NAS Wellbeing and Mental Health Support in Schools SO-0353

Date of issue	19th May 2021
Date reviewed	10 October 2023
Date of next review	October 2024
Version number	V1.4
Policy Lead (s)	Education Directorate | Clinical Lead (s)
Distribution	Education and Children's services
Date ratified by board	21st June 2021

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Contents:

1. Purpose of this document
2. Scope
3. Approach
4. Objectives
5. Operational delivery
6. Roles and responsibilities
7. Evaluation of policy
8. Complaints & Whistleblowing
9. The legal framework
10. Related policies
11. Definitions

1. Purpose of this document

To outline the NAS Education Directorate's policy for NAS independent schools' approach to Wellbeing and Mental Health.

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1. To state the National Autistic Society's ethos and philosophy towards the promotion, and maintenance of positive wellbeing including mental and physical health within the relevant legal and regulatory framework.

2. To give guidance to staff to be able to identify, report and provide relevant support in the promotion, and maintenance of wellbeing and positive mental health.

3. To ensure staff understand and prioritise the rights and dignity of autistic children and young people who access the National Autistic Society Schools, even when behaving in a physically challenging way, must always be borne in mind.

4. To support autistic pupils to keep themselves and others physically and mentally, emotionally healthy and safe as part of the PSHCE/Social curriculum offered in each of our schools and to enable them to develop the skills, knowledge, understanding, language and confidence to seek help, as needed for themselves and others.

This policy aims to ensure a common understanding across the National Autistic Society (NAS) independent schools regarding the reasons autistic people respond in the ways that they do to the demands and stresses in life, considering the impact of autism alongside an individual's own life events and experiences. The policy ensures that all aspects of wellbeing and positive mental health is underpinned within the NAS Quality of Life framework – where applicable.

2. Scope

This policy applies to all schools and children's services within National Autistic Society. This policy should be read in conjunction with other NAS policies including Positive Behaviour Support in Schools and Services SO-0029, Safeguarding Children Policy SO-0189, and Anti-Bullying in Schools and Children and Young People SO-0193.

3. Approach

The QoL framework has been developed to provide high-quality education whilst affording dignity, respect, kindness and compassion, in all aspects of our provisions, including the consideration of positive mental health and wellbeing. All autistic pupils and students will be supported with:

- Dignity and compassion
- Feeling valued and respected
- Achieving the QoL they wish and aspire to
- Feeling supported and empowered
- Being listened to

In addition to promoting positive mental health, we aim to recognise and respond to mental ill health. By developing and implementing practical, relevant, supportive and effective mental health policies and procedures promoting a safe, stable and thriving environment for pupils and students who might be affected, both directly and indirectly, by mental ill health.

4. Objectives

What is Mental Health

Mental health, defined by the World Health Organization, is "*a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community*" (WHO, 2004).

The concept that mental health is not merely the absence of mental illness has been largely endorsed, as well as the notion of mental health as a dynamic state, a continuum, of internal equilibrium which enables individuals to use their abilities in harmony with universal values of society. Basic cognitive and social skills, ability to recognize, express and modulate and regulate one's own emotions, as well as empathize with others; flexibility and ability to cope with adverse life events and function in social roles; and harmonious relationships between body and mind represent important components of positive mental health which contribute, to varying degrees, to the state of internal equilibrium.

Autism and Mental Health

Autistic pupils and students are at much higher risk of developing a mental health problem than the general population. 70% children and young people with autism will have a mental health concern at some point in their life and 40% will have two or more.

Teaching and Learning about Positive Mental Health & Wellbeing

Pupils and students, we support will have, where appropriate, an Individual Support Plan which includes a behaviour support element (PBS/ISP/BSP) to assist in the support of their anxiety, distress and dysregulated arousal levels. We use the term 'support' as we recognise most behaviour results from unmet needs and differences, and therefore, we focus on how we must provide support to meet those needs, not solely on the behaviour causing concerns. The intention and aim are for people to be increasingly more independent in the management of their own behaviour, learning to self-regulate and develop their wellbeing.

The skills, knowledge and understanding needed by our pupils and students to keep themselves and others physically and mentally healthy and safe are included as part of the PSHCE Social curriculum offered in each of our schools. The content of lessons will be determined by individuals' specific needs with an emphasis on enabling pupils and students to develop the knowledge, understanding, language, coping and tolerance skills, and confidence to self-manage as well as being equipped to seek help, as needed, for themselves and/or others.

