



**The Queen Elizabeth
Academy**

“We Can and We Will”

Wellbeing and Mental Health Procedure Guide

September 2021

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Associated documents:
Links to:
<ul style="list-style-type: none">• Safeguarding Policy• Behaviour Policy• E-safety Policy• Anti-Peer on Peer Abuse Policy• SEND Policy• Pupil Premium Policy• Supporting Pupils with Medical Conditions Policy

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1. How was this procedure guide written?








These procedures have been written in response to feedback and discussion with staff, students, parents, mental health professionals, trauma professionals and through the sharing of best practice with ATT colleagues.

2. Policy Statement







At the Queen Elizabeth Academy, we are committed to supporting the emotional health and wellbeing of both students and staff.

We recognise that Wellbeing and Mental Health is a continuum and that students and staff may move along the continuum according to experiences and personal circumstances which bring about challenge. At times, the students, and staff of TQEA may become vulnerable and require additional emotional support.






Positive wellbeing and mental health are a TQEA priority and we address it in a graduated approach which aims to equip our students with the resilience and strategies to manage their mental health in the present and in the future by:

-  Helping students to understand their emotions and feelings
-  Helping students to feel comfortable sharing any concerns
-  Helping students to form and maintain social relationships
-  Promoting self-esteem
-  Encouraging students to be confident individuals
-  Helping students to develop emotional resilience
-  Helping students to overcome Emotionally Based School Absence (EBSA)

We promote a mentally health environment through:

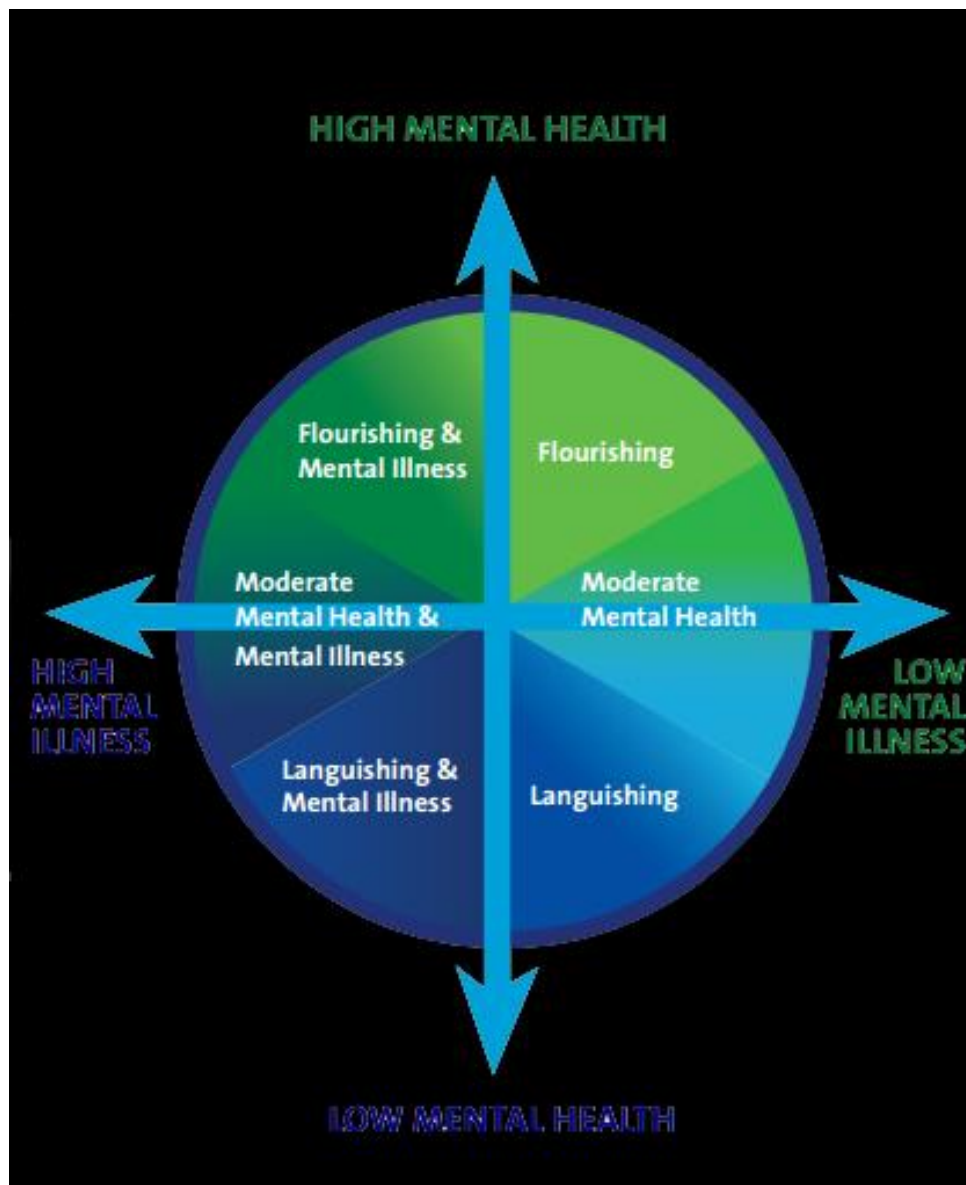
-  Promoting our school values and encouraging a sense of belonging
-  Endeavouring to promote student voice and opportunities for decision-making (i.e Include Me programme/MENCAP)
-  Celebration of academic and non-academic achievements as well as those achieved out of school hours
-  Providing students with opportunities to adopt responsibility for themselves and others
-  Providing reflective opportunities
-  Giving access to appropriate, well-informed graduated support which meets needs

