

Linlithgow Academy



Mental Health & Wellbeing Policy

Review 2020



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Mental Health & Wellbeing Policy

Rationale

In an average classroom, three children will be suffering from a diagnosable mental health condition. By developing and implementing practical, relevant and effective mental health policies and procedures we can promote a safe and stable environment for the many children and young people affected both directly, and indirectly by mental ill health. The number of young people suffering with a mental health condition in both the UK and Linlithgow Academy has increased significantly and it is important this is recognised as both a whole school and community issue.

Policy Statement

Mental health is a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community. (World Health Organization)

Our aim at Linlithgow Academy is to promote positive mental health for staff and young people. We use a range of approaches; specialised and targeted aimed at vulnerable pupils and we also highlight and promote key national and world-wide health events as part of our school calendar to raise awareness. As a result of ever decreasing resources and increasing demands on these, it is important to reflect on the support that can be offered in school, by staff, links with outside agencies and the promotion of these to young people, their parents/carers and staff, as well as proactive approaches that can be accessed initially.

The Policy Aims to

- Promote positive mental health for all staff and pupils
- Increase understanding and awareness of common mental health issues
- Highlight and promote key national and world-wide events
- Alert staff to early warning signs of mental ill health in both young people and their colleagues
- Provide support and training to staff working with young people with mental health issues
- Provide support to pupils and staff suffering mental ill health and their peers and parents/carers

Prevalence of Mental Health and Emotional Wellbeing

- *1 in 10 children and young people aged 5 - 16 suffer from a diagnosable mental health disorder - that is around three children in every class.*
- *Between 1 in every 12 and 1 in 15 children and young people deliberately self-harm.*
- *There has been a big increase in the number of young people being admitted to hospital because of self-harm. Over the last ten years this figure has increased by 68%.*
- *More than half of all adults with mental health problems were diagnosed in childhood. Less than half were treated appropriately at the time.*
- *Nearly 80,000 children and young people suffer from severe depression.*
- *The number of young people aged 15-16 with depression nearly doubled between the 1980s and the 2000s.*
- *Over 8,000 children aged under 10 years old suffer from severe depression.*
- *3.3% or about 290,000 children and young people have an anxiety disorder.*
- *72% of children in care have behavioural or emotional problems - these are some of the most vulnerable people in our society.*

Source: Young Minds

Talking about Mental Health

The skills, knowledge and understanding needed by our pupils to keep themselves and others physically and mentally healthy and safe are included as part of our personal and social education programme. The content of lessons are determined by the needs of the cohort we are teaching and there will always be an emphasis on enabling pupils to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others. We follow the Curriculum for Excellence Health & Wellbeing guidelines to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner. Pupil voice, through regular online self-reporting opportunities using the SHANNARI headings, familiar to pupils are monitored by Pupil Support Staff and targeting of these issues will take place with one-to-one check-ins and reviews. The online reports will also assist in reviewing the PSE programme where key themes will be based on those areas identified as requiring support and this takes place with an annual review.

What did our young people at Linlithgow Academy tell us?

We asked our young people to complete a Mental Health questionnaire, developed by our Pupil Council, which has formed the basis of our policy. Placing a link to the questionnaire on Show My Homework, over 600 young people responded. Unsurprisingly, only 15% of those who responded said that they found it easy to talk about mental health. The students did go on to tell us their main concerns, what would help them to talk and how they would like to be supported.

