Mental Health and Wellbeing Policy

Approved by:	Lauren Meston	**Date:**	16/08/2026
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Introduction

Future Pathways CIC is committed to promoting the mental health, emotional wellbeing, safety and resilience of every young person who attends our alternative provision. We recognise that emotional distress, mental ill health, trauma, loss, adversity, neurodiversity, disrupted education and safeguarding experiences can affect how a young person feels, communicates, behaves, attends and engages with learning.

Future Pathways is a trauma-informed setting. All staff are trained in the impact of trauma and are expected to respond to young people with curiosity, consistency, compassion and clear boundaries. Our approach seeks to understand what may sit behind behaviour while maintaining safe expectations and accountability. Trauma-informed practice does not mean excusing harmful behaviour; it means responding in a way that reduces shame, avoids unnecessary re-traumatisation and supports regulation, repair and recovery.

This policy sets out our whole-setting approach to prevention, early identification, targeted support, safeguarding and referral. It should be read alongside the Safeguarding and Child Protection Policy, Behaviour Policy, Inclusion Policy, Anti-Bullying Policy, Online Safety and Mobile Phone Policy, Attendance Policy, SEND arrangements, Supporting Young People with Medical Conditions procedures and relevant risk assessments.

Aims

- promote positive mental health and emotional wellbeing across the whole setting;
- create a safe, relational and trauma-informed environment in which young people are known, listened to and supported;
- help staff recognise early signs of distress, mental ill health, self-harm, suicidal thoughts and trauma responses;
- provide proportionate early help and targeted support within the boundaries of staff competence;
- ensure mental health concerns that are also safeguarding concerns are referred to the DSL without delay;
- provide clear routes to specialist support, including CAMHS and other health or community services where needed;
- embed mental health, wellbeing, trauma awareness and suicide-prevention education through PSHE and the wider curriculum in a safe and age-appropriate way;
- work constructively with parents/carers, commissioning schools, social workers, health professionals and other agencies;
- support staff wellbeing and reflective practice so that adults are able to provide calm, consistent care.

Legal and guidance framework

This policy has been developed with regard to current national guidance and legislation, including:

- Keeping Children Safe in Education 2026, effective from 1 September 2026;
- Department for Education guidance on promoting and supporting mental health and wellbeing in schools and colleges;
- Promoting children and young people's mental health and wellbeing: a whole school or college approach;
- Department for Education guidance on mental health and behaviour in schools;
- Relationships Education, Relationships and Sex Education and Health Education statutory guidance for introduction from 1 September 2026;
- Working Together to Safeguard Children and local multi-agency safeguarding arrangements;
- Children Act 1989 and Children Act 2004;
- Equality Act 2010, including duties relating to disability and reasonable adjustments;
- SEND Code of Practice: 0 to 25 years;
- Health and Safety at Work etc. Act 1974 and relevant first-aid/emergency duties;
- UK GDPR and Data Protection Act 2018.

KCSIE 2026 recognises that education staff can identify children who may be struggling with their mental health or contemplating suicide, and that mental health concerns can become safeguarding concerns.

Where a mental health concern is also a safeguarding concern, staff must follow safeguarding procedures and speak to the DSL or a deputy.

Whole-setting approach

Future Pathways follows a whole-setting approach to mental health and wellbeing. This means mental health is not treated as the responsibility of one person or one intervention. It is reflected in leadership, relationships, curriculum, staff development, learner voice, safeguarding, behaviour, attendance, targeted support, referrals and work with families and partner agencies.

Our approach is informed by the eight principles promoted by the Department for Education and Office for Health Improvement and Disparities:

- an ethos and environment that promotes respect and values diversity;
- leadership and management that champions emotional health and wellbeing;
- staff development to support staff wellbeing and the wellbeing of young people;
- curriculum teaching and learning that promotes resilience and social and emotional learning;
- enabling learner voice to influence decisions;
- identifying need and monitoring the impact of interventions;
- targeted support and appropriate referral;
- working with parents and carers.

Trauma-informed practice

All staff at Future Pathways are trained in trauma impact. Staff understand that trauma can affect emotional regulation, attention, memory, trust, relationships, threat perception, sleep, attendance, behaviour and readiness to learn. Trauma responses may include fight, flight, freeze, shutdown, avoidance, hypervigilance or heightened reactivity.