We pursue our aims through:

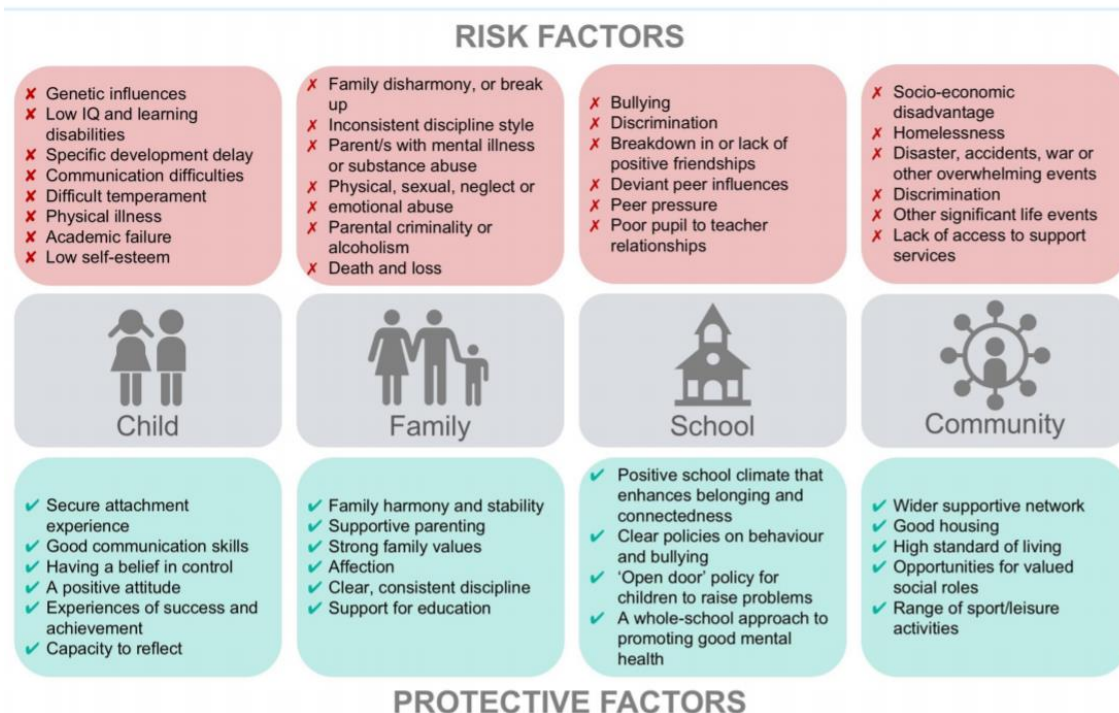
-  A graduated approach beginning with universal, whole-school provision (untraded)
-  Early intervention in support of Mental Health issues before they become entrenched
-  Developing resilience in the student and their families and strategies to manage wellbeing and mental health
-  TQEA wellbeing and mental health interventions to be base-lined, time-limited and under regular review
-  Supporting Mental Health professionals in their work with our students

