

# Social, Emotional and Mental Health Policy

September 2021



## **'Love your neighbour as yourself'**

Parable of the Good Samaritan Luke 10:25-37

Our school policies are written with the objective of realising our vision:

**As we journey together, we learn to live as good neighbours, demonstrating love, compassion, dignity and respect to all in our communities.**

**Through this we aspire to become global citizens, courageous advocates and people of wisdom and integrity.**

**We look towards the parable of the Good Samaritan as our guide.**

A school where all **children** are **valued**, where they **feel safe**, are **happy** and **learn well**. We want our school to have a warm friendly atmosphere, which supports families, builds relationships and sets children up for a life of learning. We want our Christian values to guide our pupils along the right path and help them to achieve fulfilling and happy lives.

### **OUR SCHOOL VALUES**

Adderley and Moreton Say Church of England Primary Schools values:

**Respect □ Hopefulness □ Kindness □ Courage □ Integrity □ Curiosity**

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## Statement of Intent

The AddMore Federation are committed to supporting the mental health and wellbeing of its students, families, staff and governors and we pride ourselves on being an inclusive, nurturing and supportive school.

This policy outlines the framework for the AddMore Federation to meet its duty in providing and ensuring a high quality of education to all of its pupils, including pupils with social, emotional and mental health (SEMH) difficulties, and to do everything it can to meet the needs of pupils with SEMH difficulties.

Through the successful implementation of this policy, we aim to:

- Promote a positive outlook regarding pupils with SEMH difficulties.
- Eliminate prejudice towards pupils with SEMH difficulties.
- Promote equal opportunities for pupils with SEMH difficulties.
- Ensure all pupils with SEMH difficulties are identified and appropriately supported – minimising the risk of SEMH difficulties escalating into physical harm.

We will work with the LA with regards to the following:

- The involvement of pupils and their parents in decision-making
- The early identification of pupils' needs
- Collaboration between education, health and social care services to provide support when required
- Greater choice and control for pupils and their parents over their support

## Legal Framework

This policy pays due regard to all relevant legislation and statutory guidance including, but not limited to, the following:

Children and Families Act 2014

- Health and Social Care Act 2012
- Equality Act 2010
- Education Act 2002
- Mental Capacity Act 2005
- Children Act 1989

This policy has been created with regard to the following DfE guidance:

- DfE (2021) 'Keeping children safe in education'
- DfE (2018) 'Mental health and behaviour in schools'
- DfE (2016) 'Counselling in schools: a blueprint for the future'
- DfE (2015) 'Special educational needs and disabilities code of practice: 0 to 25'

This policy also has due regard to the school's policies including, but not limited to, the following:

- Child Protection and Safeguarding Policy

- SEND Policy
- Behavioural Policy
- Supporting Pupils with Medical Conditions Policy
- Staff Code of Conduct
- Administering Medication Policy
- Exclusion Policy

It is our duty to respond promptly and appropriately to all mental health concerns. We work in partnership with children, young people, their parents, carers and other agencies.

This policy is also based on the following legislation and guidance:

- Keeping children safe in education 2021
- Mental health and behaviour in schools 2018
- Counselling in schools; a blueprint for the future 2016
- Children and Families Act 2014
- Health and Social Care Act 2012
- Equality Act 2010
- Education Act 2002
- Mental Capacity Act 2005
- Children Act 1989

We recognise that Covid-19 restrictions have impacted greatly on the mental health and emotional wellbeing of many students, families, member of staff and governors and this policy outlines how the Addore Federation aims to meet these additional needs too.

### The Policy Scope

This policy outlines the framework for Addmore to meet its duty in providing and ensuring a high quality of education including our approach to promoting mental health and emotional wellbeing.

### The Policy Aims

- To promote positive mental health and emotional wellbeing in all staff and students.
- Increase understanding and awareness of common mental health issues.
- Enable staff to identify and respond to early warning signs of poor mental health in students and colleagues.
- Enable staff to understand how and when to access support when working with pupils with mental health issues.
- To provide the right support to students with mental health issues, and know where to signpost them and their families for specific support.
- Develop resilience amongst students and raise awareness of resilience building techniques.

