

HINDLE'S SCHOOL OF EXCELLENCE LTD

MENTAL HEALTH AND WELLBEING POLICY

Safeguarding, early help and inclusive practice

Policy owner	Miss Joanne C. Hindle, Director / Lead DSL
Additional / Deputy DSLs	Julie Helm, Jade McFarlane and Aman Javed
Approved by	Miss Joanne C. Hindle, Director
Effective date	1 September 2026
Next review	1 September 2027, or earlier if required
Applies to	Learners, staff, tutors, contractors and volunteers

Policy status

This policy should be read alongside the Child Protection and Safeguarding Policy, SEND Policy, Behaviour Policy, Attendance Policy, Equality Policy, Staff Code of Conduct, Health and Safety Policy, Data Protection Policy and Emergency Procedures.

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1. Policy statement

Hindle's School of Excellence Ltd is committed to creating a safe, calm, inclusive and trauma-aware environment in which mental health and emotional wellbeing are promoted, concerns are recognised early and learners and staff are treated with dignity.

Mental health is integral to learning, participation, relationships, attendance and safeguarding. A mental health concern may be a response to stress, adversity, neurodivergence, unmet special educational needs or disability (SEND), abuse, neglect, exploitation, bereavement, family circumstances, physical illness or other factors. Staff must remain curious and must not make assumptions.

Safeguarding principle

Mental health difficulties may be an indicator that a child has suffered, or is at risk of suffering, abuse, neglect or exploitation. Staff must follow safeguarding procedures and speak to the DSL whenever this may be the case.

Hindle's is an education and alternative provision provider, not a clinical mental health service. Staff support, listen, record, safeguard, make reasonable adjustments and refer appropriately; they do not diagnose or provide treatment unless professionally qualified and specifically authorised to do so.

2. Purpose and principles

This policy establishes a consistent framework to:

- promote positive mental health, belonging, resilience and help-seeking;
- identify changes in presentation, behaviour, attendance or engagement that may indicate unmet need;
- respond safely and proportionately to disclosures, self-harm, suicidal thoughts and other crises;
- provide person-centred, SEND-informed and trauma-aware support without lowering safeguarding expectations;
- clarify referral, recording, information-sharing and escalation arrangements;
- support staff wellbeing and psychologically safe working practices; and
- ensure that learner and parent/carers views inform planning wherever it is safe and appropriate.

Practice will be guided by the child's best interests, voice and lived experience; professional curiosity; least intrusive effective support; timely action; respectful partnership with families; and the principle that safeguarding is everyone's responsibility.

3. Scope

This policy applies to all learners, including children, young people and adult learners where relevant; all employees, tutors, agency staff, contractors, trainees and volunteers; directors and managers; and parents/carers when working in partnership with Hindle's.

It applies during on-site, home-based and online provision; educational visits; transport or transitions arranged by Hindle's; and any activity where a concern becomes known to a member of staff. Safeguarding procedures for children apply to anyone under 18.

4. Legal and guidance framework

This policy has regard, where applicable to the setting and learner, to:

- Children Act 1989 and Children Act 2004;
- Education Act 2002, including sections 157 and 175 as applicable;
- Children and Families Act 2014 and the SEND Code of Practice: 0 to 25 years (2015);
- Equality Act 2010, including the duty to make reasonable adjustments;
- Human Rights Act 1998;
- Data Protection Act 2018 and UK GDPR;
- Health and Safety at Work etc. Act 1974 and Management of Health and Safety at Work Regulations 1999;
- Keeping Children Safe in Education 2026 (DfE);
- Working Together to Safeguard Children 2026 (HM Government);
- Mental Health and Behaviour in Schools (DfE, 2018); and
- relevant local safeguarding partnership, local authority and NHS referral arrangements.

Where statutory guidance is not directly applicable to a particular element of Hindle's provision, it is adopted as good safeguarding practice so far as appropriate. Any conflict with legislation or current statutory guidance will be resolved in favour of the legal or statutory requirement.

5. Definitions and safeguarding context

Mental health describes emotional, psychological and social wellbeing. Difficulties can be temporary, recurring or long-term and may or may not amount to a disability under the Equality Act 2010.