Mental Health and Wellbeing: a continuum

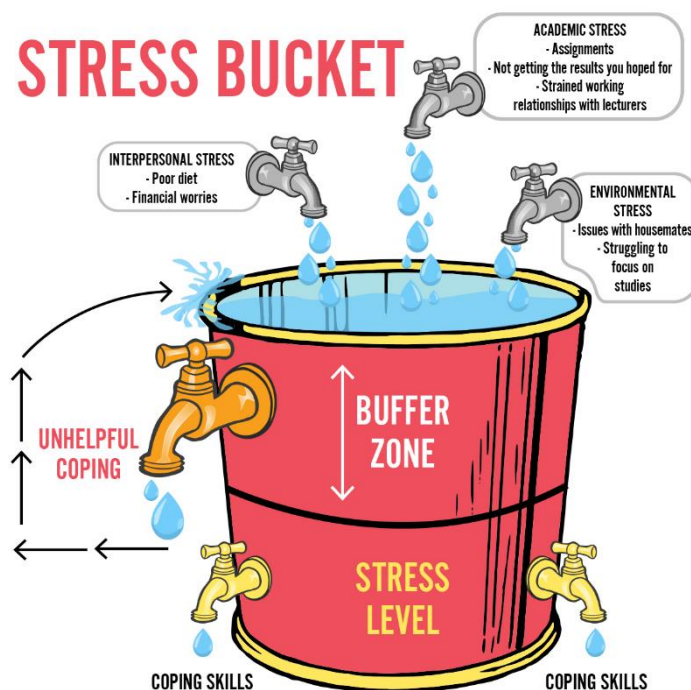
At TQEA we understand Mental Health and Wellbeing as a continuum. It is presumed that at different stages in a student's life they may find themselves at different points on the continuum. Throughout their lives our students will experience a range of mental health and wellbeing. TQEA's aim is to provide our young people with strategies and intelligence to protect themselves and to know how to seek appropriate help at the appropriate time.



Risk and protective factors for CYP's mental health



Students are assisted in discussing their risk factors using several non-threatening and visual approaches such as the “stress bucket” approach:



Academic Resilience: What is it?

- Good educational outcomes despite adversity
- We can spot the impact of academic resilience through individuals doing better than we might

have expected

- Promoting academic resilience will lead to better behaviour and results for disadvantaged students.

Academic resilience means students achieving good educational outcomes despite adversity.

For schools, promoting it involves strategic planning and detailed practice involving the whole school community to help vulnerable young people do better than their circumstances might have predicted.

With this way of working, schools can help not only to beat the odds for individual students, but also with changing the odds for disadvantaged pupils across the board.

