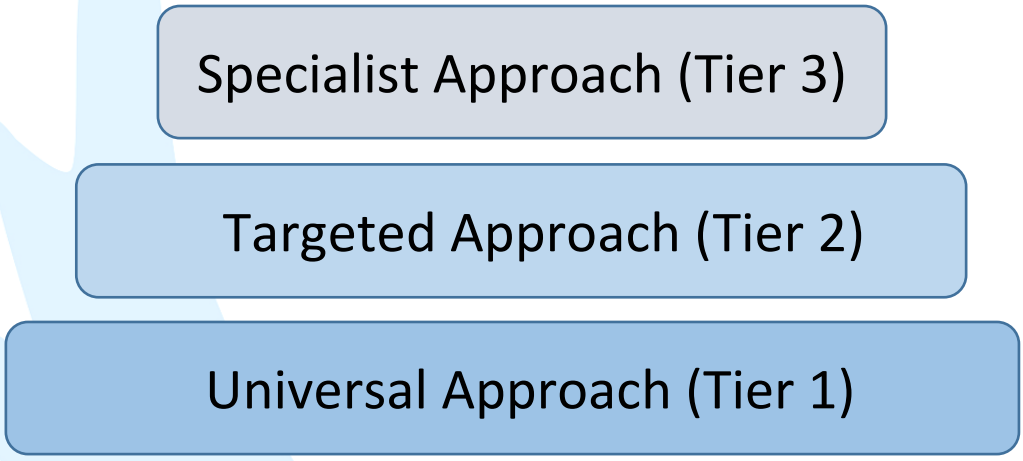
It may be necessary to inform parents or carers of any concerns relating to the mental health of their child. In this event, we will be sensitive in our approach. Before disclosing to parents or carers we should consider the following questions (to be adapted on a case by case basis):

- What are the aims of the meeting?
- Can the meeting be held face to face? This is preferable, subject to any restrictions
- Where would be the best environment to conduct the meeting?
- Who should be present? Consider parents and carers, the student, relevant members of staff

It may be shocking and upsetting for parents or carers to learn that their child may be experiencing a mental health problem, and we should be prepared for a range of responses, which may include fear, anger or emotional distress during the first conversation. We should be accepting of this (within reason) and give the parent or carer time to reflect.
Sharing sources of further support aimed specifically at parents and carers can also be helpful too, e.g., parent helplines and forums.
We will provide clear means of contacting us with further questions and consider booking in a follow-up meeting or phone call right away as parents and carers often have many questions as they process the information. Finish each meeting with agreed next steps and always keep a brief record of the meeting on the child's confidential record.

## Appendix A- Tiered Approach to Mental Health and Well Being

Routine support in schools falls into the following three categories (See school specific provision map for more information- Appendix B)




**Universal Approach:** For all pupils to manage short term changes in Well-being and Mental Health

**Targeted Approach:** Additional support offered for more sustained periods of low mood or mental health. This Tier offers targeted in- school intervention

**Specialist Approach:** Further support if tier 2 has not been effective, which usually includes external agencies. This Tier can also be accessed immediately when pupils or staff have experienced trauma

## Appendix B- Specific School Mental Health Provision Map and Triage System/ Flow Chart-

# Purpose

Provide a fast, consistent route for identifying, triaging, supporting and, when needed, escalating pupils with mental health or wellbeing needs so they can access education, avoid attendance decline, and get the right help at the right time.

Internal Referral Form: Internal Mental Health Concern Referral Form.docx
Targeted Support Plan: Targeted Support Plan - Internal Mental Health .docx
Individual Care Plan: Individual Care Plan .docx

Key principles

- Universal first: improve everyday classroom practice before adding interventions.
- Rapid response: initial contact/triage within 24–48 working hours of concern.
- Proportionate: most children supported by universal and targeted school interventions; a few need specialist services.
- Collaborative: parents/carers, classroom staff, SENCo & DSL
- Data-informed: combine attendance, behaviour logs, attainment and staff/parent concerns.

# Roles & responsibilities

- Lin Copley - Senior Mental Health Lead (SMHL) and SENCo, Debbie Jewell— strategic oversight, coordinate triage, training, data.
- Sue Heather - Designated Safeguarding Lead (DSL) & Deputy DSLs (Jodie Bond, Tracy Gooding, Mel Hawks and Debbie Jewell — safeguarding concerns, child protection, make referrals.
- Debbie Jewell - SENCo — lead on SEND adjustments, EHCP liaison.
- Tracy Gooding - Family Liaison / Attendance Officer — immediate family contact, attendance casework.
- Stacey Barnes/Tina Makepeace - ELSA / Nurture Mentor — deliver targeted 1:1 and small-group support.
- Class teacher — first point of contact, provide classroom adjustments and complete referral.
- Sue Heather - Headteacher or Jodie Bond – Head of school — resource decisions, oversight of complex/chronic cases, engagement with governors.
- Named LA Officer (for children out of school due to health) — contact for arranging alternative provision.