In practice, staff will:

- prioritise physical and emotional safety;
- use calm, predictable routines and clear explanations;
- build trusted relationships without creating dependency or blurring professional boundaries;
- offer appropriate choice and voice wherever possible;
- use regulation and de-escalation strategies before punitive responses where safe to do so;
- avoid public shaming, unnecessary confrontation or language likely to escalate distress;
- consider triggers, sensory needs, anniversaries, loss and previous adverse experiences when planning support;
- focus on strengths, recovery, belonging and future goals;
- use reflective and restorative conversations after incidents when the young person is regulated enough to engage;
- escalate safeguarding concerns even where behaviour may also be understood through a trauma lens.

Roles and responsibilities

Lauren Meston - Managing Director and Designated Safeguarding Lead (DSL)

Lauren Meston has overall responsibility for ensuring that mental health and wellbeing arrangements are implemented safely and that safeguarding concerns arising from mental health presentations are identified and escalated appropriately.

- ensure this policy is implemented and reviewed at least annually;
- ensure staff understand the link between mental health and safeguarding;
- oversee safeguarding decisions where there is self-harm, suicidal ideation, abuse, neglect, exploitation or other significant risk;
- ensure appropriate information is shared with parents/carers, commissioning schools and external agencies on a need-to-know basis;
- ensure urgent or emergency referrals are made where required;
- ensure serious incidents are reviewed and support plans/risk assessments updated.

Beckie Broadhead - Mental Health First Aider

Beckie Broadhead is Future Pathways' Mental Health First Aider. The Mental Health First Aider provides an accessible first point of support for young people and staff who are experiencing emotional distress or who are worried about someone else.

- listen non-judgementally and provide initial reassurance and practical support;
- help identify whether a young person needs routine support, targeted support, safeguarding action or urgent clinical help;
- signpost to appropriate services and resources, including Kooth where suitable;
- liaise with the DSL, Jen Law, parents/carers, commissioning schools and external professionals as appropriate;
- support staff understanding of mental health and wellbeing initiatives;
- promote help-seeking and reduce stigma.

The Mental Health First Aider is not a substitute for a clinician, therapist, emergency service or safeguarding professional and does not diagnose mental health conditions.

Jen Law - Onsite Trauma Specialist

Jen Law is Future Pathways' onsite Trauma Specialist. Jen is available to provide one-to-one trauma-informed sessions for young people where this forms part of an agreed support plan, and may provide immediate trauma-informed support during periods of acute distress or following a significant incident when available.

- provide structured one-to-one trauma-informed support within the scope of her professional role;
- help young people understand responses to trauma and develop safe regulation/coping strategies;
- contribute to support planning and reflective discussion with staff where appropriate;
- advise on trauma-informed adjustments and approaches;
- liaise with the DSL and other professionals where a disclosure or risk indicates a safeguarding concern;
- support post-incident stabilisation and recovery where appropriate.

Access to the onsite Trauma Specialist must never delay emergency medical or safeguarding action. Where there is an immediate risk to life, serious self-harm, suicide attempt, severe medical emergency or other acute danger, staff must follow the emergency procedures in this policy and contact emergency services as required.

All staff

- promote a culture in which mental health can be discussed safely and respectfully;
- complete trauma-impact and relevant safeguarding training and apply it in day-to-day practice;
- notice changes in presentation, behaviour, attendance, relationships, engagement or functioning that may indicate distress;
- listen carefully and take concerns seriously without attempting to diagnose;
- record and report safeguarding concerns promptly;
- use agreed support plans, reasonable adjustments and risk-management strategies;
- avoid promising confidentiality;
- know how to access Beckie Broadhead, Jen Law and the DSL/deputies;
- know how to respond to an immediate mental health emergency.

Identifying mental health needs

Staff may become aware of concerns through direct disclosure, observation, changes in behaviour or attendance, information from parents/carers, commissioning schools or professionals, safeguarding information, online-safety concerns or changes in academic engagement.

Possible indicators may include significant or persistent changes in:

- mood, anxiety, irritability, withdrawal or emotional regulation;
- sleep, eating, appearance or self-care;
- attendance, punctuality or avoidance of particular situations;
- concentration, motivation, participation or attainment;

- peer relationships, conflict or social isolation;
- risk-taking, substance use or unsafe online behaviour;
- expressions of hopelessness, worthlessness or feeling like a burden;
- self-harm, suicidal thoughts, suicidal behaviour or statements about not wanting to be alive;
- behaviour that may reflect trauma, exploitation, abuse or other safeguarding harm.

No single sign proves that a young person has a mental health condition. Staff should respond to the individual context, duration, severity and impact, and seek advice rather than making assumptions.