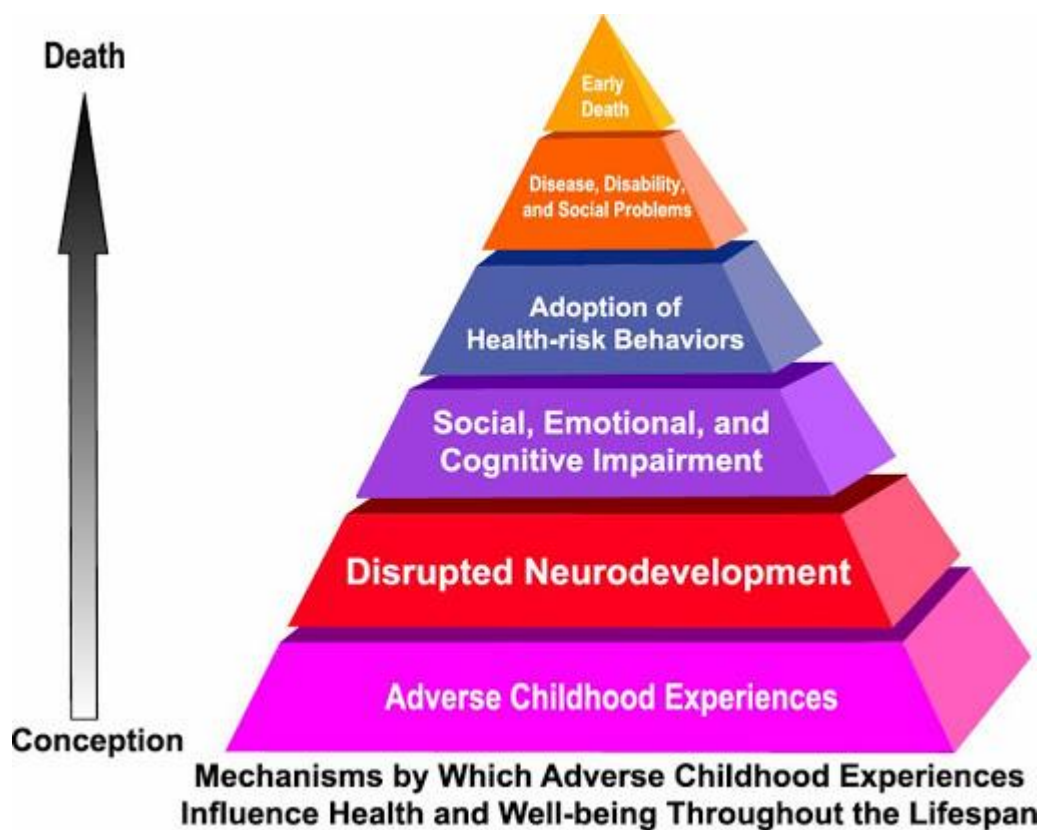
How do we spot a need to help?

Resilience Framework (Children & Young People) Oct 2012 – adapted from Hart, Blincow and Thomas 2007 www.boingboing.org.uk					
	<u>BASICS</u>	<u>BELONGING</u>	<u>LEARNING</u>	<u>COPING</u>	<u>CORE SELF</u>
SPECIFIC APPROACHES	Good enough housing	Find somewhere for the child/YP to belong Help child/YP understand their place in the world	Make school/college life work as well as possible	Understanding boundaries and keeping within them	Instil a sense of hope
	Enough money to live	Tap into good influences	Engage mentors for children/YP	Being brave	Support the child/YP to understand other people's feelings
	Being safe	Keep relationships going		Solving problems	
	Access & transport	The more healthy relationships the better Take what you can from relationships where there is some hope	Map out career or life plan	Putting on rose-tinted glasses	Help the child/YP to know her/himself
	Healthy diet	Get together people the child/YP can count on	Help the child/YP to organise her/himself	Fostering their interests	Help the child/YP take responsibility for her/himself
	Exercise and fresh air	Responsibilities & obligations		Calming down & self-soothing	
	Enough sleep	Focus on good times and places Make sense of where child/YP has come from	Highlight achievements	Remember tomorrow is another day	Foster their talents
	Play & leisure	Predict a good experience of someone or something new	Develop life skills	Lean on others when necessary	There are tried and tested treatments for specific problems, use them
	Being free from prejudice and discrimination	Make friends and mix with other children/YPs		Have a laugh	
	NOBLE TRUTHS				
	<u>ACCEPTING</u>	<u>CONSERVING</u>	<u>COMMITMENT</u>	<u>ENLISTING</u>	

What can we do about it?