The main concerns raised included:

1. Stress
2. Anxiety
3. Depression/Low mood
4. Bullying
5. Friendship Issues
6. Drugs & alcohol
7. Loneliness
8. Cyberbullying

The students then explained the ways we could support them with these issues:

- A safe quiet space
- Learning more about mental health
- A place to drop in and chat
- Counsellor
- Information on services to support mental health

From gathering this information we were able to form our plans for supporting our young people:

- **School Mental Health First Aiders** will be recognisable by their coloured badges attached to their school ID lanyards. There will also be a list of MHFA trained staff on the HWB noticeboard located in the school reception. MHFA's also have a visual reminder of this on their classroom doors.
- **Pupil Support staff** are always available and can be accessed by all pupils attending the Pupil Well-Being Office in the first instance or by talking to any member of staff who then signpost.
- **Health and Well Being Champs** run lunchtime drop-in sessions and are trained in supporting young people.
- **A school counsellor** is based in the school on a weekly basis and pupils can request an initial drop-in session which will identify next steps – by drop in slip or emailing linlithgowsupport@yourspace-scotland.com
- Pupil Support Staff can also refer through the fortnightly GIRFEC Intervention Forum (GIF) for more targeted support.
- Opportunities for **pupils to report their HWB** concerns through regular Wellbeing indicator survey points which are followed up on by Pupil Support Staff.

- Pupils can also **email their concerns** via the school website to Pupil Support staff.
- **Linlithgow Young People's Project (LYPP)** are also available in the school on a regular basis and pupils can also access their services in the local community
- Our **Health & Wellbeing Pledge** is displayed in all classrooms, the school website and HWB noticeboard. All staff will be aware of this.
- **HWB noticeboard** displayed in the reception area of the school with a range of support and details also available on the school website.
- **Key HWB dates** promoted and celebrated throughout the school session with a focus in assemblies, PSE lessons, events and daily bulletin items.

Signposting

We ensure that staff, pupils and parents are aware of sources of support within school and in the local community. We display relevant sources of support on our HWB noticeboard in our reception area, Pupil Support department, in PSE classes, the school website and large reception screen, in addition to regularly highlighting sources of support throughout the school session through the HWB calendar of events and school curriculum. Our HWB pledge is displayed in all classrooms as a reminder to staff and pupils. Highlighting sources of support, will increase the chance of pupils seeking help by ensuring pupils understand:

- The variety of support available to pupils and staff in Linlithgow Academy
- How and where pupils, staff and parents/carers can access support – within Linlithgow Academy, the local community, online etc.
- The importance of accessing support early on
- How staff in Linlithgow Academy can support pupils and colleagues struggling with their mental health

Managing Disclosures

A pupil may choose to disclose concerns about themselves or a friend to any member of staff, so all staff need to know how to respond appropriately to a disclosure. If a pupil chooses to disclose concerns about their own mental health or that of a friend to a member of staff, the member of staff's response should always be **calm, supportive and non-judgemental**. Staff should **listen**, rather than offer advice and our first thoughts should be of the pupil's **emotional and physical safety** rather than of exploring 'Why?' A number of members of staff have been trained in Mental Health First Aid and are trained to support mental health disclosures. Additionally, all staff in Linlithgow Academy have practical advice within their classrooms detailing how to deal with any disclosure. All disclosures should be recorded in writing and held on the pupil's confidential file. This written record should include:

- *Date*
- *The name of the member of staff to whom the disclosure is made, the name of the pupil making the disclosure and/or the name of the pupil the disclosure relates to if made by a peer*
- *Recorded facts from the conversation – inferences should be made*
- *Agreed next steps*

This information should be shared with the Pupil Support staff who will store the record appropriately and offer support and advice about next steps.

Warning Signs

School staff may become aware of warning signs which indicate a pupil is experiencing mental health or emotional wellbeing issues. These warning signs should **always** be taken seriously and staff observing any of these warning signs should communicate their concerns to Pupil Support through a SEEMIS pastoral referral

where Pupil Support Teachers will follow up and will be aware of any further concerns raised. Pupil Support will also advise staff of any concerns raised for staff to monitor. Possible warning signs include:

- *Evident changes in behaviour*
- *Physical signs of harm that are repeated or appear non-accidental*
- *Changes in eating / sleeping habits*
- *Increased isolation from friends or family, becoming socially withdrawn*
- *Changes in activity and mood*
- *Reduced concentration*
- *Lowering of academic achievement*
- *Non completion of homework*
- *Talking, joking or researching about self-harm or suicide*
- *Abusing drugs or alcohol*
- *Expressing feelings of failure, uselessness or loss of hope*
- *Changes in clothing – e.g. long sleeves in warm weather*
- *Secretive behaviour*
- *Skipping PE or getting changed secretly*
- *An increase in lateness to or absence from school*
- *Repeated physical pain or nausea with no evident cause*
- *Spending more time at the bathroom*
- *Discontinued hobbies or interests*
- *Failure to take care of personal appearance/hygiene*

Confidentiality

We should be honest in regards to confidentiality. If it is necessary for us to pass our concerns about a pupil on then we should discuss with the pupil:

- *Who we are going to talk to*
- *What we are going to tell them*
- *Why we need to tell them*

We should never share information about a pupil without first telling them. Ideally we would receive their consent, though there are certain situations when information must always be shared with another member of staff and/ or a parent, e.g. where a young person up to the age of 16 is at risk. Colleagues should share disclosures Pupil Support staff, as this helps to safeguard our own emotional wellbeing as we are no longer solely responsible for the pupil, it ensures continuity of care in our absence and it provides an extra source of support. We should explain this to the pupil and discuss with them who is most appropriate to share this information with and why. Parents/carers should be informed and pupils may choose to tell their parents/carers themselves, however, this depends on the severity of the concerns. If a child gives us reason to believe that there may be underlying child protection issues the Child Protection Officer, **must be informed immediately** who will then seek advice to take further action.

Members of Staff

Whilst all staff have a responsibility to promote the positive mental health of pupils, key staff members are trained with a child protection remit. Within Linlithgow Academy there are designated child protection officers and the Head Teacher will always be notified of any Child Protection concern.

Any member of staff who is concerned about the mental health or wellbeing of a pupil should speak to Pupil Support staff in the first instance. If there is a fear that the pupil is in danger of immediate harm, child protection procedures should be followed with an immediate referral to the designated Child Protection Officer or Head Teacher. This should be passed on immediately and not left until the end of the day when staff members have more time. If the pupil presents a medical emergency then the normal procedures for medical emergencies should be followed, including alerting the first aid staff, contacting parents/carers as a matter of urgency and advising parents/carers to access urgent medical support via GP or A & E. Where a referral to CAMHS is appropriate, this will be led and managed by the relevant Head of House.

Training

Mandatory Child Protection procedures and updates are delivered by a designated child protection officer at the start of every school session through a whole staff in-service session with a register taken. Mental Health First Aid (MHFA) Training is offered as a CLPL at regular points throughout the school session. Pupil Support Staff have been trained as matter of priority, many other staff are trained and one member of the Faculty is a recognised Trainer. These members of staff are identifiable through a purple staff lanyards, their names are clearly listed on the HWB noticeboard and school website.

Working with Parents/Carers

Parents/carers are often very welcoming of support and information from the school about supporting their children's emotional and mental health. In order to support parents/carers Pupil Support staff will:

- *Share mental concerns raised as matter of priority*
- *Share our HWB Pledge with parents/carers, pupils and staff*
- *Highlight sources of information/support about common mental health issues on our school website*
- *Ensure that all parents/carers are aware of who to talk to, and how to go about this*
- *Share ideas and consult with parents about how we can all support positive mental health*