We will ensure that we teach positive mental health and emotional wellbeing in a safe and sensitive manner which empowers and supports pupils and students to thrive in their life-long learning.

5. Operational delivery

Wellbeing Teams and Early Response

Whilst all staff have a responsibility to promote the positive mental and physical health of pupils, there are dedicated teams in schools who have a specific remit in this area. The list below is not exclusive:

They are:

- Wellbeing Officers
- Mental Health 1st Aiders
- School Nurses | Family Liaison Officers – where in post

Any member of staff who is concerned about the mental health or wellbeing of a pupil should speak to the mental health lead in the first instance. If there is a fear that the pupil is in danger of immediate harm, then the normal child/adult protection procedures should be followed with an immediate referral to the Designated Safeguarding Lead (DSL) or Principal.

If the pupil presents a medical emergency, then the normal procedures for medical emergencies should be followed, including alerting the first aid staff and contacting the emergency services (as necessary). Where a referral to CAMHS is appropriate, this will be led and managed by the lead professional in the DSL/Senior Leadership Team / Transdisciplinary Team supporting the pupil.

Assessment | Formulation

The aim of the assessment process is to use evidence-based tools to gather information about the unmet needs, differences of everyone, and behaviours of concern and the context in which they occur including the person's abilities, needs (including their physical and mental health) and the characteristics of the social and physical environment which influence these concerns.

The depth of the assessment process will depend on individual needs and will be established within the school transdisciplinary teams.

Information gathered as part of the assessment should be brought together to create a shared understanding and formulation of the hypothesised factors influencing the experienced challenges. This should then be used to guide the development of person-centred strategies.

All comprehensive Individual positive support plans, which will include behaviour are more complex in nature, and may require clinical oversight. This can be gained via a transdisciplinary team referral or through individual clinical supervision. The purpose of clinical oversight is to ensure the plan is fit for purpose and ethically sound.

Recognising Warning signs:

All staff may become aware of warning signs which indicate pupils and students are experiencing mental ill health or emotional wellbeing challenges. These warning signs should always be taken seriously and staff observing any of these warning signs should communicate their concerns with the appropriate clinician or school lead for their setting. Possible warning signs include:

- Changes in eating or sleeping habits
- Physical signs of harm that are repeated or appear non-accidental
- New or increasing behaviours of distress
- Increased isolation from friends or family, becoming socially withdrawn
- Changes in activity and mood
- Talking or joking about self-harm or suicide

- Abusing drugs or alcohol
- Expressing persistent feelings of failure, uselessness or loss of hope
- Changes in clothing – e.g., long sleeves in warm weather
- Secretive behaviour
- Lateness to or unauthorised absence from school
- Repeated physical pain or nausea with no evident cause
- An increase in lateness or absenteeism
- Decreased school attendance / reluctance to attend specific lessons or engage with specific situations
- Unexplained reduced academic performance
- Frequent physical health complaints
- Reduced concentration
- Reduced engagement with / interest in previously enjoyed activities
- Mood swings
- Increased incidents of behaviour of concern / conflict
- Negative comments (e.g., negative statements about self / others)
- Communication of specific worries / anxieties
- Notable changes in behaviour (e.g., increased repetitive/restrictive behaviours).

In an emergency, staff can only fall back on their professional experience and judgement of the situation, their training, their common-sense, the 'best interest' principle and their over-riding duty of care to wherever possible prevent harm to a vulnerable person. Provided staff act reasonably, proportionately and sensibly, their actions will be supported.

Any such emergency action must be carefully recorded on an incident form / CPOMS.

What to do when you suspect a pupil is experiencing mental ill health

Schools will ensure that staff, pupils/students and parents are aware of sources of support within schools and colleges and in the wider local community. This includes access and referral to local Transdisciplinary Team and the NAS Clinical Leads Team. Schools will actively work in partnership with Social Care Services and Health, including CAMHS Teams, to ensure there is transdisciplinary working and contribute openly and transparently to cross multi-agency partnership.

Schools will display relevant sources of support in communal areas such as common rooms and toilets and will regularly weave and highlight sources of support for staff and pupils into relevant parts of the curriculum and when relevant and appropriate in schools' newsletters.

Whenever sources of support are highlighted, schools will increase the opportunities for their autistic pupil/students to help-seeking responses by ensuring pupils understand:

- What help is available
- Who it is aimed at
- How to access it
- Why to access it
- What is likely to happen next

6.Role and Responsibilities

Mental Health First Aiders

All schools should have an appropriate number of mental health first aid trained staff who can support pupils as well as colleagues. Mental Health First Aid training (MHFA) is a recognised course, certified by Mental Health First Aid England.