1. At least one trusted adult (Go-to-Adult), with regular access over time, who lets the students they 'hold in mind' know that they care
2. Preparedness and capacity to help with basics, i.e. food, clothing, transport, and even housing
3. Safe spaces - quiet, safe spaces for students who wish to retreat from 'busy' school life
4. Making sure disadvantaged students access activities, hobbies, and sports (Cultural Capital)
5. Help to map out a sense of future (hope and aspirations) and developing life skills
6. Help to develop and practice problem-solving approaches at every opportunity
7. Help for students to calm down and manage their feelings
8. Support to help others e.g. volunteering, peer mentoring.
9. Opportunities for all staff, students, and parents to learn about resilience
10. Staff treat each other with care and respect, modelling the behaviour they expect from students.

Adverse Childhood Experiences (ACE)



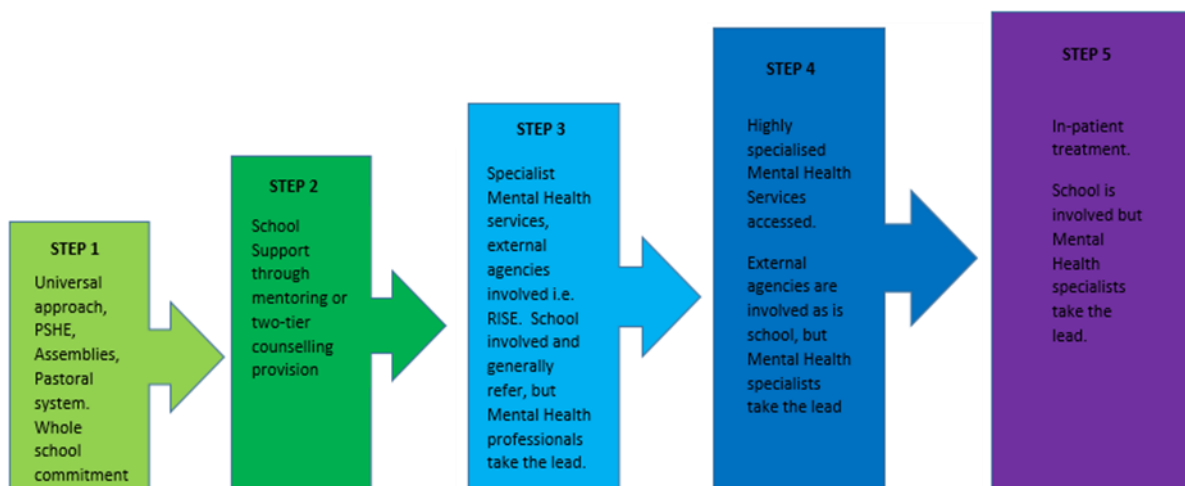
Key experiences in childhood stemming from abuse (Physical, Emotional or Sexual), neglect (Physical and Emotional) and household dysfunction (mental illness, domestic violence, divorce, substance abuse, incarcerated relative etc), have significant impact on later life health and wellbeing as illustrated above.

At TQEA we collect data on these ACE through Y6 into 7 transition via teacher, DSL and SENDCo meetings, using this to inform our monitoring and interventions with our students.

Our Provision: A Graduated Approach

1. The NHS Approach

TQEA follows the NHS graduated approach starting with universal provision. We aim to catch mental health issues “upstream” before they escalate to becoming more serious and requiring specialist intervention.