### Common SEMH Difficulties

- **Anxiety:** Anxiety refers to feeling fearful or panicked, breathless, tense, fidgety, sick, irritable, tearful or having difficulty sleeping. Anxiety can significantly affect a pupil's ability to develop, learn and sustain and maintain friendships. Specialists reference the following diagnostic categories:
- Generalised anxiety disorder: This is a long-term condition which causes people to feel anxious about a wide range of situations and issues, rather than one specific event.

- **Panic disorder:** This is a condition in which people have recurring and regular panic attacks, often for no obvious reason.
- **Obsessive-compulsive disorder (OCD):** This is a mental health condition where a person has obsessive thoughts (unwanted, unpleasant thoughts, images or urges that repeatedly enter their mind, causing them anxiety) and compulsions (repetitive behaviour or mental acts that they feel they must carry out to try to prevent an obsession coming true).
- **Specific phobias:** This is the excessive fear of an object or a situation, to the extent that it causes an anxious response such as a panic attack (e.g. school phobia).
- **Separation anxiety disorder:** This disorder involves worrying about being away from home, or about being far away from parents, at a level that is much more severe than normal for a pupil's age.
- **Social phobia:** This is an intense fear of social or performance situations.
- **Agoraphobia:** This refers to a fear of being in situations where escape might be difficult or help would be unavailable if things go wrong.
- **Depression:** Depression refers to feeling excessively low or sad. Depression can significantly affect a pupil's ability to develop, learn or maintain and sustain friendships. Depression can often lead to other issues such as behavioural problems. Generally, a diagnosis of depression will refer to one of the following:
  - **Major depressive disorder (MDD):** A pupil with MDD will show several depressive symptoms to the extent that they impair work, social or personal functioning.
  - **Dysthymic disorder:** This is less severe than MDD and characterised by a pupil experiencing a daily depressed mood for at least two years.
- **Hyperkinetic disorders:** Hyperkinetic disorders refer to a pupil who is excessively easily distracted, impulsive or inattentive. If a pupil is diagnosed with a hyperkinetic disorder, it will be one of the following:
  - **Attention deficit hyperactivity disorder (ADHD):** This has three characteristic types of behaviour: inattention, hyperactivity and impulsivity. While some children show the signs of all three characteristics, which is called 'combined type ADHD', other children diagnosed show signs of only inattention, hyperactivity or impulsiveness.
  - **Hyperkinetic disorder:** This is a more restrictive diagnosis but is broadly similar to severe combined type ADHD, in that signs of inattention, hyperactivity and impulsiveness must all be present. The core symptoms must also have been present from before the age of seven, and must be evident in two or more settings, e.g. at school and home.
- **Attachment disorders:** Attachment disorders refer to the excessive distress experienced when a child is separated from a special person in their life, like a parent. Pupils suffering from attachment disorders can struggle to make secure attachments with peers. Researchers generally agree that there are four main factors that influence attachment disorders, these are:
  - Opportunity to establish a close relationship with a primary caregiver.
  - The quality of caregiving.
  - The child's characteristics.
  - Family context.

- **Eating disorders:** Eating disorders are serious mental illnesses which affect an individual's relationship with food. Eating disorders often emerge when worries about weight begin to dominate a person's life.
- **Substance misuse:** Substance misuse is the use of harmful substances, e.g. drugs and alcohol.
- **Deliberate self-harm:** Deliberate self-harm is a person intentionally inflicting physical pain upon themselves.
- **Post-traumatic stress:** Post-traumatic stress is recurring trauma due to experiencing or witnessing something deeply shocking or disturbing. If symptoms persist, a person can develop post-traumatic stress disorder.

### Key Staff Members

All staff in our setting are familiar with the importance of supporting mental health and emotional wellbeing and understand their role and responsibilities.  
Specific roles:

- Designated safeguarding Lead – Stephanie Henney – Deputy Designated Safeguarding Leads Vicky Baillie, Sarah McLoughlin and Kimberly Archer
- SENDCO – Kimberly Archer
- Mental health leads – Anna Clarke and Eleanor Rawsthorne
- PSHE/RSE coordinator – Eleanor Rawsthorne

### Roles and Responsibilities

The school's leadership as a whole is responsible for:

**Preventing mental health and wellbeing difficulties:** By creating a safe and calm environment, where mental health problems are less likely to occur, the leadership can improve the mental health and wellbeing of the school community and instil resilience in pupils. A preventative approach includes teaching pupils about mental wellbeing through the curriculum and reinforcing these messages in our activities and ethos.

