

IMPACT ALTERNATIVE LEARNING

PUPIL MENTAL HEALTH & WELLBEING POLICY

Policy Owner: Kate Willis (Principal and Designated Safeguarding Lead)

Deputy DSL: Kirsty Lampkin

Provision Address: 212 Stamford Street Central, Ashton-under-Lyne, OL6 7LP

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1. INTRODUCTION

This policy sets out how Impact Alternative Learning promotes positive mental health, identifies emerging concerns, and responds where pupils require additional support or safeguarding intervention. The policy reflects the reality of our setting: many pupils arrive with disrupted education, adverse childhood experiences, unmet SEND needs, anxiety, trauma, dysregulation, and low confidence in adults or systems. Mental health and wellbeing therefore cannot sit separately from safeguarding, attendance, behaviour, SEND, curriculum access, or family work. At Impact, they are woven through the whole provision.

This policy applies to all pupils on roll, all staff, volunteers, visitors, contractors and professionals working with pupils on or off site. It should be read alongside the safeguarding policy, behaviour policy, SEND policy, attendance policy, anti-bullying policy, health and safety policy and risk assessment policy.

2. STATUTORY AND GUIDANCE FRAMEWORK

This policy has been informed by the following key legislation and statutory guidance:

- Keeping Children Safe in Education 2025
- Working Together to Safeguard Children 2023
- Children Act 1989 and Children Act 2004
- Equality Act 2010
- SEND Code of Practice: 0 to 25 years
- Data Protection Act 2018 and UK GDPR
- Independent School Standards relevant to welfare, health, safety and leadership
- Guidance relating to RSHE, attendance, behaviour, supporting pupils with medical conditions, and alternative provision

3. POLICY AIMS

The aims of this policy are to ensure that Impact Alternative Learning:

- Promotes a culture where mental health, emotional wellbeing and safety are everybody's business.
- Recognises that mental health concerns can be indicators of abuse, neglect, exploitation or unmet need.
- Supports early identification of emerging concerns before crisis develops.
- Provides a consistent, trauma-informed and relationship-based response for pupils.
- Ensures that all staff know how to notice, record, report and escalate concerns.
- Uses reasonable adjustments and graduated support for pupils with SEND and SEMH needs.
- Works effectively with parents, carers, commissioners and external agencies.
- Places safeguarding above confidentiality where there is risk of harm.

4. OUR CONTEXT AT IMPACT

Impact Alternative Learning is a specialist alternative provision serving children and young people whose needs are not being met in mainstream or who require a bespoke pathway. Many of our pupils present with social, emotional and mental health needs, autism-related needs, anxiety-based non-attendance, dysregulation, trauma histories, or complex family circumstances. Some pupils are open to social care, supported by youth justice services, known to CAMHS, or subject to safeguarding plans.

For that reason, our approach is intentionally relational, calm, structured and flexible. We prioritise trusted adults, low arousal practice, predictable routines, sensory awareness, movement, and purposeful curriculum pathways. We recognise that progress in mental health may show through improved attendance, increased tolerance, reduced incidents, stronger relationships, greater engagement, or the ability to self-regulate for longer periods.

5. DEFINITION OF MENTAL HEALTH AND WELLBEING

Mental health is not simply the absence of illness. It includes emotional wellbeing, resilience, regulation, relationships, confidence, self-worth, and the ability to participate in education and daily life. Pupils may experience good mental health generally while still needing support at times; equally, behaviour that appears defiant, avoidant or oppositional may be communication of distress. Staff must therefore think beyond presentation and consider what a pupil may be feeling, communicating, avoiding or protecting themselves from.

6. SAFEGUARDING AND MENTAL HEALTH

Mental health concerns can be a safeguarding matter. This is especially so where a pupil discloses self-harm, suicidal thoughts, abuse, neglect, exploitation, violence, substance misuse, coercive control at home, criminal or sexual exploitation, or significant emotional collapse. Staff must never assume a concern is "just behaviour" or "just anxiety". Where there is any suggestion of risk, the matter must be reported immediately to the DSL.

Staff must not investigate or promise secrecy. Staff must listen, reassure appropriately, record clearly using the pupil's own words where possible, and pass the concern on without delay. Mental health support does not replace safeguarding procedures; safeguarding procedures take priority where thresholds are met.

7. ROLES AND RESPONSIBILITIES

The Principal and DSL, Kate Willis, has overall responsibility for safeguarding decisions, threshold judgments, referrals, risk management and oversight of this policy. The Deputy DSL, Kirsty Lampkin, supports day-to-day coordination, information sharing, pupil support planning and liaison with families and professionals.

All staff are responsible for promoting the welfare of pupils, observing changes in presentation, recording concerns, following reporting lines, maintaining professional boundaries and contributing to supportive practice. Staff with teaching or mentoring responsibilities must also consider the impact of curriculum demands, transitions, unstructured time, relationships and environmental triggers on pupil wellbeing.