2. The TQEA Approach

Step	Description	CYP	Parent/Carer	CPOMs	Provision Map
1	Wellbeing and mental Health awareness for all students via assemblies, the Safeguarding and Behaviour curriculum, PSHE curriculum, general support from identified Go-to-Adults, form tutors and pastoral team leaders. Focus on intervention “upstream” of future potential problems. Impact and actions informed by MH audit and resulting action plan. MH First Aiders trained x4. Approximately 33% staff voluntarily MH Champions trained (Place2be). SLT member training as	Sign-posted to strategies that the CYP can use and develop and introduced to further support that may be needed in the future	Made aware of Wellbeing and Mental Health via TQEA home/school communication channels. All parents/carers encouraged to engage in Safe Schools (app) training. Regular updates on services and support available. Availability of TQEA Wellbeing and Mental Health Procedure Guide via		Provisions recorded and mapped against students to demonstrate impact to determine appropriate pathway


	Senior Mental Health Lead (SMHL. All staff ACES trained as compliance.		website or on request		
2	Support with anxiety, depression, self-harm, school refusal and bereavement	Assigned a mentor within TQEA. Regular check-ins with pastoral team, SEND or Student Support Manager. Alternatively, referral to school counsellor. Action plan developed (and RA if deemed necessary) with the CYP identifying strategies and crisis plan.	Parents involved, informed of mentor, and given contact details. Action plan, (RA if needed) with crisis plan shared. Signposted to support resources which are recorded in the action plan. Parents advised to involve GP. Parents sign action plan to acknowledge receipt of information.	Initial Mental Health incident recorded giving overview of difficulties. Signed Action plan uploaded as detailed evidence. All future incidents added as actions.	Action Plan/crisis plan created. Baseline created and review date set.
3	Specialist Community Mental Health Services involvement (Compass/RISE/CAMHs) – referral via Dimensions Tool	Action plan and crisis plan reviewed with Compass worker. Dimensions Tool used for identification of referral process, uploaded on Student CPOms file. Review meetings set up with the service	Parents continue to be involved; revised action/crisis plans shared	Recorded as action	Regular review of action plan and evaluation (six-week window). Contact details of outside agencies included
4	Highly specialist condition specific Mental Health services (CAMHs)	Action plan and crisis plan led by external agencies	Direct specialist agencies contact with parents	Progress recorded for chronology and school to make appropriate/reasonable adjustment on advice of specialists	Documented and impact measured


5	Inpatient treatment	Appropriate support maintained e.g. liaison with school re work, transition plans for return to school	Direct specialist agencies contact with parents	Progress recorded for chronology and school to make appropriate and reasonable adjustment on advice of specialist agencies	Documented and impact measured
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Level 1: Universal Wellbeing and Health Provision for All students








It is the responsibility of all staff at TQEA to be aware and pro-active in supporting those CYP who display signs of poor wellbeing and or Mental Health and to respond in a supportive manner to any CYP who approaches them regarding their concerns. Early intervention ensures we catch Mental Health issues “upstream” and may well be able to prevent escalation at this stage with appropriate and timely support.

All staff should:






-  Raise awareness with personal tutors and Pastoral leaders of any signs noted via CPOMs and through the ELEVATE referral process if appropriate to demonstrate interventions already in place and to help plan the most apt support pathway. ELEVATE referral forms are returned to the SENDCo.

-  Model resilience


Teachers should:











-  Raise awareness with personal tutors and Pastoral leaders of any signs noted.
-  Model resilience
-  Teachers should ensure that they respond to any approaches made by a CYP, by listening and signposting to the TQEA wellbeing and mental health procedures
-  Incorporate opportunities to demonstrate resilience through curriculum delivery
-  Involve their tutor groups actively in open discussion about well-being and mental health
-  Involve their tutor groups in assembly opportunities
-  Effectively deliver the Behaviour and Safeguarding curriculum as planned.

Pastoral Leaders should:






-  Support the teachers and personal tutors in their intervention with CYPs
-  Manufacture opportunities for CYP to take on personal responsibilities which grow resilience and self-esteem
-  Manufacture leadership opportunities for CYP
-  Ensure assembly opportunities
-  QA the role of the tutor ensuring that the relationship is strong and nurturing and reflective of the whole school ethos, allowing CYP to feel a sense of “belonging”.