**Identifying mental health and wellbeing difficulties:** By equipping staff with the knowledge required, early and accurate identification of emerging problems is enabled.

**Providing early support for pupils experiencing mental health and wellbeing difficulties:** By raising awareness and employing efficient referral processes, the school's leadership can help pupils access evidence-based early support and interventions.

**Accessing specialist support to assist pupils with mental health and wellbeing difficulties:** By working effectively with external agencies, the school can provide swift access or referrals to specialist support and treatment.

**Identifying and supporting pupils with SEND:** As part of this duty, the school's leadership considers how to use some of the SEND resources to provide support for pupils with mental health difficulties that amount to SEND.

**Identifying where wellbeing concerns represent safeguarding concerns:** Where mental health and wellbeing concerns could be an indicator of abuse, neglect or exploitation, the school will ensure that appropriate safeguarding referrals are made in line with the Child Protection and Safeguarding Policy.

**The governing board is responsible for:**

Fully engaging pupils with SEMH difficulties and their parents when drawing up policies that affect them.

Identifying, assessing and organising provision for all pupils with SEMH difficulties, whether or not they have an EHC plan.

Endeavouring to secure the special educational provision called for by a pupil's SEMH difficulties.

Designating an appropriate member of staff to be the SENCO and coordinating provisions for pupils with SEMH difficulties.

Taking all necessary steps to ensure that pupils with SEMH difficulties are not discriminated against, harassed or victimised.

Ensuring arrangements are in place to support pupils with SEMH difficulties.

Appointing an individual governor or sub-committee to oversee the school's arrangements for SEMH.

Ensuring there are clear systems and processes in place for identifying possible SEMH problems, including routes to escalate and clear referral and accountability systems.

**The Executive Head teacher is responsible for:**

Ensuring that those teaching or working with pupils with SEMH difficulties are aware of their needs and have arrangements in place to meet them.

Ensuring that teachers monitor and review pupils' academic and emotional progress during the course of the academic year.

Ensuring that the SENCO has sufficient time and resources to carry out their functions, in a similar way to other important strategic roles within the school.

On an annual basis, carefully reviewing the quality of teaching for pupils at risk of underachievement, as a core part of the school's performance management arrangements.

Ensuring that staff members understand the strategies used to identify and support pupils with SEMH difficulties.

Ensuring that procedures and policies for the day-to-day running of the school do not directly or indirectly discriminate against pupils with SEMH difficulties.

Establishing and maintaining a culture of high expectations and including pupils with SEMH difficulties in all opportunities that are available to other pupils.

Consulting health and social care professionals, pupils and parents to ensure the needs of pupils with SEMH difficulties are effectively supported.

Keeping parents and relevant staff up-to-date with any changes or concerns involving pupils with SEMH difficulties.

Ensuring staff members have a good understanding of the mental health support services that are available in their local area, both through the NHS and voluntary sector organisations.

**The mental health leads are responsible for:**

Overseeing the whole-school approach to mental health, including how this is reflected in policies, the curriculum and pastoral support, how staff are supported with their own mental health, and how the school engages pupils and parents with regards to pupils' mental health and awareness.

Collaborating with the SENCO, Executive Head teacher and governing board, as part of the SLT, to outline and strategically develop SEMH policies and provisions for the school.

Coordinating with the SENCO and mental health support teams to provide a high standard of care to pupils who have SEMH difficulties.

Advising on the deployment of the school's budget and other resources in order to effectively meet the needs of pupils with SEMH difficulties.

Being a key point of contact with external agencies, especially the mental health support services, the LA, LA support services and mental health support teams.

Providing professional guidance to colleagues about mental health and working closely with staff members, parents and other agencies, including SEMH charities.

Referring pupils with SEMH difficulties to external services, e.g. specialist children and young people's mental health services e.g. BEAM/ BeeU, to receive additional support where required.

Overseeing the outcomes of interventions on pupils' education and wellbeing.

Liaising with parents of pupils with SEMH difficulties, where appropriate.

Liaising with other schools, educational psychologists, health and social care professionals, and independent or voluntary bodies.