Wellbeing means feeling safe, valued and able to participate, develop relationships, manage ordinary pressures and access help. Distress is not itself a diagnosis. Behaviour is a form of communication but does not excuse harm to self or others.

A safeguarding concern exists where there is reasonable cause to suspect abuse, neglect or exploitation; significant harm; a risk of self-harm or suicide; risk posed by another person; or another threat to a child's safety or welfare.

6. Roles and responsibilities

6.1 Director and management

- Approve, resource, implement and review this policy and connected procedures.
- Maintain a trained Lead DSL and adequate deputy/additional DSL cover.
- Ensure safer recruitment, induction, supervision, appropriate staffing and access to training.

- Promote a culture in which concerns can be raised, challenged and learned from.
- Ensure workplace stress and foreseeable wellbeing risks are assessed and managed.
- Maintain appropriate links with commissioners, schools, local authorities, safeguarding partners and health services.

6.2 Lead DSL and deputy/additional DSLs

- Provide safeguarding oversight, advice and timely decisions about risk, referrals and information sharing.
- Review concerns recorded on CPOMS and ensure actions, outcomes and rationale are documented.
- Coordinate with parents/carers unless this could increase risk or prejudice a safeguarding response.
- Liaise with children's social care, police, NHS services, the learner's school, commissioner and other agencies as appropriate.
- Ensure safety and support plans are reviewed and do not replace required clinical or statutory intervention.
- Monitor patterns across attendance, behaviour, bullying, online activity, SEND and safeguarding records.

6.3 All staff, tutors, trainees and volunteers

- Create predictable, respectful and inclusive learning environments.
- Notice, listen, reassure, take concerns seriously and report promptly.
- Never promise secrecy, investigate, diagnose or attempt therapy outside their role.
- Record facts, the learner's own words, observations and actions promptly on CPOMS.
- Follow individual plans, risk assessments, professional advice and reasonable adjustments.
- Seek immediate DSL or emergency assistance when risk is urgent.

6.4 Learners

- Treat others with respect and avoid behaviour that causes harm or intimidation.
- Use agreed routes to ask for help for themselves or another person.
- Contribute to support and safety planning at a level appropriate to age and understanding.
- Tell a trusted adult when a plan is not helping or risk has increased.

6.5 Parents and carers

- Share relevant diagnoses, risk information, changes, medication arrangements and professional advice.
- Work with Hindle's and involved agencies on support, attendance and safety planning.
- Seek clinical advice where recommended and tell Hindle's about material changes.
- Provide emergency contact details and respond promptly where welfare is at risk.

7. Whole-setting approach

Hindle's will promote mental health and wellbeing through:

- warm, consistent relationships with trusted adults and clear boundaries;

- small-group or one-to-one learning where commissioned or assessed as appropriate;
- predictable routines, visual or written plans and preparation for change;
- movement, sensory and regulation breaks based on need rather than as a reward;
- strengths- and interest-based teaching, achievable steps and specific feedback;
- anti-bullying, equality, online-safety and respectful-relationship education;
- learner voice, choice and co-production within safe boundaries;
- calm spaces and de-escalation strategies that preserve dignity;
- appropriate transitions into, within and beyond the provision; and
- regular review of attendance, engagement, progress, wellbeing and safeguarding information.

Universal wellbeing activity is not a substitute for specialist assessment, treatment, safeguarding action or reasonable adjustments.

8. Identifying possible need

Staff should consider changes from the learner's usual presentation and patterns over time.

Possible indicators include:

- persistent sadness, tearfulness, hopelessness, irritability, fear or panic;
- withdrawal, loss of interest, isolation or marked changes in relationships;
- changes in sleep, appetite, hygiene, energy, concentration or attainment;
- frequent physical complaints without a clear explanation;
- increased absence, lateness, avoidance, shutdown, dysregulation or school refusal;
- self-injury, talk or writing about death, giving away possessions or saying others would be better off without them;
- substance use, unsafe sexual behaviour, exploitation, missing episodes or risk-taking;
- perfectionism, eating difficulties, compulsions or distress around body image;
- unexplained injuries or a marked change following online activity, bullying, loss or trauma; or
- a deterioration in an existing condition or prescribed support no longer appearing effective.