SENCo should:

-  Be informed, advise and moderate (sign off on) appropriate referrals to internal and external specialists as appropriate on the continuum by Pastoral Leads












-  Provide staff training (PD programme)
-  Ensure reasonable adjustments are in place where apt
-  Arrange baselines (SDQ, Attendance, Progress and Behaviours) where appropriate and QA MH impact log
-  Monitor and report on performance of affected CYP
-  Monitor Pastoral Team effectiveness and the wellbeing and mental Health of all colleagues involved via supervision meetings
-  Ensure partner agreements with COMPASS and Counselling Services are current
-  Maintain and review TQEA Wellbeing and Mental Health procedures guidance annually
-  Inform leadership and LAC of the state of Wellbeing and Mental Health at TQEA through LAC and CSI meetings
-  Liaise with DSL and Pastoral on y6 into 7 transition ACE information with agreed intervention.
-  Work in direct partnership with Assistant Principal (Attendance) for a united approach to ESBA and provide data to support WAS referrals.

Attendance Team should:

-  Work in direct partnership with Assistant Principal (SEND/Safeguarding) for a united approach to EBSA and provide data to support WAS cases
-  Liaise with the Pastoral Team and ELEVATE referrals paperwork
-  Assist the Pastoral Leaders in identifying early intervention cases
-  Conduct meetings with parents and students with EBSA to draw up action plans, decide on part time timetables (following CME guidance), preparation of EBSA risk assessments and to sign off on agreed reintegration plans
-  Monitor time-frames impact

Level 2: Support Within School with Common Wellbeing and mental Health issues

Referrals may come from several sources:

-  Attendance data
-  Behaviour data
-  Information from previous setting
-  Attendance Officer
-  Exams office
-  CYP concern (regarding themselves or a peer)
-  Parent concern
-  Public concern
-  Agency concern
-  Teacher/tutor concern
-  Support staff concern

Referrals are triaged by SSM/Pastoral team, SENDCo and DSLs. If appropriate the student will be referred to Level 2 or in a minority of more severe cases escalated directly to Level 3 with a direct referral to outside agencies.

Level 2

- Key Worker/Mentor identified within the academy
- Action Plan created with the CYP and parent with crisis plan if necessary
- Potential for Risk Assessment with both CYP and parent involved
- Six-week intervention
- Baselined using hard data i.e. attendance, behaviour incidents, achievement points. SDQ and soft data, (CYP rating of wellbeing 1-10, parent rating of wellbeing 1-10)
- Examples of interventions: nurture group, COGs (Y7), 1:1 mentoring sessions with key worker/mentor, TQEA counselling service (SE)
- Focus on CYP and parent to develop skilled use of strategies to manage own wellbeing and mental health
- Monitored fortnightly, reviewed after six weeks
- OUTCOME: reviewed against baseline data
- PROCEDURE: CYP returns to Level 1 or CYP has another cycle at Level 2 or CYP moves to Level 3 with a referral made to an outside agency
- Interventions are reviewed

Level 3: Community Mental Health Services Involvement

At this level, the academy will work with outside agencies to provide interventions that complement and support their work with the CYP. Outside agencies may include:

-  COMPASS
-  Early Help
-  Sycamore
-  Dear Life
-  The Laura Centre
-  Guy's Gift

Level 3

- Key worker/Mentor identified within the academy
- Key worker identified within the outside agency
- Action plan created with the outside agency, CYP and parent including safety plan
- Six-week intervention
- Baselined using hard data i.e. attendance, behaviour incidents, achievement points. SDQ and soft data, (CYP rating of wellbeing 1-10, parent rating of wellbeing 1-10)
- Interventions led by advice from the outside agency, but may include some of the provision from Level 2
- Monitored fortnightly, reviewed after six weeks
- OUTCOME: Reviewed against baseline data and with advice from the outside agency
- Three possible responses: CYP is returned to Level 2 or has another cycle at Level 3 or is moved to Specialist Community Health Involvement at Level 4

Level 4: Specialist Community Health Support Involvement

At this level the academy will support both the outside agencies in their referral to Specialist Community Health support (CAMHs [RISE] who will do an initial assessment and refer onto specialists within their department), the CYP and the parents.