- External partners — CAMHS, School Nurse, Educational Psychologist, Mental Health Support Team (MHST) where available.

## 3. Provision map (three-tier model with examples and success indicators)

Tier 1 — Universal (All pupils; classroom & whole-school)

- What: High-quality teaching, whole-school wellbeing curriculum, daily check-ins, trauma-informed approaches, EAL-friendly resources, predictable routines, values-based practice (COMPASSION, FRIENDSHIP, RESILIENCE, RESPECT, ASPIRATION).
- Who delivers: Class teachers, SMHL oversight.
- Examples this week in class: daily emotion check-in, visual timetables, vocabulary scaffolds for EAL.
- Success indicators: no increase in referrals; stable/recovering attendance; improvements in wellbeing survey scores.

Tier 2 — Targeted (small groups / short-term 6–12 weeks)

- What: Small-group ELSA, social skills groups, anxiety toolbox, lunch club, attendance support plan, graduated reasonable adjustments for pupils with emerging needs.
- Who delivers: Pastoral Lead, ELSA, Learning Mentor, SENCo.
- Timescale: 4–12 school weeks with weekly review.
- Success indicators: pupil attends >80% of sessions, improved behaviour logs, teacher report shows increased engagement.

Tier 3 — Specialist (individual, medium-long term, external referral)

- What: CAMHS referral, educational psychology assessment, bespoke package (part-time reintegration; hospital tuition or LA-arranged provision), EHCP consideration.
- Who delivers: External services with school lead coordinating.
- Timescale: depends on service; school maintains weekly contact and a documented reintegration plan.
- Success indicators: agreed care plan in place; improved regular attendance; learning re-integration milestones met.

## Rapid Triage Flow

1. Concern raised
    - Who: teacher, parent, pupil, attendance officer, DSL.
    - How: Complete the short internal Mental Health Concern Referral Form Internal Mental Health Concern Referral Form.docx and email/send to SMHL, SENCo and class teacher within 24 hours.
2. Initial check (within 24 working hours)

- Who: SMHL, SENCo + class teacher + attendance officer (if attendance involved).
- Actions: review referral form, recent attendance, attainment and behaviour records; speak to pupil (age-appropriate) and parent/carer; decide immediate safety/safeguarding need.
- If safeguarding concern: DSL leads and follow child protection procedures immediately.

3. Triage decision (within 48 working hours of referral)
   - Low-level / classroom-managed: class teacher implements classroom adjustments, records actions; SMHL & SENCo monitors; no change to tier.
   - Targeted support needed: create a Targeted Support Plan (TSP) Targeted Support Plan - Internal Mental Health .docx — assign Nurture Assistant or ELSA; start 1:1 or small-group intervention; baseline and SMART targets set.
   - Specialist referral likely: school convenes a multi-disciplinary meeting (SENCo, SMHL, parent, DSL, Attendance Officer). If needed, refer to MHST/CAMHS, request EP assessment, or contact LA named officer (for education due to health absence).
4. Action & monitoring
   - Targeted (Tier 2): TSP with SMART outcomes; weekly logs and 4-week review; teachers give fortnightly brief updates.
   - Specialist (Tier 3): Documented referral with parental consent; weekly school contact while waiting; reintegration plan agreed pre-return.
5. Escalation & safeguarding
   - If attendance falls below agreed threshold (example: <85% or persistent absence pattern) or mental health deteriorates, escalate to Headteacher + LA named officer and consider part-time timetable / alternative provision only as temporary, recorded and reviewed fortnightly.
6. Closure & follow-up
   - When SMART outcomes met for 4 weeks: formal closure meeting with parent, record summary, and brief follow-up check at 6 weeks and termly wellbeing check.

## Triage thresholds & timescales (practical, school-ready)

- Immediate safeguarding risk (self-harm, disclosure of abuse, severe risk): DSL -> immediate referral to social care / emergency services as appropriate (same day).
- High concern (significant change in mood, refusal to attend multiple days, regular panic attacks): initial contact and parent meeting within 24–48 hours; targeted support begun within 5 school days; refer to external services within 2 weeks if no improvement.
- Medium concern (reduced participation, low-level anxiety, drop in attendance 5–10% over 4 weeks): teacher adjustments same day; SMHL & SENCo review within 7 days; targeted group within 2 weeks.
- Low concern (single event, minor worries): monitored in class; teacher review 2 weeks; record closed if no further concerns after 4 weeks.

