

Mental Health Policy



DfE no: 850/6107



Approved by: Governing board

Date: September 2025

Signed by:

A handwritten signature in blue ink, appearing to read 'L. Pratt', is written over a light blue rectangular background.

Position: Chair of Governing board

Last reviewed: September 2025

Next review due: September 2027

Monitoring arrangements

This policy will be reviewed at least every two years but may be subject to review at the Headteacher's discretion at any time or to ensure compliance with legislation and guidance

Author: Y Haynes	Title: Mental Health Policy	Ref:	Date: September 25

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1. 'The Inclusion Way'™: A Shared Foundation

'The Inclusion Way' has been developed by Inclusion Education and is based on over ten years' experience. 'The Inclusion Way' captures our ethos to wellbeing and mental health, our pedagogical approach and all aspects that affect a learner's educational experience.

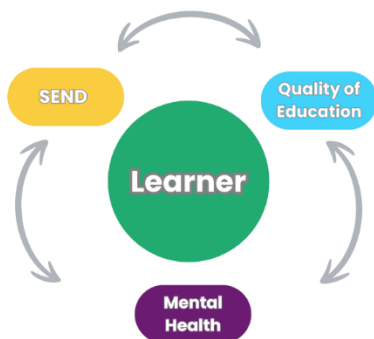
This introduction outlines how the 'Inclusion Way' is used and embedded as a shared vision and foundation across all our policies and practices at Inclusion School(s). This introduction defines who our learners are, why they are here, and how our inclusive pedagogical approach ensures our learners are supported, valued and empowered.

It is important to understand the journey our typical learner has been on before they arrive at an Inclusion School.

For example, our learners will:

- typically have a severe and chronic diagnosed mental health need. They are likely experiencing, or have experienced, self-harm, suicide ideation, depression, and high anxiety.
- have diagnosed and/or undiagnosed SEND needs related to speech, language and communication (SLCN), communication and interaction (C&I), or specific learning differences (SpLD).
- often experience significant gaps in education at primary and/or secondary level.
- have a history of non-attendance due to high anxiety and mental health needs and have been identified as emotionally based school avoiders (EBSA).
- are often working below age-related expectations in Maths, English, and Science due to disrupted education and unmet needs.
- may have experienced trauma, whether through Adverse Childhood Experiences (ACEs) or bullying in previous educational settings.
- are young people exploring their identity and discovering who they are and who they want to be. While they may struggle with emotional regulation or academic attainment, they are not of primary-age cognitive ability, they are young adults and want to be treated as such.

At Inclusion Schools, we deliver education through a three-tiered curriculum model based on the triangulation between Mental Health, Quality of Education and SEND.



These three aspects are of equal importance and they all inform each other.

Only by working collaboratively are our learners able to make sustained and holistic progress.

The Inclusion Way' is more than a framework: it is the heart of our schools' mission. By addressing mental health, SEND, and academic development as equally essential, we equip learners not only to succeed in education but to thrive in life. Our learners tell us this works. Their progress shows us it works.

2. Vision and aims

At Inclusion Schools, we believe that positive mental health is the foundation for learning, connection and lifelong success. Our schools are created to meet the needs of young people whose experiences have made school a challenging place to belong, and our commitment remains firmly rooted in compassion, respect and understanding.

We know that every learner brings their own story, and that by creating a community where mental health is understood, supported and celebrated, we enable our young people not only to cope but to thrive.

Our vision is to create a school community where:

- Positive mental health is embedded in daily life and learning.
- Mental health and wellbeing are everyone's responsibility
- Every member of our schools—learners, staff, families, and stakeholders—feels seen, heard and valued, embodying our commitment to acceptance and community.
- We build a culture of empathy, offering early support, safe spaces, and shared responsibility to nurture wellbeing.

At Inclusion Schools our approach, rooted in The Inclusion Way™, is informed by Inclusion Education's core philosophy of putting emotional wellbeing at the heart of learning, building safe and nurturing environments, and crafting individual learner pathways. We take a trauma-informed, PACE-based approach to understand the stories behind behaviour and support every learner to flourish.