No single sign proves a mental health or safeguarding concern. Staff should record what they see and hear, consider context, consult the DSL and avoid labelling the learner.

9. Learner support and reasonable adjustments

Support will be individual, proportionate, reviewed and agreed with the learner and parent/carers where appropriate. It may include:

- a named trusted adult and planned check-ins;
- a personalised timetable, gradual transition or carefully reviewed reintegration plan;
- reduced task volume without removing the intended learning objective;
- chunked instructions, visual supports, additional processing time or alternative ways to demonstrate learning;
- quiet workspace, sensory aids, movement breaks and access to water;

- co-regulation, grounding or breathing strategies that the learner finds acceptable;
- a time-limited exit card or agreed safe space with supervision arrangements;
- support for peer interaction, communication and restorative repair;
- coordination with the EHCP, SEN support plan, individual learning plan, health plan or clinical advice; and
- a written safety plan where risk has been identified.

Adjustments will not be used to conceal unmet need, delay referral or create an unsafe reduced timetable. Any reduced attendance arrangement must have a clear purpose, review date, education offer, safeguarding oversight and reintegration or progression aim.

10. Responding to a disclosure

1. Listen calmly and give the learner time. Use open prompts such as 'Tell me what has happened' rather than leading questions.
2. Acknowledge the disclosure and explain that information may need to be shared with people who can help keep them safe.
3. Check immediate safety. If self-harm or suicide is mentioned, ask clear, direct questions about current thoughts, plans, means, actions already taken and immediate access to danger.
4. Do not investigate, challenge alleged perpetrators, ask the learner to repeat the account unnecessarily or make promises about outcomes.
5. Report immediately to the DSL or available deputy/additional DSL. If no DSL is available and risk is immediate, contact emergency or statutory services directly and inform the DSL as soon as possible.
6. Record promptly on CPOMS: date, time, context, exact words where possible, observations, questions asked, actions, people contacted, advice received and the decision rationale.
7. Continue appropriate support and follow-up; do not assume that making a referral ends Hindle's responsibility.

11. Self-harm, suicidal thoughts and crisis response

Immediate danger

Call 999 where there is an immediate threat to life, a serious injury, an overdose or suspected poisoning, loss of consciousness, inability to maintain immediate safety, or another medical emergency. Provide first aid within competence and follow emergency procedures.

11.1 Immediate actions

- Stay with the learner or ensure continuous supervision by a suitable adult; do not leave them alone.
- Move other learners away and reduce stimulation while preserving privacy and dignity.

- Remove obvious means only where this can be done safely; do not place staff or others at risk.
- Notify the DSL immediately and follow the DSL's direction.
- Contact 999 or attend Accident and Emergency when emergency assessment or treatment is required.
- For urgent mental health support that is not immediately life-threatening, contact NHS 111 and select the mental health option, or use 111 online where appropriate.
- Inform parents/carers unless doing so may increase risk, place the child at further risk or interfere with safeguarding action. The DSL decides and records the rationale.
- Make any necessary children's social care or police referral; do not wait for parental consent where a child may be at risk of significant harm.

11.2 Communication

Staff will be calm, non-judgemental and direct. Asking about suicide does not create the idea; it helps establish safety. Staff should not minimise, express shock, impose guilt, demand promises, agree to keep secrets or describe methods.

11.3 After the immediate response

- Complete a factual CPOMS record and incident/first-aid record where applicable.
- Agree who will maintain contact and what the learner needs before leaving the setting.
- Confirm safe handover to a parent/carer, emergency service or professional; a learner at identified acute risk must not be sent home or allowed to leave alone.
- Review the risk assessment, safety plan, timetable and environmental controls.
- Share information with the commissioning school or authority and involved professionals on a lawful need-to-know basis.
- Offer debrief and support to affected staff and learners without breaching confidentiality.
- Arrange a documented review following return and escalate again if risk persists or increases.