## Communication & consent

- Always involve parents/carers early (within 48 working hours) unless there is a safeguarding reason not to.
- Gain written consent before referring to external mental health services (document in TSP).
- Use interpreters for EAL families — do not rely on pupils to translate.

## Data, monitoring and reporting

- SMHL maintains a central live tracker with: referral date, tier, lead, attendance, outcomes, days to triage decision, and closure date.
- Weekly pastoral team huddle to review active Tier 2/3 cases.
- Termly report to governors with anonymised trends (referral rates, waiting times, attendance impact, top presenting issues).
- Use disaggregated data for Pupil Premium, SEND and EAL to avoid disproportionality.

SMART performance indicators (examples)

- 95% of referrals receive initial triage within 48 working hours.
- 75% of pupils on a 6-week TSP meet at least one SMART target by review date.
- Reduce persistent absence among pupils with mental health-related absence by 10% by end of term (set baseline and review).

## Appendix C- Trust Wide Offer for Staff and Pupils

**Aquila Mental Health and Wellbeing Offer**

**Name of Trust Mental Health Lead: Claire Beyzade**

| Offer for Central Team | Offer for HTs/Senior Mental Health Leads | Offer for School Staff | Offer for Pupils |
|---|---|---|---|
| Policy for mental health and Wellbeing | Named trust leads for Mental Health and Wellbeing: Claire Beyzade | Training to address school-based needs<br><br>Annual training linked to Safeguarding Training. | Mental Health and Wellbeing lessons planned carefully into Curriculum |
| Named Trust Leads for Mental Health and Wellbeing: Chris Clarke and Claire Beyzade | Policy for mental health and Wellbeing | | |
| Wellbeing working party to promote positive mental health and wellbeing in the office. | Supervision with Educational Psychologists | Access to Staff Care Services – which offers counselling etc. | Themed days/Weeks e.g., 'Hello Yellow' 'Mental Health Awareness week' to raise awareness for pupils and parents |
| Mental Health First Aider training provided by Charlie Waller Trust. | Annual Audit of mental health and wellbeing provision | Support of the trust's educational psychologists to work with staff. Including:<br>• Supervision for staff<br>• Support for staff with vulnerable pupils<br>• Consultations with the educational psychologist – An opportunity for class teachers to consult with an educational psychologist to help identify and put in place strategies to support wellbeing in children. | Pupil Voice is heard through school council/Mental Health Champions via Meetings.<br><br>Pupil voice from all pupils through activities in Mental Health Week/Hello Yellow days- activities shared by The Charlie Waller Trust. |

| | | | |
|---|---|---|---|
| | Senior Mental Health Lead Network- Supportive Clusters | Judicium DSL Supervision | A range of evidence based interventions to support wellbeing and resilience |
| | Clear trust wide provision mapping with a 'universal, targeted and specialist' approach | Access to occupational health | Support of the trust's educational psychologists to work with families and children to support wellbeing |
| | **School based reviews –** an opportunity for members of the school's SLT to meet with the educational psychologist to help decide on best ways forward to support wellbeing in children in particular where there are concerns around groups of children or where a school's own data analysis identified priorities | Diocese support for staff | Clear signposting to referring pupils to the next tier of support |
| | Access to Emotional Wellbeing Teams if used | ELSA training, support and supervision | Video Interactive Guidance (VIG) – an evidence based programme that aims to build on positive communication between children and other children, or children with adults |
| | | Play therapy training | One to one CBA work with children who display a high level of need (from the trust educational phycologists) |
| | | Critical incident support:<br>A critical incident is when a sudden and unplanned event happens at the school that has the possibility to effect children, families and the community. Events which are determined to be critical will take precedent over all other work and will consist of visits by an educational psychologist to support the schools, children and families, when it is necessary or appropriate to do so. | Access to Emotional Wellbeing Teams |

*They will soar on wings like eagles …'*
Isaiah 40:31

**collaborate | enrich | trust | innovate | aspire |nurture**

AQUILA
Diocese of Canterbury
Academies Trust

## Appendix D- Action needed during 'urgent' or 'crisis' events.

**Action to Take when a Mental Health/Wellbeing Need is identified as Urgent or Crisis**

**Identification of Need and Level of Concern decided as a result of:**

- School Information ( From DSL, Inclusion, Class Teacher)
- Teacher observation
- Pupil disclosure
- Parental Concern