Working with Parents and Carers

All families will be signposted to a copy of the school's wellbeing and positive mental health policy prior to admission to the school on their respective websites. This helps pupils and students and their families to know how we work together to create a safe and positive living and learning environment.

We would always endeavour to work collaboratively with parents/carers and be sensitive in our approach.

It can be upsetting for parents/carers to learn of their child's/young person's issues, and many may respond with anger, fear or upset during the first conversation. We should be accepting of this and give the parent/carer time to reflect.

We would always signpost further sources of information and provide them with leaflets to take away where possible. Sharing sources of further support aimed specifically at parents/carers can also be helpful.

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Clear means of contacting the school and relevant professionals with further questions should be offered and staff should consider booking in a follow-up meeting / phone call right away as parents/carers often have many questions as they process the information. Any meeting arranged should end with agreed next steps and staff should always keep a brief record of the meeting on the child's/young person's confidential record.

Furthermore, to support parents/carers the school will endeavour to:

- Highlight reliable and informative sources of information and support about common mental ill health issues.
- Ensure that they are aware of who to talk to, and how to go about this if they have concerns about their own child/young person or a friend of their child/young person.
- Share schools' wellbeing and mental health policy in an easily accessible manner for parents/carers.
- Share ideas about how parents/carers can support wellbeing and positive mental health in their child/young person.
- Closely working with external multi-agencies to include CAMHS teams, social care and any other professionals involved in the circle of care of the pupil/student.

Trustees

The School Governing Group (SGG) has overall responsibility for:

- The monitoring and implementation of this Policy. This includes supporting and adapting for differences.

- Ensuring that this policy, as written, does not discriminate on any grounds, including, but not limited to, age, disability, gender reassignment, marriage and civil partnership, race, religion or belief, sex and sexual orientation.

- Promoting a whole-school culture where calm, dignity and structure encompass every space and activity.

- Handling complaints regarding this policy, as outlined in the school's Complaints policy

- Ratification and review of the policy on promoting overall wellbeing and positive Mental Health.

- Reviewing reports from the incidence of self-injurious behaviour and deliberate self-harm delegated to the CIMM.

Director of Education

- Monitoring of implementation of this policy;
- Ensuring the allocation of internal and external resources, including clinical and counselling resources, to address the needs of children/young people, and staff about the implications of more serious or prolonged consequences to mental ill health.

Principals & Service Managers Responsibilities

- Ensuring and supporting the implementation of this policy in their service.
- Ensuring that a comprehensive recording and reporting process is in place and is regularly reviewed.
- Ensuring that the systems in place in the service are used competently through regular monitoring and training of staff.
- Ensuring that support teams develop individual risk assessments (RAMP) and individual positive support plans which detail support strategies.
- Ensuring plans are shared with the individual, using the method of communication most appropriate to them, parents/advocates, purchasers and other interested agencies, recognising the importance of consent in terms of the fundamental issues of respect, dignity and mental capacity.
- Ensuring that individual support plans, and the behaviour element, are regularly reviewed and updated in the light of people's development and progress.
- Ensuring that staff have access to advice and support from specialists where necessary. This can be from within services, such as the transdisciplinary teams, and/or through using external consultants.
- Ensuring that parents and carers are kept regularly consulted on their dependent's response to his or her individual support plan and focussing on any behaviour element within that plan.

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- Any significant events are to be communicated promptly. Ensuring that training in the support of autistic people we support is provided for staff.
- Ensuring that those staff have access to the advice, training and development opportunities appropriate to their needs.
- Providing regular information to the Director of Education.

Responsibilities for all School Staff

- To treat all pupils and students who use our services fairly, with respect and understanding while having regard for their rights and responsibilities.
- To assist the pupils/students we support to support and improve all aspects of their everyday activities.
- To thoroughly familiarise themselves with the current person-centred support plans for the pupils/students they support and consistently apply the strategies described.
- To satisfy themselves that they are clear on what they may and may not do in terms of behaviour support, and to seek clarification as necessary.
- To record and report behavioural incidents as required by the systems, currently CPOMS, in the National Autistic Society service.
- To report any changes, they notice in the individual's response to their support plans and to the team supporting them.
- To use staff review, reflective practice and professional supervision sessions to confirm their understanding of this policy and to seek further explanation or personal development as necessary
- To take part in training in support positive mental and physical health.
- To support other staff in the team and demonstrate confidence in each other's skills and abilities to support pupils and students.
- To provide appropriate models of behaviour for pupils and students they support.
- Personal likes and dislikes and values regarding culture, age, sex, religion, must not influence staff's approaches.