Levels of support

Universal support

- positive relationships and trusted adults;
- trauma-informed routines and consistent boundaries;
- PSHE and curriculum teaching on mental health, wellbeing, resilience, trauma and help-seeking;
- opportunities for learner voice, participation, physical activity and positive social connection;
- anti-bullying, online-safety and inclusion work;
- access to information about self-help and community support.

Targeted support

- planned check-ins with a trusted adult or Beckie Broadhead;
- one-to-one trauma-informed sessions with Jen Law where appropriate;
- individual support, safety or regulation plans;
- reasonable adjustments to timetable, environment, communication or workload;
- planned reintegration following absence, crisis or hospital attendance;
- work with parents/carers, the commissioning school, social worker, SEND professionals or other agencies;
- signposting to Kooth and other appropriate community or NHS support.

Specialist or clinical support

Where needs are beyond what Future Pathways can safely or appropriately provide, staff will support referral or access to specialist services. This may include CAMHS, the young person's GP, NHS mental health services, the local authority, social care, specialist counselling/therapy services or other agencies appropriate to the presenting need.

Future Pathways will not make a clinical diagnosis and will not allow in-setting support to replace treatment or assessment that requires a qualified health professional.

Kooth and other signposting

Future Pathways may signpost young people to Kooth for online mental health and wellbeing support where this is suitable for the young person's age, local eligibility and level of need. Staff will explain that online support is not a substitute for emergency or specialist clinical care where risk is high.

Other services may also be signposted according to the young person's circumstances and the services available locally. Staff should use current, verified service information and avoid relying on outdated contact details.

CAMHS referrals

A referral to Children and Young People's Mental Health Services/CAMHS will be considered where there are persistent, significant or escalating mental health difficulties that require specialist assessment or treatment. Referrals will be made through the appropriate local pathway and may involve parents/carers, the GP, commissioning school, social worker or other professional depending on local arrangements and the young person's circumstances.

Where a referral is declined or waiting times are significant, Future Pathways will continue to provide proportionate education-based support and safeguarding oversight, review risk, and seek alternative or interim support where appropriate.

Mental health as a safeguarding concern

Mental health difficulties may be linked to abuse, neglect, exploitation, bullying, online harm, domestic abuse, bereavement, substance misuse, criminal exploitation, sexual harm or other safeguarding concerns. Staff must not treat a serious mental health presentation as solely a pastoral issue where safeguarding may also be involved.

If a member of staff has a concern about a young person's mental health that is also a safeguarding concern, they must inform Lauren Meston, DSL, or a Deputy DSL without delay and follow the Safeguarding and Child Protection Policy.

Self-harm and suicidal thoughts

Any disclosure, indication or concern relating to self-harm, suicidal thoughts, suicide planning or a suicide attempt must be taken seriously. Staff should respond calmly, listen, avoid judgement and seek safeguarding support promptly.

Staff may ask clear, direct and age-appropriate questions where necessary to understand immediate safety, for example whether the young person is thinking about harming themselves now or has access to a means. Asking directly about suicide does not replace a clinical assessment; it is used only to identify whether urgent action is required.

1. Stay with the young person, or ensure continuous appropriate supervision, where there is an immediate or significant risk. Do not leave them alone solely to obtain help.
2. Remove or reduce access to an immediate means of harm if this can be done safely and lawfully.
3. Inform the DSL or Deputy DSL immediately.
4. If the young person is in immediate danger, has made a suicide attempt, has sustained serious injury, has taken an overdose, or there is another life-threatening emergency, call 999 or arrange immediate attendance at A&E with an appropriate responsible adult.
5. If urgent mental health help is needed but the situation is not an emergency, use the current NHS urgent mental health pathway, including NHS 111 and the mental health option where applicable.
6. Contact parents/carers promptly unless doing so would place the young person at greater risk or conflict with a safeguarding plan. The DSL will decide how information should be shared where there is a safeguarding concern.
7. Record the concern, actions, decisions and information shared accurately and promptly.
8. Agree follow-up support, risk-management arrangements and return-to-learning planning as required.

Staff must never agree to keep suicidal thoughts or serious self-harm secret. Information will be shared only with those who need it to protect the young person and arrange appropriate help.

After a self-harm or suicide-related incident

- ensure the young person receives appropriate medical/mental health assessment and follow-up;
- review safeguarding, risk assessment and individual support arrangements;
- consider triggers, bullying, online content, trauma, exploitation or other contributing factors;
- plan a sensitive return to learning and attendance support where needed;
- avoid unnecessary circulation of details or language that could sensationalise the incident;
- consider the wellbeing of peers and staff who may have been affected;
- liaise with parents/carers, the commissioning school and relevant agencies;
- consider whether wider postvention support is required following a suicide attempt or death, guided by specialist advice.