Liaising with the potential future providers of education, such as secondary school teachers, to ensure that pupils and their parents are informed about options and a smooth transition is planned.

Leading mental health CPD.

**The SENCO is responsible for:**

Collaborating with the governing board, Executive Head teacher and the mental health lead, as part of the SLT, to determine the strategic development of SEMH policies and provisions in the school.

Undertaking day-to-day responsibilities for the successful operation of the SEMH Policy.

Supporting the subject teachers in the further assessment of a pupil's particular strengths and areas for improvement, and advising on the effective implementation of support.

Teaching staff are responsible for:

Being aware of the signs of SEMH difficulties.

Planning and reviewing support for their pupils with SEMH difficulties in collaboration with parents, the SENCO and, where appropriate, the pupils themselves.

Setting high expectations for every pupil and aiming to teach them the full curriculum, whatever their prior attainment.

Planning lessons to address potential areas of difficulty to ensure that there are no barriers to every pupil achieving their full potential, and that every pupil with SEMH difficulties will be able to study the full national curriculum.

Being responsible and accountable for the progress and development of the pupils in their class.

Being aware of the needs, outcomes sought and support provided to any pupils with SEMH difficulties.

Keeping the relevant figures of authority up-to-date with any changes in behaviour, academic developments and causes of concern. The relevant figures of authority include: SENCO/ Executive Head teacher /subject leader.

The school works in collaboration with mental health support workers who are trained professionals who act as a bridge between schools and mental health agencies.



## Creating a supportive whole school Culture

Senior leaders will clearly communicate their vision for good mental health and wellbeing with the whole school community. The Federation utilises various strategies to support pupils who are experiencing high levels of psychological stress, or who are at risk of developing SEMH problems, including:

Teaching about mental health and wellbeing through curriculum subjects such as:

- PSHE
- RSE
- Counselling
- Positive classroom management
- Developing pupils' social skills
- Working with parents
- Peer support

The Federation's Behaviour Policy includes measures to prevent and tackle bullying, and contains an individualised, graduated response when behaviour may be the result of mental health needs or other vulnerabilities.

The SLT ensures that there are clear policies and processes in place to reduce stigma and make pupils feel comfortable enough to discuss mental health concerns.

Pupils know where to go for further information and support should they wish to talk about their mental health needs or concerns over a peer's or family member's mental Health.

The role that schools play in promoting the resilience of their pupils is particularly important for children with less supportive home lives, who may not have a trusted adult they can talk to. The AddMore Federation aims to be a safe and affirming place for children where they can develop a sense of belonging and feel able to trust and talk openly with adults about their problems.

Our school's approach to mental health and behaviour is part of a consistent whole school approach to mental health and wellbeing. This means we provide a structured school environment with clear expectations of behaviour, well communicated social norms and routines, which are reinforced with highly consistent consequence systems. This should be paired with an individualised graduated response when the behavioural issues might be a result of educational, mental health, other needs or vulnerabilities.

Early intervention to identify issues and provide effective support is crucial. The AddMore Federation role in supporting and promoting mental health and wellbeing can be summarised as:

- Prevention: creating a safe and calm environment where mental health problems are less likely, improving the mental health and wellbeing of the whole school population, and equipping pupils to be resilient so that they can manage the normal stress of life effectively. This will include teaching pupils about mental wellbeing through the curriculum and reinforcing this teaching through school activities and ethos;
- Identification: recognising emerging issues as early and accurately as possible;
- Early support: helping pupils to access evidence based early support and interventions; and
- Access to specialist support: working effectively with external agencies to provide swift access or referrals to specialist support and treatment

## Working with parents

We recognise the family plays a key role in influencing children and young people's emotional health and wellbeing, we will work in partnership with parent's and carers to promote emotional health and wellbeing by:

Highlighting sources of information and support about common mental health issues throughout communication channels, such as newsletters and website.

Offering support to help parents or carers develop their parenting skills.

Ensuring that parents/carers living in disadvantaged circumstances are given the support they need to participate fully in activities to promote social and emotional wellbeing. This may include liaising with family support agencies.

If it is deemed appropriate to inform parents of a child's mental health or well being issue, there are questions to consider first:

Can we meet with the parents/carers face to face?

Where should this meeting take place?

Who should be present?