Our policy is driven by the firm conviction that strong mental health enables:

- The establishment of trusting relationships and a deep sense of belonging, in line with our values of compassion, inclusion and kindness.
- The development of growth and readiness, where our learners build resilience, self-awareness and independence, reflecting respect, integrity and cooperation
- Academic achievement, where strong foundations allow learners to reach their fullest potential with personalised curriculum and qualifications.

This policy aims to do the following:

- Set out our schools' approach to promoting positive mental health and wellbeing for all learners across our schools
- Provide guidance to staff and parents/carers on their role in supporting learners' mental health and wellbeing, including how they can foster and maintain an inclusive culture in which learners feel able to talk about and reflect on their experiences of mental health
- Identify the key roles and responsibilities related to mental health in the schools
- Support staff to identify and respond to early warning signs of mental health issues
- Inform learners and their parents/carers about the support they can expect from our schools in respect of learners' mental health and wellbeing, and provide them with access to resources

3. Legislation and guidance

This policy was written with regard to:

- The Inclusion Way™
- Inclusion Schools' ethos and values
- [The Equality Act 2010](#)
- [The Data Protection Act 2018](#)
- Articles 3 and 23 of the [UN Convention on the Rights of the Child](#)
- Department for Education's '[Promoting and supporting mental health and wellbeing in schools and colleges](#)'

4. Our approach to learner mental health

The Inclusion Way™, as championed by Inclusion Education, places emotional wellbeing at the heart of learning, recognising that many young people arrive in our care with complex needs or experiences of trauma. Our approach:

- Puts emotional wellbeing at the heart of learning, ensuring that every decision and intervention begins with the learner's mental health and SEND needs
- Creates safe, nurturing environments where every young person feels seen, valued and truly heard
- Follows a trauma-informed methodology, integrating PACE—Playfulness, Acceptance, Curiosity and Empathy—to build trusting relationships and understand the story behind behaviours

These principles help to promote the experience of safety in your interactions with young people and every Inclusion School member of staff should embody these values in their interactions and relationships with learners.

Staff are expected to embody this because children need to feel that you have connected with the emotional part of their brain before they can engage the thoughtful, articulate, problem solving areas.

4.1 Our Mental Health Team

Inclusion Schools have a dedicated mental health team, led by the schools' Head of Mental Health and Engagement. The team consist of dedicated professionals whose skills and attributes complement each other and provide learners with multiple therapeutic interventions and opportunities for growth and empowerment.

The mental health team are also the core of the schools' Engagement Team.

Within our Mental Health Team we have:

- TALA-qualified staff
- Counselling trained staff
- Play therapy
- CBT-trained staff
- Therapeutic music
- Specialist mentoring

4.2 Our Engagement team

The Engagement Team's core is built around the schools' mental health team, but also includes teachers, senior leaders and the whole school community.

The Engagement Team promotes and practices the Inclusion Way.

At Inclusion, building a strong foundational bridge into a learner's world is key to everything we do. This means the Engagement Team is there to support the learner when they are struggling to access their learning.

During every lesson, there is at least one member of staff who is acting as part of the "Engagement Team". If a learner is identified as being in distress or struggling to access their learning, for example, by not attending their lesson or appearing withdrawn or emotionally dysregulated, the engagement team member will speak with the learner.

The Engagement team member will work with the learner to understand what the issues are and what their needs are in that moment. The ultimate objective is to get them back into the lesson with support (if necessary), or, alternatively, to get the lesson's activities from the classroom to do quietly in a separate place.

However, it might be that the learner needs different input or support: for example, to go for a walk and then afterwards recommit to the learning environment. It is all about what the learner needs in that moment and might be categorised as SEN, mental health, family or friendship issues.

As part of our schools' whole school approach, every member of staff – from senior leaders, to teachers to mental health staff, serve as part of the engagement team. The aim is to build the connections with the learners and maintain our whole school approach to positive mental health and wellbeing.