**ROUTINE CONCERNS (E.g. anxiety, depression, OCD, traumatic events)**

Follow the school's 3 tiered approach via Mental Health and Wellbeing Provision Map.

| CRISIS | URGENT | URGENT | URGENT |
|---|---|---|---|
| If the child/young person appears to have suicidal ideation with or without the intention to act, self harming behaviours or suicidal attempt | E.g Psychosis or mania symptoms (e.g. delusions, hearing voices etc) | E.g Eating Disorders (severe weight loss or concerns around food and relationship with food) | E.g Substance Misuse (Drugs/Alcohol/Vapes) |
| **ACTION**<br>Report to DSL and parents/carers and follow 'Risk to Life' Pathway.<br>• If life is at risk call 999<br>• Call 111 for urgent mental health support- select the mental health option which will put you through to someone trained in Mental Health crisis.<br>• Urgent Referral to CYPMHS<br>• Parent/ Family to make urgent GP appointment | **ACTION**<br>Report to DSL and parents/carers<br>• Call 111 for urgent mental health support- select mental health option<br>• Attend A & E for urgent psychiatric review on the day. | **ACTION**<br>Report to DSL and parents/carers<br>• Refer to GP as soon as possible<br>• Referral to CYPMHS<br>• Single Point of Access Request | **ACTION**<br>Report to DSL and parents/carers<br>• Risk to life call 999<br>• Refer via the 'We are with you' site for support for a young person and their family. Drug and Alcohol Support \| WithYou (wearewithyou.org.uk) |

**CONCERNS THAT FALL INTO CRISIS OR URGENT MUST BE RECORDED ON BROMCOM, REPORTED TO THE DSL AND ALSO BE REFERRED TO CHRIS CLARKE/ CLAIRE BEYZADE**

**Appendix E: Guidance for referring to CYPMHS- check arrangements with local teams and add referral process.**

https://www.kentmedwaymentalhealth.nhs.uk/about-us/children-young-peoples-mental-health-service-cypmhs/about-our-children-and-young-people-s-mental-health-service/how-to-refer/

# How to refer

This page provides referral information for **Children and Young People's Services**, including mental health, learning disabilities, and autism and ADHD.

Different services have different referral routes and requirements. Please review the sections below before starting a referral to ensure you have the correct information and documents ready.

### Mental health referrals

If your referral is for Emotional Wellbeing and Mental Health concerns, please click the referral form link to complete the referral form online:

Referral form

### Learning disabilities

If your referral is for Learning Disabilities, Tics and Tourette's syndrome, please click the referral form link to complete the referral form online:

Referral form

### Autism and ADHD

We can only accept referrals from professionals (for example schools) for an Autism or ADHD assessment, as they can perform the pre-screening needed to ensure every person's individual needs have been identified and considered.

If you are a professional considering making such a referral, it is vital you work in partnerships with families so we get the personalised information we need to help them, and please make sure that you

have their full consent. Please also be clear on the referral form if there are multiple needs that require support (e.g. mental health).

## Forms required as part of the assessment

You must complete all the necessary forms below and include them in the Online Referral. Each one takes approximately 30 minutes.

**To be completed by the family:**

- Family Developmental History Form

**To be completed by the education setting/school:**

- Education Observation Profile

**Only required if the child is not currently in education (completed by a professional):**

- ADHD Observation Form
- Autism Observation Form

Once the forms above have been completed, you will also need to complete the referral form below and attach all forms in the upload section provided. The referral will not be accepted without the required forms.

Once you have completed these, please fill in the Referral form

Do not start this form without the above documents completed and ready to upload. You can add them to the Online Referral using the 'upload' section.

For security reasons, the Online Referral form cannot be saved and needs to be completed and submitted in one visit.

If you get an error message saying you have not completed mandatory fields when you submit the form, you may need to upload the attachments again.

## What happens when you submit a referral

You will receive a confirmation email that your referral has been submitted.

If you don't get an email within a few minutes, check your junk folder, or call **0800 011 3474** to speak to a member of the team. You will be given the option to download a copy of your referral as you submit it for your own records.

If a child or young person waiting for an autism or ADHD assessment is deteriorating with their emotional well-being or mental health, you can contact the single point of access team on 0800 011 3474. If they are in crisis, please visit our Crisis page, or call NHS 111 and follow the instructions for mental health.

## Appendix F: Individual Care Plan Template

Individual Care Plan .docx