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- To wear clothing to help protect them when working with individuals in crisis as specified on individual Risk Assessments (RAMP). This will be decided on a case-by-case basis, having regard to the dignity of the individual and the safety of the staff to make judgments considering this policy and to act within the school's procedures.

- However, as no policy or procedure can cover every eventuality, staff are expected to use their professional judgment and experience when supporting individuals. Staff will be supported when action in good faith follows from such judgments. The following judgments can reasonably be expected of staff:

    - Deciding on the best course of action to keep the people they are supporting, and staff, including themselves, safe.

    - When deciding on the need for action, however rapidly, considering the risk of immediate danger to persons or property.

    - Deciding on the appropriateness of intervention in keeping with the incident that gives rise to it.

    - Considering the age and competence of the individual in deciding on the degree of intervention necessary.

    - Whether to intervene in an incident even if the member of staff has not signalled, they need assistance.

- Senior staff are responsible for ensuring staff support systems are in place and are being used. This will include ensuring that post incident debriefing is offered to the staff involved.

- Debriefing will be offered on the day of the incident; the recipient can express a choice of who debriefs, and the information will be kept confidential.

- Senior staff have a responsibility to demonstrate trust and confidence in the staff's ability to manage the pupils/students they are supporting. If shortcomings in such management are identified, senior staff have a responsibility to address these through reflective practice, support and supervision and appraisals.

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7. Evaluation of Policy

Principals will monitor and evaluate the effectiveness of the NAS Wellbeing and Mental Health Support Policy in schools and are responsible for ensuring that it is provided in their schools.

1. Complaints & Whistleblowing

Complaints

Individuals using National Autistic Society services, their parents, friends or family have the right to offer comments and refer to the Complaints Procedure in the case of any disagreement in the management of behaviour. Please refer to the Complaints Resolution Policy & Procedure – Schools QS-0010/QS-0011 for further information.

Whistleblowing

Employees have a duty to voice any concerns over care practice. Please refer to the Policy on Whistleblowing (HR-0002) for further information. The National Autistic Society is committed to support staff who engage in whistle blowing in good faith. (See NSPCC whistleblowing poster SO-0189)

8. The legal framework

Legal Context References

The relevant statutory legislation in regarding to children and young people includes:

<u>England and Wales</u>

- The Children Act 1996, 2002, 2011
- The Education and Inspections Act 2006
- The Care Standards Act 2000 (with the associated regulations and national minimum standards),
- The Mental Capacity Act 2005,
- The Human Rights Act, 1998.

<u>Scotland</u>

- Children and Young People Scotland Act 2014

<u>Northern Ireland</u>

- Children's Services Cooperation Act (NI) 2015

- Children and Young People's Strategy - 2020-2030

9. Related policies

Linked policies:

- Keeping Children Safe in Education (2023)
- Children Online Protection (COP) 2020, Accessed at; https://www.itu.int/en/ITU-D/Cybersecurity/Pages/COP.aspx
- NAS PBS Policy SO-0029
- NAS Use of Restrictive Practices Policy (RPI) SO-0039
- NAS Supporting Behaviour in Schools Policy and Procedure SO-0030
- Safeguarding Children (Child Protection) Policy – SO-0189
- Suicide & Ligature Policy SO-0352
- Whistleblowing Policy HR-0002

10. Definitions

NAS - National Autistic Society
EQD – Education Quality Development
CH – Children's Home
SGG – Schools Governing Group
HOSI – Head of School Improvement
EDL – Education Development Lead
MD – Managing Director, NAS Education and Children's Services

11. References

- KCSiE 2023
- Use of Restrictive Practices Policy (RPI) SO-0039
- Whistleblowing Policy HR-0002
- Stress at Work policy HR-0024
- Anti-Bullying In schools and children and young people service policy SO-0193
- NICE Guidelines (NG93) (2018) Learning Disabilities and behaviour that challenges: service design and delivery. https://www.nice.org.uk/guidance/ng93
- NICE Guidelines (NG11) (2015) Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges. https://www.nice.org.uk/guidance/ng11

- https://www.autism.org.uk/advice-and-guidance/topics/mental-health/anxiety