4.3 How do we support learners

Most of the learners attending Inclusion present with at least one of the following:

- Suicide ideation
- Self harm
- Depression
- Anxiety
- Emotionally based school avoidance (EBSA)
- Selective mutism
- Self-esteem confidence and resilience,
- Trauma and attachment difficulties
- Eating disorders and disordered eating patterns

We also recognize that some learners face additional mental health risks due to their identity or circumstances. For example, LGBTQ+ learners may experience increased anxiety, depression, or self-harm due to societal discrimination, family rejection, or identity-related stress. While sexual orientation and gender identity are not mental health conditions, we acknowledge the elevated mental health risks these learners face and provide targeted support accordingly.

Our whole school approach is designed to identify and deal with each learner's specific needs and ensure they are supported to address their difficulties whilst maintaining a supportive learning environment and empower our learners.

Communication is key and actively listening and observing the learner in a non-judgmental way to understand where they are experiencing difficulties is essential. We use the following proactive methodologies to identify concerns:

- Tutor times during the day – an initial check in with a trusted adult
- Group discussions during lessons (PSHE/World & You)
- Parents/carers communicating to the schools
- Tutor communication with parents/carers
- The learner voice
- Information the learners provide on Zones of Regulation during each lesson

There are other signs that indicate when a learner's mood, mental health or wellbeing may be of concern. See section 5 for more details.

Once any of the following have been identified these should be recorded on CPOMS. Our Head of Mental Health and Engagement sees all concerns to capture a whole school picture of safeguarding and mental health.

Any concerns will be shared with the wellbeing team who will take this information along with other feedback to decide what potential intervention/s is required. Generally, this will be a structured approach using the following types of support over a number of weeks:

- ELSA
- TALA
- Drawing and talking
- Specialist Mentoring
- Therapeutic Music, Animals and Physical Activity/Sports
- Mindfulness Gardening

Information about these can be found on our website.

In the event that there is an immediate need, the team will also ensure that the learners needs are met in that moment using the above types of support but in a blended holistic way, tailored to that Learners specific needs.

There will be times when internal support is exhausted or requires an external agency's expertise. Any referrals will be made by the Head of Mental Health and Engagement, in liaison with the Deputy Head.

Outside agencies utilised include:

- CAMHS (Mental Health Support)
- Young Minds (Mental Health Support)
- Breakout Youth (LGBTQ+ Support)
- School Nurse and other HealthCare Professionals as required
- Social Service
- Other appropriate services, as needed

The above list is not exhaustive.

The learner and their parent(s)/carer(s) are included in the decisions being made in relation to their Mental Health needs. They will be provided with access to information and leaflets covering whichever intervention is being proposed to support their understanding and engagement.

We also use the following to support our learners:

- Signposting to all learners to online sources, topic specific leaflets as well as the schools' website(s) for Mental Health Support
- Visual information around the schools for all staff and learners, providing information that they can use to self help
- Having open discussions about Mental Health during lessons
- Using Whole School surveys allowing Learners, Parents and Staff to have a voice about what we can do in our Whole School Approach to improve and better meet their needs
- Where required an Individual Mental Health Plan (MHP) is created based on need (see Attendance Policy for details)

Alongside the referral process, the schools offer a number of other options for Learners offsite:

- Equine Facilitated Learning Provision at Danny's Place
- Project Iris (Suicide Intervention)
- Alpaca assisted therapy

- Reading Football Club Sports therapy

These interventions are tailored to a learner's specific needs and are not exhaustive.

All interventions are logged on CPOMS by the professional delivering the intervention. This includes an evaluation of each session, the areas covered, strategies provided, level of engagement.

Any disclosures made by the learner are sent directly to the Designated Safeguarding Lead (See Safeguarding Policy).