Curriculum, PSHE and mental health education

Future Pathways embeds mental health and wellbeing across PSHE and the wider curriculum. Teaching is designed to build emotional literacy, resilience, help-seeking, self-care, healthy relationships, understanding of trauma and awareness of where to obtain support.

Curriculum content may include:

- understanding emotions, stress, anxiety and low mood;

- healthy coping and regulation strategies;
- impact of sleep, physical activity, nutrition, relationships and online life on wellbeing;
- how trauma and adversity can affect thoughts, feelings, behaviour and relationships;
- how to support a friend without taking on responsibility for keeping them safe;
- how and when to seek help from a trusted adult or professional;
- reducing stigma and challenging harmful myths about mental health;
- self-harm awareness and suicide prevention where age, maturity, cohort need and staff competence make direct teaching appropriate.

From September 2026, revised statutory RSHE guidance includes suicide-prevention content. Future Pathways will approach direct teaching about suicide carefully. Before addressing suicide directly with learners, the setting will consider cohort readiness, consult appropriate mental health expertise, use high-quality evidence-based resources, ensure staff delivering the content are appropriately trained, and plan how disclosures or distress will be managed. Teaching will avoid graphic detail, romanticisation, sensationalism or unsafe descriptions of methods.

Mental health and trauma-related learning will also be reinforced through wider curriculum opportunities, vocational learning, physical activity, creative work, pastoral conversations and reflective practice, while avoiding unnecessary personal disclosure requirements for young people.

Behaviour, attendance and mental health

Future Pathways recognises that behaviour and attendance may communicate unmet need. Where a young person displays persistent dysregulation, avoidance, withdrawal, aggression, non-attendance or other significant change, staff will consider whether mental health, trauma, SEND, bullying, exploitation or other safeguarding factors may be contributing.

This does not remove expectations for safe behaviour. Responses will combine boundaries and accountability with support, reasonable adjustments and safeguarding action. Sanctions will not be used in a way that knowingly penalises a young person for a disability-related need without considering reasonable adjustments.

Where mental health is affecting attendance, Future Pathways will work with the young person, family, commissioning school and relevant professionals to support safe engagement and reintegration rather than allowing absence to become entrenched.

SEND, neurodiversity and reasonable adjustments

Mental health difficulties can coexist with SEND, neurodevelopmental differences, communication needs or medical conditions. Staff will avoid diagnostic assumptions and will consider whether reasonable adjustments or SEND review are required.

- adapt communication and give additional processing time;
- use visual or written support where helpful;
- consider sensory needs and access to quieter regulation spaces;
- adapt expectations or timetables where this is reasonable and part of a planned support approach;
- coordinate mental health support with EHCP, SEND and medical arrangements where applicable;
- ensure the young person's views are central to planning.

Parents, carers and commissioning schools

Future Pathways will work collaboratively with parents/carers and commissioning schools wherever this is consistent with the young person's welfare and safeguarding needs. We will share proportionate information about concerns, support, attendance, referrals and risk-management arrangements.

Parents/carers are encouraged to tell Future Pathways about significant changes, treatment, medication, bereavement, diagnosis, crisis presentations or external support that may affect the young person's education or safety.

Where information should not be shared with a parent/carer because doing so may increase risk, the DSL will follow safeguarding procedures and seek advice from children's social care or other agencies as appropriate.

Confidentiality and information sharing

Young people should be treated with dignity and privacy, but staff cannot promise absolute confidentiality. Information about mental health will be shared on a lawful, proportionate and need-to-know basis where this is necessary to provide support, protect the young person or another person, or meet safeguarding duties.

Records of significant mental health and safeguarding concerns will be factual, respectful and stored securely. Staff should distinguish observed facts, the young person's own words, professional information and interpretation.

Medication

Mental health medication will be managed in accordance with Future Pathways' Supporting Young People with Medical Conditions/Medication procedures and the prescriber's instructions. Staff will not advise a young person to start, stop or alter prescribed medication. Concerns about side effects, adherence or medication safety will be raised with the parent/carer and relevant health professional, with urgent action taken where necessary.

Staff wellbeing and reflective practice

A trauma-informed culture also considers the wellbeing of staff. Working with young people who have experienced trauma, crisis or significant distress can be emotionally demanding. Future Pathways will encourage staff to seek support early and will promote reflective practice, supervision/management support, reasonable workload expectations and access to appropriate wellbeing resources.