The proprietor and leadership team are responsible for ensuring that systems, staffing, training, supervision and monitoring arrangements are in place so this policy can be implemented effectively in practice.

8. WHOLE-PROVISION APPROACH TO WELLBEING

Impact promotes positive mental health through the culture, structure and routines of the provision, not only through interventions. We seek to create an environment in which pupils feel seen, known, safe and capable of success.

- A calm start to the day, including structured arrival, breakfast where appropriate, and emotional check-in.
- Small-group and personalised teaching with strong adult relationships.
- Clear routines, visual structure, predictable expectations and consistent language.
- Restorative practice rather than shame-based responses.
- Movement, physical activity and practical learning to support regulation.
- Opportunities for pupil voice, reflection, success and belonging.
- Flexible spaces and low-demand support where pupils are overwhelmed.
- A curriculum that values vocational, practical and personal development alongside core learning.
- Strong communication with home, commissioners and external services where appropriate.
- A culture where asking for help is normal and stigma is actively challenged.

9. TEACHING ABOUT MENTAL HEALTH

Mental health education is delivered through PSHE, mentoring, tutorials, everyday conversations and wider curriculum opportunities. Teaching is adapted to age, need, stage of development and vulnerability.

Content is delivered sensitively, particularly in relation to trauma, abuse, self-harm, relationships, online harm and emotional regulation.

Pupils are taught, in ways accessible to them, about identifying emotions, recognising stress and triggers, healthy coping strategies, help-seeking, healthy relationships, online and offline safety, resilience, sleep, nutrition, movement, and how to access support in school and externally. Staff take care not to deliver material in a way that is likely to retraumatise pupils or glamorise harmful behaviour.

10. EARLY IDENTIFICATION

Early identification is essential. Concerns may arise gradually or suddenly, and staff should remain professionally curious. Indicators may include patterns rather than one-off events.

- Persistent or worsening attendance difficulties, lateness or avoidance of specific days, staff or activities.
- Withdrawal, isolation, tearfulness, fatigue, low motivation or apparent hopelessness.
- Sudden anger, aggression, dysregulation, shutdown, panic or risk-taking behaviour.
- Changes in friendships, presentation, eating habits or sleep patterns.
- Repeated physical complaints such as headaches, stomach pain or nausea without obvious cause.
- Decline in engagement, concentration, tolerance of challenge or self-belief.
- Evidence or discussion of self-harm, suicidal ideation or feelings of worthlessness.
- Escalation linked to anniversaries, transitions, bereavement, family breakdown, social care events or online incidents.

11. ASSESSMENT AND GRADUATED RESPONSE

Impact uses a graduated approach that is proportionate, responsive and regularly reviewed.

Stage 1: Universal support. This includes the ordinary protective factors of the provision: trusted adults, structure, relational practice, differentiated teaching, opportunities for success, regulation support and positive communication.

Stage 2: Additional internal support. This may include increased mentoring, more frequent check-ins, adapted timetable, reduced demands, regulation plans, attendance support, family meetings, risk reduction strategies, seating and space adjustments, identified safe adults, or short-term wellbeing targets.

Stage 3: Multi-agency or specialist support. This may include Early Help, CAMHS referral pathways, GP involvement, school nurse input, social care liaison, educational psychology, EHCP review requests, Team Around the Child meetings or commissioner planning.

Stage 4: Crisis or high-risk response. This applies where a pupil presents significant risk to self or others, active suicidal ideation, serious self-harm, acute mental health crisis, absconding risk, severe dysregulation or safeguarding disclosure. In these cases the DSL leads the response, parents are informed where safe, external emergency or crisis services are contacted where required, and a clear safety plan is implemented.

12. SELF-HARM AND SUICIDAL IDEATION

Any disclosure, report or indication of self-harm or suicidal thoughts must be treated seriously. Staff should stay calm, listen, avoid shock, make no promises of confidentiality, and pass the information to the DSL immediately. Where there is immediate risk, the pupil must not be left alone and appropriate first aid, emergency or crisis support must be sought.

The DSL will consider the level of risk, the immediacy of need, the pupil's presentation, prior history, current protective factors, parental involvement, and whether external referral is required. Decisions and actions must be clearly recorded. Support plans should include supervision arrangements, trusted adults, triggers, coping strategies, communication steps and review dates.

13. WORKING WITH PARENTS AND CARERS

Impact values partnership with parents and carers and will usually involve them promptly where concerns arise. We share concerns sensitively, explain next steps, listen to family context, and seek to agree supportive strategies across home and provision. We also recognise that some pupils' home circumstances may be complex, and in safeguarding cases parental involvement may need to be managed carefully or delayed where doing so would increase risk.

Parents and carers may be supported through regular updates, meetings, advice on routines and regulation, attendance planning, signposting to community or NHS services, and involvement in review processes. Good communication with home is often a protective factor in itself.

14. SEND, SEMH AND REASONABLE ADJUSTMENTS

Many pupils at Impact have identified or emerging SEND needs, particularly in relation to SEMH, autism, communication and interaction, or cognition and learning. Mental health support is therefore closely aligned with SEND practice. We use an Assess-Plan-Do-Review approach and consider reasonable adjustments to remove barriers to participation.