Individual case studies are written annually for each intervention to demonstrate:

- The level of positive impact
- Provide evidence of effectiveness
- Show progression and support learning and development
- Identify next steps

We use the following forums to discuss and record each learner's social, emotional and mental health needs:

- The Wellbeing Team meet on a weekly basis to discuss each learner's requirements and identify appropriate therapies to support their needs.
- *SEN Zone*, a fortnightly whole team meeting where we utilise the Whole School approach to provide the opportunity for Teachers and Tutors to discuss the proposals relating to learners and provide additional insights and information. As a school we will then agree on the overall approach by learner. We also use this forum to provide training on any Mental Health areas to support CPD to staff

As a school, we monitor each learner's social, emotional and mental health using the Boxall online platform.

Each tutor is responsible for updating their tutees profiles on a termly basis which identifies SEMH needs through evidence-based assessment. Through a process of responding to a range of diagnostic and developmental questions, this resource creates learner-specific targets which are used throughout the schools, offers suggestions for appropriate supporting strategies and helps deliver the whole school approach.

These profiles are shared by Tutors during SEN Zone sessions, allowing input from other Teachers, Tutors, SLT and the SENCo to help further shape and refine each learner's support plan and ensure a whole school approach to enabling each learner to achieve their targets.

4.4 How do we support emotionally-based school avoidance?

The Admissions Policy and Transition Policy are both relevant to this section.

The Head of Mental Health & Engagement is responsible for following the Transition Policy by delivering a two-week transition plan.

Initially there is a home visit to work with the parent to deal with logistics and form filling and if the Learner is identified as EBSA, the Head of Mental Health and Engagement will initiate an EBSA programme which is delivered within the home environment

During the second week of induction, the Learner is invited into the school after the school day has finished to meet staff, familiarise themselves with the building and complete an English and Maths assessment. Where required, the learner will have the opportunity to meet staff again on site to reduce anxiety.

During this initial two week period, an Individual Transition Plan (ITP) is created based on the Learners past experiences. The Learner then follows a 4 week program designed to support the Learners transition into school successfully. If they are unable to attend school on a daily full time basis after this time due to Mental Health difficulties, additional support and an Individual Mental Health Plan (MHP) will then be offered to facilitate full time attendance.

During the entire time of the induction and transition, if the Learner is not in attendance at school, welfare calls are made in line with the Attendance Policy.

The Head of Mental Health and Engagement is responsible for ensuring the success of the ITP and MHP by reviewing this bi-weekly and liaising with the parent/carers to ensure both parties are happy with the progression the Learner is making and to make agreed adjustments to the plan as necessary. This is all logged on CPOMS and both the ITP and MHP are shared with parents and all staff throughout the school.

4.5 Curriculum

Within our curriculum design, we explicitly teach our learners how to regulate and manage emotions through task plans and reference to SEL (social emotional learning) regularly.

The key lessons in which mental health, and positive self-management strategies are covered, is within our PSHE lesson, World & You, as well as Outdoor Learning.

We follow the [PSHE Association Guidance teaching mental health and emotional wellbeing](#).

Learners are taught to:

- Develop healthy coping strategies
- Challenge misconceptions around mental health
- Understand their own emotional state
- Keep themselves safe

For further information please refer to our Curriculum Intent document available on our website.

4.6 Team Around meetings

Team Around meetings refer to where a select group of school staff work together to support the holistic development and well-being of a child within the school setting. This team typically includes teachers, tutors, senior leaders, and engagement teams, among others.

These meetings can be initiated by a tutor, concerned teacher, member of the mental health team or a senior leader.

These meetings are an opportunity to provide holistic support, individualized attention, early intervention, consistent communication and targeted emotional and social support.

5. Roles and responsibilities

All staff are responsible for promoting positive mental health and wellbeing across our school and for understanding risk factors. If any members of staff are concerned about a learner's mental health or wellbeing, they should inform the Head of Mental Health & Wellbeing (DDSL), Yvonne Haynes, and Designated Safeguarding Lead (DSL) Matthew Atkinson (DSL).