Following a serious incident, staff may be offered a debrief focused on welfare, learning and support. Debriefing will not require staff to disclose personal information beyond what is necessary for safety or organisational learning.

Training

All staff receive training in the impact of trauma and will receive ongoing development appropriate to their role. Training and briefings may include:

- recognising common signs of emotional distress and mental health difficulty;
- understanding trauma responses and trauma-informed practice;
- listening and responding to disclosures;
- self-harm and suicide awareness, including emergency escalation;
- safeguarding links and referral routes;
- boundaries, confidentiality and information sharing;
- SEND, neurodiversity and reasonable adjustments;
- regulation, de-escalation and relational practice;
- how to access Beckie Broadhead, Jen Law, the DSL and external services.

Staff delivering direct suicide-prevention education will receive additional appropriate preparation and use evidence-based materials in line with current statutory RSHE guidance.

Monitoring and review

The Managing Director will review implementation of this policy at least annually and sooner following a serious incident, significant change in guidance or identified gap in provision. Review may consider:

- patterns in mental health and safeguarding concerns;
- self-harm and suicide-related incidents;
- attendance, behaviour and engagement trends;
- use and impact of one-to-one or targeted support;
- referral patterns and outcomes;
- learner, parent/carer and staff feedback;
- equality, SEND and inclusion considerations;
- staff training and confidence;
- lessons from serious incidents or near misses.

Related Future Pathways policies

- Safeguarding and Child Protection Policy;
- Behaviour Policy;
- Inclusion Policy;
- Anti-Bullying Policy;
- Online Safety and Mobile Phone Policy;
- Attendance Policy;
- Absconding/Leaving Without Permission Policy;
- Supporting Young People with Medical Conditions/Medication Policy;
- SEND arrangements;
- First Aid Policy;
- Low-Level Concerns Policy;
- Lockdown and Invacuation Policy;
- Health and Safety Policy;
- Data Protection Policy.

Appendix 1 - Staff quick response: mental health concern

1. Listen calmly and take the concern seriously.
2. Check immediate safety. If there is immediate danger to life or a serious medical emergency, call 999.
3. Do not promise confidentiality.
4. Inform Lauren Meston, DSL, or a Deputy DSL immediately if there is any safeguarding element, self-harm, suicidal ideation, abuse, exploitation or significant risk.
5. Contact Beckie Broadhead, Mental Health First Aider, for initial mental health support where appropriate.
6. Consider Jen Law, onsite Trauma Specialist, for trauma-informed one-to-one support or immediate stabilisation where appropriate and available.
7. Record what was said/observed and the action taken accurately and promptly.
8. Agree next steps, which may include parent/carer contact, commissioning-school liaison, Kooth signposting, GP/CAMHS referral, NHS urgent mental health support or emergency services.
9. Follow up. Do not assume the concern has resolved because the young person appears calmer.

Appendix 2 - Self-harm / suicide safety checklist

- Is the young person safe right now?
- Are they thinking about harming themselves or ending their life now?
- Have they already harmed themselves, taken an overdose or made a suicide attempt?
- Do they have access to a means of immediate harm?
- Has the DSL/DDSL been informed?
- Does the situation require 999/A&E?
- If urgent but not an emergency, has NHS 111/urgent mental health support been considered?
- Have parents/carers been informed, unless safeguarding reasons indicate otherwise?
- Has the concern been recorded accurately?
- Has a follow-up safety/support plan been agreed?
- Does the commissioning school/social worker/health professional need to be informed?
- Does the young person need a planned return/reintegration arrangement?

Appendix 3 - Mental health support / review record

Young person: _____

Date: _____

Staff member completing record: _____

Presenting concern / reason for support:

Young person's views and wishes:

Protective factors / strengths:

Beckie Broadhead involved? Yes / No. Details:

Jen Law involved? Yes / No. Details:

External support / signposting / referral:

Parent/carer informed? Details:

Reasonable adjustments / attendance / timetable actions:

Review date and responsible person:

Outcome / further action:

Reference guidance

- Department for Education - Keeping Children Safe in Education 2026;
- Department for Education - Promoting and supporting mental health and wellbeing in schools and colleges;
- Office for Health Improvement and Disparities / Department for Education - Promoting children and young people's mental health and wellbeing;
- Department for Education - Mental health and behaviour in schools;
- Department for Education - Relationships Education, Relationships and Sex Education and Health Education statutory guidance for introduction 1 September 2026.

Approval

Signed: L. Meston

Lauren Meston - Managing Director and Designated Safeguarding Lead, Future Pathways

Date: 16/08/2026

Next review due: 15/08/2027