TQEA staff will continue to monitor and retain a key worker/mentor in school to be supportive of the CYP whilst engaging with Level 4 intervention and made agreed adjustments, as necessary.

Outcome will be to follow advice given by specialists leading eventually to a reintroduction at Level 2

Level 5: Inpatient Treatment

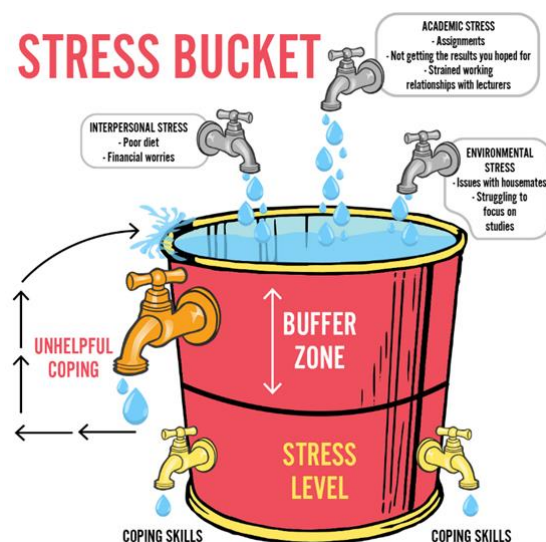
This level will most commonly be arrived at through an escalated process directed by Mental Health specialists or more rarely as a direct response to crisis situations via parents or a 999 call via the academy.

The role of the academy is to support the CYP by liaising with medical professionals regarding education and de-escalation procedures as advised by specialists with the aim to re-enter mainstream education with appropriate adjustment and support mechanisms.

Staff Wellbeing and Mental Health

At TQEA we recognise that the wellbeing and mental health of staff is a key priority.

The risk factors and protective factors are a useful way of analysing and responding to our own stress levels. The stress bucket which counts as one of our possible CYP interventions is a visual way of representing the stresses we face in our own lives; work and personal, and to identify ways in which to protect ourselves.



Part of our protective factors may be to speak with your line manager to seek support with risk factors at work. It is important to make them aware of your situation to enable them to support you.

If you feel unable to speak to your line manager you may speak to a member of SLT, or the staff wellbeing ambassador (CS).

There is a wellbeing helpline to support staff in all ATT Academies.

<http://www.employeeecare.com/educare>

Key Staff:

Shiv Ressel	s.ressel@tqea.org.uk	Assistant principal	Safeguarding/SENDCo
Beth Gibson	b.gibson@tqea.org.uk	Assistant Principal	Attendance/PP
Alison Morris	a.morris@tqea.org.uk	Assistant Principal	Behaviour/Pastoral
Angela Parsons	a.parsons@tqea.org.uk	DDSL	CPOMs/Pastoral Y10
Sally-Ann Ellis	s.ellis@tqea.org.uk	School Counsellor	
Joshua Saye	j.saye@tqea.org.uk	Pastoral Leader	Y11
Jordan Cope	j.cope@tqea.org.uk	Pastoral Leader	Y9/Transition
Donna Bott	d.bott@tqea.org.uk	Pastoral Leader	Y8
Rachel Pratt	r.pratt@tqea.org.uk	Pastoral Leader	Y7

Signposts:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/993669/Mental_Health_Resources_for_teachers_and_teaching_staff_June_2021.pdf

<https://educationhub.blog.gov.uk/2021/09/03/mental-health-resources-for-children-parents-carers-and-school-staff/>

<https://www.warwickshire.gov.uk/mentalhealth>