Adjustments may include adapted timetables, reduced transitions, modified teaching approaches, sensory support, movement breaks, calm spaces, adult check-ins, visual supports, task chunking, alternative methods of recording, regulation tools, and differentiated expectations around presentation or pace while maintaining ambition.

15. ATTENDANCE, BEHAVIOUR AND MENTAL HEALTH

Mental health can significantly affect attendance and behaviour. Impact does not view all absence or behavioural difficulty through a punitive lens. Instead, we explore what may be driving the presentation and seek to respond proportionately. However, understanding behaviour does not remove the need for boundaries, safety or accountability. Pupils are supported to repair, reflect and re-engage.

Attendance concerns may indicate anxiety, family stress, unmet SEND need, bullying, social care issues, sleep difficulties or avoidance based on shame or prior failure. Behaviour incidents may indicate dysregulation, trauma activation, sensory overload, language-processing difficulty, fear, relational rupture or mental health distress. Staff should consider these possibilities, record patterns and contribute to joined-up planning.

16. CONFIDENTIALITY, RECORDING AND INFORMATION SHARING

Pupils should be helped to understand that staff cannot keep secrets where a person is unsafe. Confidentiality is therefore always limited by safeguarding responsibilities. Information will be shared on a need-to-know basis, lawfully and proportionately, in line with safeguarding principles and data protection law.

All concerns, actions, decisions, contacts and reviews must be recorded clearly and promptly using the provision's recording systems. Records should be factual, dated, signed or attributable, and where possible distinguish between observation, disclosure and professional opinion. Patterns over time should be tracked, particularly where attendance, incidents, low mood and family concerns interact.

17. SAFE ENVIRONMENTS AND RISK REDUCTION

Mental health support is strengthened when the environment is safe, calm and predictable. Impact therefore considers environmental factors such as noise, transitions, crowding, supervision, unstructured time, travel arrangements, off-site activities and room use. Where specific pupils require individual risk assessment, this will be documented and communicated to relevant staff.

Risk reduction may include changes to timetable, escort arrangements, check-in points, safer rooming, removal of access to known triggers or unsafe items, enhanced supervision, planned transitions, de-escalation scripts, and agreed emergency contacts. Where off-site visits or alternative learning contexts are used, wellbeing and safeguarding implications must form part of the planning.

18. STAFF TRAINING, SUPPORT AND PROFESSIONAL CURIOSITY

All staff receive safeguarding training and regular updates so they understand the links between wellbeing, risk, abuse, trauma and vulnerability. Training and briefings should support staff to recognise warning signs, respond to disclosures, de-escalate safely, record accurately and understand when to escalate.

Because this work is emotionally demanding, staff wellbeing matters too. Leadership should promote supervision, debriefing where necessary, clear lines of support and a culture in which staff can raise concerns about pupils or about practice without fear. Staff should remain professionally curious, particularly where presentation changes, information conflicts, or concerns appear to be minimised by others.

19. MULTI-AGENCY WORKING

Impact works with external professionals where appropriate to secure support for pupils and families. This may include local authority SEND teams, social workers, CAMHS, GPs, school nurses, youth offending teams, educational psychologists, family support services, attendance officers, alternative provision commissioners and other specialist practitioners.

The DSL coordinates safeguarding-led work and ensures that information is shared appropriately, meetings are attended, actions are followed up, and the pupil's voice is represented where possible. Multi-agency involvement should lead to clear plans, identified responsibilities and review points rather than drift.

20. MONITORING, REVIEW AND QUALITY ASSURANCE

This policy will be reviewed at least annually, and sooner if there are changes to statutory guidance, local safeguarding arrangements, provision structure or identified needs. In addition to formal review, leaders will monitor implementation through safeguarding records, attendance patterns, incident trends, pupil voice, parental feedback, staff discussion and case review.

The impact of this policy will be judged not only by compliance, but by whether pupils feel safe, engage more consistently, show improved regulation, can identify trusted adults, know how to seek help, and are better able to access learning and relationships over time.

21. LINKED POLICIES

This policy should be read alongside the safeguarding and child protection policy, behaviour policy, anti-bullying policy, SEND policy, attendance policy, health and safety policy, first aid policy, RSHE policy, complaints policy, online safety policy and risk assessment policy.

22. KEY CONTACTS

Designated Safeguarding Lead: Kate Willis
Deputy DSL: Kirsty Lampkin
Provision: Impact Alternative Learning, 212 Stamford Street Central, Ashton-under-Lyne, OL6 7LP

Local authority safeguarding contacts and local mental health / crisis pathways should be kept alongside this policy within the wider safeguarding directory and updated whenever local arrangements change.

23. APPROVAL

This policy is adopted by Impact Alternative Learning and applies to the whole provision. All staff must read and follow it as part of their safeguarding duties and wider professional responsibilities.