Certain members of staff have extra duties to lead on mental health and wellbeing in school. These members of staff include:

- Headteacher: Matthew Atkinson
- Deputy Head: Ele Murphy
- Designated safeguarding lead (DSL): Matthew Atkinson
- Special educational needs co-ordinator (SENCO) and DDSL: Ele Murphy
- Head of Mental Health & Engagement and DDSL: Yvonne Haynes

Head of Mental Health & Engagement

The Head of Mental Health & Engagement is responsible for:

- Developing a whole-school approach to support mental wellbeing

- Lead the mental health and engagement team across the school
- Oversee targeted interventions to support the mental health and wellbeing of learners
- Educating learners on mental health and wellbeing
- Training staff to identify signs and symptoms of emerging mental health needs in Learners
- Have a clear process in which staff can report concerns
- Have a clear process of managing all mental health concerns
- Have systems in place for learners to seek help if they need it
- Have policies in place to support learners through referrals to specialists
- Know what local and national help and support is available out of school
- Promoting good mental health and emotional wellbeing for learners.

For any questions or queries on the school approach to mental health and wellbeing, please contact Yvonne at yvonne.haynes@inclusionschool.org.uk

Alternatively, please contact the school's Deputy Head, Ele Murphy, at ele.murphy@inclusionschool.org.uk

Tutors

- To support communication between home and school and identify any mental health needs before they become severe.
- To contact parents/carers at least fortnightly to facilitate this communication

Engagement team

- Promote and practice The Inclusion Way to support learners struggling to access learning inside and outside of the classroom.

All staff

- It is the responsibility of all staff to share any concerns about a learner using the school's CPOMS system or to speak to a member of the safeguarding team.
- To identify any warning signs of deteriorating mental health (Section 5 of this policy)

- To update and share learner mental health progress (using information in school and from parent/carer phone calls) at SEN Zone Meetings
- To support all learners to engage with learning – whether in class or to understand positive mental health and regulation strategies

6. Warning signs

All staff will be on the lookout for signs that a learner's mental health is deteriorating. Some warning signs include:

- A change in mood or energy level
- A change in eating or sleeping patterns
- A change in attitude in lessons or academic attainment
- A change in level of personal hygiene
- Social isolation
- Poor attendance or punctuality
- Expressing feelings of hopelessness, anxiety, worthlessness or feeling like a failure
- Abuse of drugs or alcohol
- Rapid weight loss or gain
- Secretive behaviour
- Covering parts of the body that they wouldn't have previously
- Refusing to participate in active games or being secretive when changing clothes
- Physical pain or nausea with no obvious cause
- Physical injuries that appear to be self-inflicted
- Talking or joking about self-harm or suicide

Staff should also be aware that learners may be affected by the following circumstances, which may not be directly observable but could impact mental health:

- Overt parental conflict including domestic violence
- Family breakdown (including where children are taken into care or adopted)
- Hostile and rejecting relationships
- Failure to adapt to a child's changing needs
- Physical, sexual, neglect or emotional abuse
- Parental psychiatric illness
- Parental criminality, alcoholism or personality disorder
- Death and loss -- including loss of friendship

Note: Family risk factors may be identified through learner disclosure, parent or carer communication, or external agency involvement rather than direct observation.

7. Managing disclosures

If a learner makes a disclosure about themselves or a peer to a member of staff, staff should remain calm, non-judgmental and reassuring.

Staff will focus on the learners emotional and physical safety, rather than trying to find out why they are feeling that way or offering advice.

Staff will always follow our school's safeguarding policy and pass on all concerns to the safeguarding team, which includes the Head of Mental Health & Engagement. All disclosures are recorded and stored on the school's CPOMS platform.

When making a record of a disclosure, staff will include:

- The full name of the member of staff who is making the record
- The full name of the learner(s) involved
- The date, time and location of the disclosure
- The context in which the disclosure was made
- Any questions asked or support offered by the member of staff

8. Confidentiality

Staff will not promise a learner that they will keep a disclosure secret – instead they will be upfront about the limits of confidentiality.