What are the aims of the meeting and expected outcomes?

We are mindful that for a parent/carer, hearing about their child's issues can be upsetting and distressing. They may therefore respond in various ways which we should be prepared for and allow time for the parents to reflect and come to terms with the situation. Signposting parents to other sources of information and support can be helpful in these instances. At the end of the meeting, lines of communication should be kept open should parents have further questions or concerns. Booking a follow up meeting or phone call might be beneficial at this stage.

Ensure a record of the meeting, points discussed and outcomes is added to the student's record and Individual Care Plan created if appropriate.

## Signposting

We will ensure that staff, students, parents and governors are aware of the support and services available to them, and how to access these services. Within the school, through noticeboards, staff rooms and communal areas, and through our communication channels, such as newsletters and websites, we will share and display relevant information about local and national support services and events. To ensure that everyone understands;

What help is available

Who it is aimed at

How to access it

Why they should access it

What is likely to happen.

## Safeguarding and Managing Disclosures

All staff are aware that SEMH issues can, in some cases, be an indicator that a pupil has suffered or is at risk of suffering abuse, neglect or exploitation.

If a staff member has a SEMH concern about a pupil that is also a safeguarding concern, they take immediate action in line with the Child Protection and Safeguarding Policy.

If a student chooses to disclose concerns about themselves, or a friend, to any member of staff, the response will be calm, supportive and non-judgemental. All disclosures will be recorded confidentially on the pupil's personal file, using the agreed safeguarding concerns document (stored in Executive Head teachers Office at both schools) information will be passed on to safeguarding leads accordingly.

### Working with other agencies and Partners

We ensure the timely and effective identification of students who would benefit from targeted support and ensure appropriate referral to support services by following a graduated response:

- An assessment is undertaken by Anna Clarke or Eleanor Rawsthorne to establish a clear analysis of the pupil's needs
- A plan is set out to determine how the pupil will be supported
- Action is taken to provide that support
- Regular reviews are undertaken to assess the effectiveness of the provision, and changes are made as necessary.

In school interventions are structured in a way that addresses mental health and wellbeing issues through education and training programmes. These may include:

- Providing specific help to those children most at risk, or already showing the signs of, social, emotional and behavioural problems.

### Support

Small group sessions may take place and focus on developing cognitive skills and positive social behaviour.

This includes; Peer mentors and/ or Play-based approaches may be put in place to develop more positive relationships between pupils and friends.

Where specific classroom management techniques for supporting pupils are in place, these techniques may include, for example, using a differentiated reward system or changing seating arrangements.

When in-school intervention is not appropriate, referrals and commissioning support will take the place of in-school interventions. Relevant external services are utilised where appropriate, including but not limited to; School nurses, GP, Early Help, BEAM, WISH, MindEd, Rethink or ThinkTwice. The school will continue to support the pupil and family as much as possible throughout the process. Individual pupil-orientated interventions are less effective than ones that involve parents, and so parents are involved in interventions where appropriate. Parental training programmes may be combined with the pupil's intervention to promote problem-solving skills and positive social behaviours.

### Supporting Peers

When a student is suffering from mental health issues, it can be a difficult time for their friends who may want to support but do not know how. To keep peers safe, we will consider on a case by case basis which friends may need additional support. Support will be provided in one to one or group settings and will be guided by conversations by the student who is suffering and their parents with whom we will discuss:

- What it is helpful for friends to know and what they should not be told
- How friends can best support
- Things friends should avoid doing / saying which may inadvertently cause upset

- Warning signs that their friend needs help (e.g. signs of relapse)

Additionally, we will want to highlight with peers:

- Where and how to access support for themselves
- Safe sources of further information about their friend's condition
- Healthy ways of coping with the difficult emotions they may be feeling

### Teaching about Mental Health

The PSHE Association curriculum followed by the AddMore Federation provides students with the skills, knowledge and understanding needed to keep themselves and others mentally and physically safe. Children will cover topics on Health and Wellbeing, Relationships, and Living in the Wider World, including; managing feelings and emotions, coping with change, asking for help and how to take care of our mental health.

Through the curriculum, pupils are taught how to:

- Build self-esteem and a positive self-image.
- Foster the ability to self-reflect and problem-solve.
- Protect against self-criticism and social perfectionism.
- Foster self-reliance and the ability to act and think independently.
- Create opportunities for positive interaction with others.
- Get involved in school life and related decision-making.