11.4 Suicide or suspected suicide

In the event of a death or suspected suicide, Hindle's will follow police, coroner, local authority and safeguarding-partnership direction; protect the family's privacy; avoid speculation or romanticising the death; coordinate communications; identify vulnerable learners and staff; and seek specialist postvention advice.

12. Referral and multi-agency working

The DSL will determine the appropriate route based on urgency, age, consent, safeguarding risk and local arrangements. Routes may include the learner's GP, NHS 111 mental health option, CAMHS or adult mental health services, school nursing, early help, SEND services, children's social care, police, emergency services, the commissioning school or local authority and relevant voluntary organisations.

Where consent is appropriate, it should be informed and recorded. Consent is not required to share information when there is a lawful safeguarding basis, immediate risk, risk of significant

harm, a statutory requirement or another overriding public interest. The reason for sharing or not sharing must be recorded.

If a referral is declined but concern remains, the DSL will seek reasons, consider escalation or another pathway, continue monitoring and re-refer if new information or increased risk emerges.

13. Confidentiality, information sharing and records

- Learners will be told that staff cannot promise absolute confidentiality.
- Information will be shared only with those who need it for safeguarding, support, legal compliance or safe service delivery.
- Decisions will follow the principles of necessity, proportionality, relevance, accuracy, timeliness and security.
- Mental health and safeguarding records will be factual, respectful, dated and stored securely on CPOMS or an approved secure system.
- Opinion will be clearly distinguished from fact; diagnoses will only be recorded as confirmed when supported by appropriate information.
- Records will include actions, decisions, advice, outcomes, review dates and the rationale for sharing or withholding information.
- Access, retention, transfer and deletion will follow the Data Protection Policy and safeguarding record-retention requirements.

A request to see records will be handled under data-protection procedures. Information may be withheld or redacted where a lawful exemption applies, including where disclosure could cause harm or reveal another person's information.

14. Attendance and emotionally based avoidance

Mental health may affect attendance, but absence can also increase isolation and anxiety. Hindle's will use supportive, coordinated and evidence-informed planning rather than punitive assumptions.

- Meet with the learner and parent/carer to understand barriers and strengths.
- Coordinate with the school, commissioner, SENCO, DSL and health professionals as appropriate.
- Agree small, measurable steps, predictable routines, a trusted adult and review points.
- Record the education available, attendance, welfare contact and response to adjustments.
- Avoid indefinite part-time arrangements; keep any temporary reduction under frequent review.
- Escalate safeguarding concerns where the learner cannot be seen, contact is lost, risk increases or education becomes unsuitable.

15. Bullying, discrimination and online harms

Bullying, harassment, discrimination, sexual harassment, child-on-child abuse and online harm can cause or worsen mental ill-health and will be addressed under the relevant

safeguarding, behaviour, anti-bullying and online-safety procedures. Mental health or SEND must never be used to excuse harmful behaviour, but responses should consider need, vulnerability, reasonable adjustment, safety and repair.

16. Medication and physical health

Hindle's will follow its Supporting Learners with Medical Conditions and medication procedures. Staff will not advise a learner to start, stop or alter medication. Concerns about effects, missed doses, side effects or access to medication will be shared promptly with the parent/carer and appropriate health professional, subject to safeguarding considerations.

Physical symptoms, injury, overdose, eating difficulties or other medical concerns require appropriate medical assessment. Mental health must not be assumed to explain a physical health presentation.

17. Staff mental health and wellbeing

Hindle's recognises its duties to manage foreseeable risks to staff health, including work-related stress. Management will promote reasonable workloads, clarity of role, access to supervision or debrief following difficult incidents, respectful communication, breaks, support with adjustments and routes to raise concerns without stigma.

Staff should tell their manager when health is affecting safe practice and seek support from a GP, occupational health or another appropriate service. Health information will be treated confidentially and shared only where necessary. Immediate safety or safeguarding concerns must still be reported.

This policy does not create an expectation that staff provide clinical care or remain available outside agreed working arrangements.