A disclosure cannot be kept secret because:

- It is not in line with Inclusion Education's safeguarding practices, which are in line with Keeping Children Safe in Education and Working Together to Safeguard Children.
- Being the sole person responsible for a learner's mental health could have a negative impact on the member of staff's own mental health and wellbeing
- The support put in place for the learner will be dependent on the member of staff being at school
- Other staff members can share ideas on how to best support the learner in question
- Staff should always share disclosures with at least 1 appropriate colleague. This will usually be the DSL. If information needs to be shared with other members of staff or external professionals, it will be done on a need-to-know basis.

Before sharing information disclosed by a learner with a third party, the member of staff will discuss it with the learner and explain:

- Who they will share the information with
- What information they will share

- Why they need to share that information
- Staff will attempt to receive consent from the learner to share their information, but the safety of the learner comes first.
- Parents/carers will be informed unless there is a child protection concern. In this case the safeguarding policy will be followed.

9. Monitoring

This policy will be reviewed at least every two years but may be subject to review at the Headteacher's discretion at any time or to ensure compliance with legislation and guidance.

The school's mental health provision, including interventions and ongoing needs, is discussed at safeguarding meetings amongst the safeguarding team. The school's strategic approach to mental health and its provision is reviewed every half term by the senior leadership team.

A mental health and safeguarding report is also circulated to the school's Governors every term. At governor meetings there is an opportunity to review this report and provide additional direction to the Headteacher and Head of Mental Health & Engagement on further actions that may be required.

10. Training

All staff receive training on the Inclusion Way as part of their training, this includes:

- Have a good understanding of what learners' mental health needs are
- Know how to recognise warning signs of mental ill health
- Deliver a trauma-informed approach
- Know a clear process to follow if they identify a learner in need of help

Members of the mental health team receive ongoing supervision (ELSA/TALA) as part of their continuing professional development.

11. Links to other policies

The additional policy documents support our approach and this should policy be read in conjunction with them:

- Attendance Policy

- Admissions Policy
- SEN Policy
- Curriculum Policy
- Behaviour Policy
- Safeguarding & Child Protection Policy
- RSHE Policy

Appendices

Appendix A: Inclusion Schools first aid self-harm/mental health crisis process

October 2023 (to be reviewed annually)

Reviewed April 2024 by School SLT

Reviewed September 2025 by School SLT

Written by Matthew Atkinson, Headteacher

Inclusion Schools take precautions to ensure that all scissors and other sharps are locked away from all learners. Any use of sharps are always supervised by a member of staff.

If a learner self-harms or experiences a mental health crisis at Inclusion Schools the following process will be followed:

1. A message will be sent via the Teams “First Aid & Urgent Messages” group by the member of staff who finds the learner with a message similar to the following: “Emergency self-harm first aid required”.
2. The Head of Mental Health & Engagement, who is also a first aider, will meet the learner and assess the situation and take them to the First Aid Room. The member of staff who found them will support if required.
3. The Head of Mental Health & Engagement will re-assess the situation in the calm environment of the First Aid Room to decide if it is a superficial cut or whether it is deep and requires professional medical attention. They will also assess if during a mental health crisis a learner can be kept safe on site. The Headteacher (DSL) will be informed at this stage.
4. In the circumstance where the self-harm/mental health crisis is assessed to be requiring professional medical attention by the Head of Mental Health & Engagement and Headteacher, the learner will be informed and a member of staff will take them to A&E via car or ambulance, or their parents will collect and take them to hospital.
N.B. In some circumstances, it should be noted that at Step 2, an ambulance may be assessed to be required and contacted immediately.
5. The learner’s parents will be contacted by the school office and informed to meet the school member of staff at A&E.

Following the incident, the Head of Mental Health & Engagement, or first aider, will record the incident and debrief the HT. The HT will share the incident form on CPOMS with Inclusion Education’s CEO and COO/Executive Head.

They will also update the other school first aiders following the incident and risk assessments and safety plans will be reviewed.

Parents/carers will be informed that for their learner to return to school they must follow medical advice (which should be provided to the school before returning) in terms of bandaging and medical care, and ensure that they cover their injuries whilst in school. This is to prevent other learners, who also have a history of self-harm, from reliving traumatic events or reflecting this behaviour.