### Training

All staff will receive regular training about recognising and responding to mental health issues as part of their regular child protection training to enable them to keep students safe. The leadership team promote continuous professional development to ensure that staff are aware of some common symptoms of mental health problems; what is and isn't a cause for concern; and what to do if they think they have spotted a developing problem. This will be done through staff meetings and PD day sessions.

Clear processes are in place to help staff who identify SEMH problems in pupils escalate issues through clear referral and accountability systems.

When the school suspects that a pupil is experiencing mental health difficulties, the following graduated response is employed:

- An assessment is undertaken to establish a clear analysis of the pupil's needs
- A plan is set out to determine how the pupil will be supported
- Action is taken to provide that support
- Regular reviews are undertaken to assess the effectiveness of the provision, and changes are made as necessary
- A strengths and difficulties questionnaire (SDQ) is utilised when a pupil is suspected of having SEMH difficulties. An SDQ can assist staff members in creating an overview of the pupil's mental health and making a judgement about whether the pupil is likely to be suffering from any SEMH difficulties.
- Staff members understand that persistent mental health difficulties can lead to a pupil developing SEND. If this occurs, the Executive Head teacher ensures that correct provisions are implemented to provide the best learning conditions for the

pupil, such as providing school counselling. Both the pupil and their parents are involved in any decision-making concerning what support the pupil needs.

- Where appropriate, the Executive Head teacher asks parents to give consent to their child's GP to share relevant information regarding SEMH with the school.
- Where possible, the school is aware of any support programmes GPs are offering to pupils who are diagnosed with SEMH difficulties, especially when these may impact the pupil's behaviour and attainment at school.
- Staff members discuss concerns regarding SEMH difficulties with the parents of pupils who have SEMH difficulties.

## SEND and SEMH

The school recognises it is well-placed to identify SEND at an early stage and works with partner agencies to address these needs. The school's full SEND identification and support procedures are available in the SEND Policy.

Where pupils have certain types of SEND, there is an increased likelihood of mental health problems. For example, children with autism or learning difficulties are significantly more likely to experience anxiety.

Early intervention to address the underlying causes of disruptive behaviour includes an assessment of whether appropriate support is in place to address the pupil's SEND.

The Executive Head teacher considers the use of a multi-agency assessment for pupils demonstrating persistently disruptive behaviour. These assessments are designed to identify unidentified SEND and mental health problems, and to discover whether there are housing or family problems that may be having an adverse effect on the pupil.

The school recognises that not all pupils with mental health difficulties have SEND.

The graduated response is used to determine the correct level of support to offer (this is used as good practice throughout the school, regardless of whether or not a pupil has SEND).

All staff understand their responsibilities to pupils with SEND, including pupils with persistent mental health difficulties.

The SENCO ensures that staff understand how the school identifies and meets pupils' needs, provides advice and support as needed, and liaises with external SEND professionals as necessary.

## Confidentiality

If a member of staff feels it necessary to pass on information about a pupil to someone within or outside the school, then this information will be first discussed with the pupil.

We will tell them:

Who we are going to tell

What we are going to tell them

Why we need to tell them

When we are going to tell them

Ideally, consent will be gained from the pupil first, however, there may be times when information must be shared, such as if a pupil in danger of harm.

It is important to also safeguard staff emotional wellbeing. By sharing disclosures with a colleague this ensures that one single member of staff isn't solely responsible for the student.

This also ensures a continuity of care should a staff absence occur and provides opportunities for ideas and support.

Parents must always be informed, but students may wish to tell parents/carers themselves. If this is the case, a timescale of 24 hours is recommended to share this information before the school makes contact with parents/carers. However, if it is felt that the child is at immediate risk of danger the school will contact parents/carers immediately.

If a pupil gives us reason to believe that there is a child protection issue, child protection procedures should be followed.

### Policy Review

This policy will be reviewed every two years as a minimum.

The next review date is September 2023

In between updates, the policy will be updated when necessary to reflect local and national changes. This is the responsibility of Anna Clarke and Eleanor Rawsthorne (Mental Health leads). Any personnel changes will be implemented immediately.