18. Training and supervision

- All staff will read KCSIE 2026 Part One in full and complete safeguarding induction and updates.
- Role-appropriate learning will cover common indicators, SEND and trauma-aware practice, disclosures, self-harm and suicide response, information sharing, online harms, boundaries and referral routes.
- DSLs will maintain advanced safeguarding training and knowledge of local pathways.
- Scenarios, case reflection and lessons from incidents will be used to strengthen practice.
- Training does not qualify staff to diagnose or deliver therapy.

19. Equality and accessibility

Hindle's will not discriminate because of disability, race, sex, gender reassignment, religion or belief, sexual orientation, pregnancy or maternity, marriage or civil partnership, or age where protected by law. The setting will consider how identity, culture, poverty, care experience,

neurodivergence, communication needs, trauma and other factors may affect mental health and access to support.

Information and participation will be made accessible through suitable language, communication methods and reasonable adjustments. The learner's preferences will be respected unless this would prevent necessary safeguarding action.

20. Monitoring, complaints and review

Management and the DSL will review implementation through safeguarding records, referrals, attendance and engagement patterns, incidents, complaints, learner and parent/carers feedback, staff feedback, training records and the effectiveness of support plans. Information will be used proportionately and anonymised where possible.

Concerns about application of this policy may be raised under the Complaints Policy. Safeguarding concerns must not be delayed while a complaint is considered.

This policy will be reviewed at least annually and sooner following changes in law, statutory or local guidance; a serious incident; identified learning; changes to provision; or feedback showing that revision is needed.

Appendix A: Mental health and safeguarding response pathway

Level	Examples	Required response
Routine / emerging	Change in mood, mild anxiety, reduced engagement; no immediate safety concern.	Listen; agree proportionate support; record significant information; inform the DSL if safeguarding may be involved; monitor and review.
Concerning / urgent	Self-harm disclosed; suicidal thoughts without immediate act; escalating distress; significant deterioration; unable to maintain ordinary safety.	Stay with the learner as needed; notify DSL immediately; assess current safety through direct questions; contact parent/carer where safe; seek NHS 111 mental health or clinical advice; consider referral; record on CPOMS.
Emergency	Attempt in progress; serious injury; overdose or poisoning; active plan with immediate means and intent; violence or immediate threat to life.	Call 999; provide first aid within competence; continuous supervision; remove means only if safe; DSL and safeguarding referral; safe handover; full recording and follow-up.

Appendix B: Support and crisis contacts

Emergency

Call 999 for immediate danger to life, serious injury, overdose or poisoning, or where immediate safety cannot be maintained.

Service	Contact / purpose
NHS urgent mental health support	Call 111 and select the mental health option; 111 online may also be used where appropriate. Available for urgent support that is not immediately life-threatening.
Samaritans	Call 116 123, free, 24 hours a day.
Childline	Call 0800 1111 for free confidential support for children and young people.
NSPCC Helpline	Call 0808 800 5000 for adults concerned about a child.
YoungMinds Parents Helpline	Call 0808 802 5544 or use the YoungMinds website for current opening times and support routes.
PAPYRUS HOPELINE247	For young people experiencing thoughts of suicide, or anyone concerned about a young person: call 0300 102 2470 or text HOPE to 88247.
Shout	Text SHOUT to 85258 for free, confidential, 24/7 text support in the UK.

Service	Contact / purpose
Mind	Call 0300 123 3393 or use mind.org.uk for mental health information and signposting.
Local services	Use the learner's GP, local CAMHS/adult mental health pathway, children's social care, early help or local safeguarding partnership arrangements appropriate to the learner's home authority.

Contact details and opening hours can change. Staff must use official service websites or agreed local pathways to verify details when support is needed.

Appendix C: Document control and approval

Document title	Mental Health and Wellbeing Policy
Version	2026/27 - Version 1.0
Policy owner	Miss Joanne C. Hindle, Director / Lead DSL
Additional / Deputy DSLs	Julie Helm, Jade McFarlane and Aman Javed
Approved by	Miss Joanne C. Hindle, Director
Effective date	1 September 2026
Next review date	1 September 2027
Earlier review triggers	Changes to legislation, statutory/local guidance, provision or safeguarding practice; a serious incident; or identified learning.

Signed	
Name / role	Miss Joanne C. Hindle, Director
Date	