Staff aftercare following a serious self-harming incident on site, resulting in hospitalisation or the attention of medical professionals

Inclusion Schools have a two-tier approach to support following a self-harming incident or learner mental health crisis, a Team Around the Incident:

Tier 1

These members of staff are involved in supporting the learner who has harmed/experienced the crisis whilst on site and has required professional medical attention or hospitalisation. This Tier will typically comprise of:

- Head of Mental health & Engagement
- First Aider
- Any member of staff who found the learner

Tier 2

These members of staff are involved in supporting the member(s) of staff in Tier 1 following an incident. This comprises of:

- The Headteacher
- The Head of Mental health and Engagement (if not in Tier 1)
- A Deputy Headteacher if the Head of Mental health and Engagement is a Tier 1 member of staff

Following the hospitalisation of the learner, or a serious mental health crisis:

1. The member(s) of staff will be told to find somewhere quiet and have some time to themselves to regulate.
2. On returning, they will have a debrief with the Headteacher and/or Mental Health to check their wellbeing. The Headteacher may assess them and decide they should use the rest of the day, or the following day, as a mental health day.
3. On returning to work, a return-to-work meeting will be completed led by the Headteacher or Head of Mental Health. This will be shared with Inclusion Education's HR team, who may independently offer follow up care.

4. A 1:1 therapeutic support session will be organised for the member of staff.

Following the first meeting, it may be recommended that they continue to see this counsellor for a further 5 sessions. This will be organised by the Headteacher.

This is the support that Inclusion Education will have in place for its members of staff following a serious self-harming incident or learner mental health crisis.

However, if this is affecting the member of staff's wellbeing and or performance it is their responsibility to access immediate support via their GP.

Appendix B: Example mental health individual timetable plan (MHITP)

Learner name:
Date of plan:
Teacher:
Parent:



This plan has been agreed by all parties, Y Haynes and Parents on a 2 weekly review date to discuss progress before any changes to be made.

- School representative
- Parent/carer



Context (why we are doing this)	Agreed part-time timetable	How we will measure this is working	Other supportive interventions	What we're working towards (long term)	Review date
Comments:					



Appendix C: Engagement Process for Learner Absence from lessons

The Engagement Team process is designed to ensure the safety and well-being of learners during their absence from class. This procedure outlines the steps staff members need to follow to monitor and support learners effectively.

Objectives

- Maintain clear communication and accountability among staff members regarding the learner's whereabouts and supervision
- Provide timely and effective interventions to support the learner's mental health and wellbeing.
- Ensure that parents are informed and involved in their child's progress and any additional support needed.
- Document and communicate interventions effectively to all relevant staff members, ensuring coordinated support for the learner.

By adhering to this process, the schools ensure a coordinated approach to supporting learners' well-being and educational progress.

Step-by-step procedure

1. Notification of Absence (Teacher)

- A dedicated section in Teams for Engagement allows staff members to notify the Engagement team of a learner's absence.
- A responsible Engagement person is assigned for each lesson, as per the timetable, who will announce that they are in Engagement.

2. Visibility and Monitoring

- A visual timetable is displayed on every floor, showing who is on Engagement duty for that period.
- The designated person on duty records the learner's whereabouts, the staff member they are with, and the nature of the intervention in Teams.

3. Return to class

- Upon the learner's return to class, the responsible staff member on engagement updates Teams with the relevant information.
- The primary objective is to ensure that all learners are accounted for, safe and supervised to ensure effective safeguarding at all times.

4. Parental communication

- For additional follow-up, such as informing parents about the intervention, the learner's tutor provides weekly feedback.
- Tutors discuss any additional support that parents can provide to aid the learner's progress.
- Strong communication between the school and parents is essential to help learners perform to the best of their abilities.

5. Documentation

- Once the learner returns to the classroom, the intervention is logged under the category "Mental Health and Wellbeing" on CPOMS.
- This ensures that key staff members are informed about the learner's situation and interventions and reasons for absence recorded.