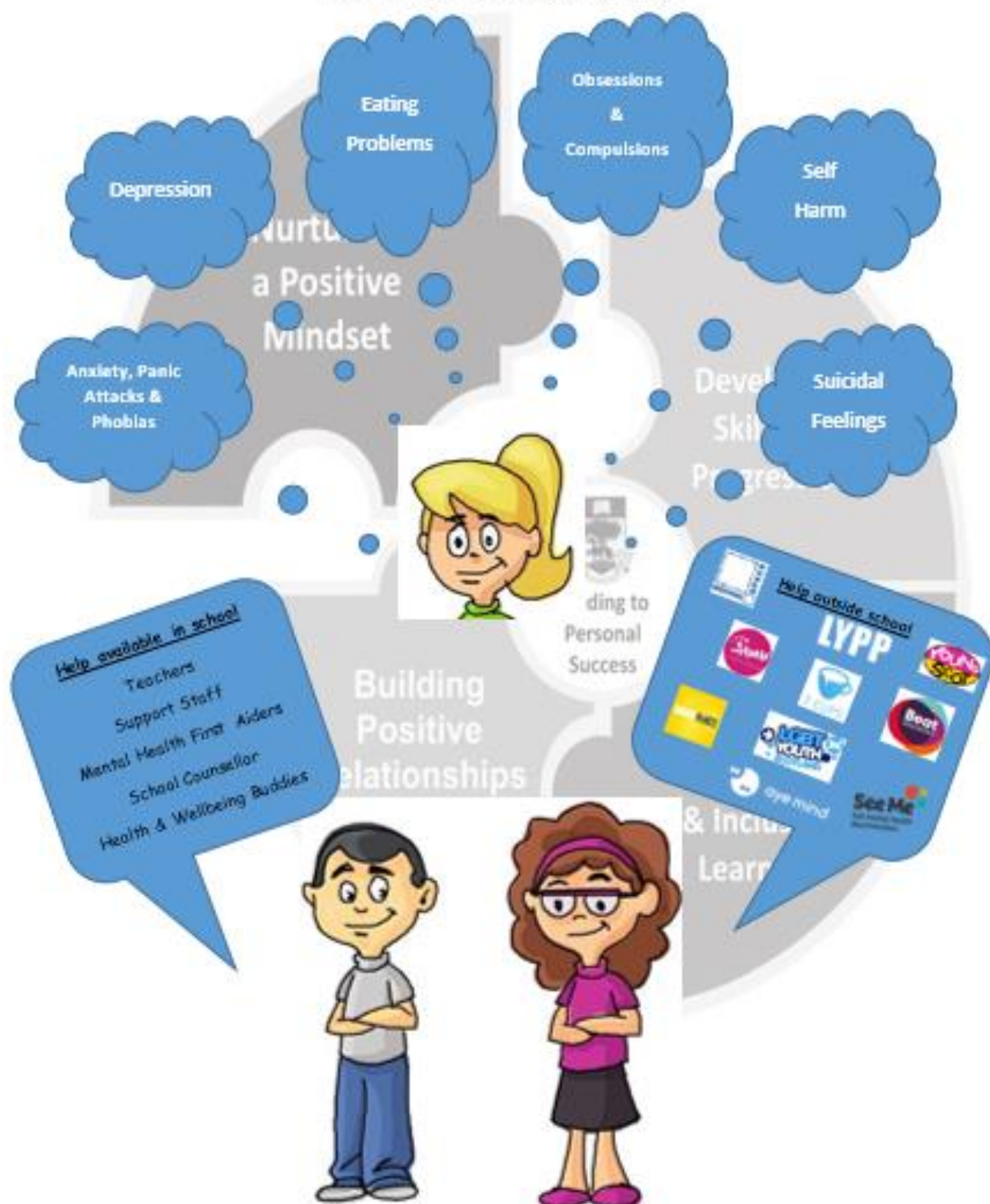
Where it is deemed appropriate to inform parents, we need to be sensitive in our approach. Before disclosing to parents Pupil Support staff will consider the following (on a case by case basis):

- *Meeting face to face to share concerns. Always preferable.*
- *A safe place to meet – best to be quiet with no interruptions given the nature of the discussions.*
- *Ensuring only appropriate people are present, the pupil may not wish to be there initially. Bear in mind this could be a very emotional meeting.*
- *The aims of the meeting – must consider support options both in and out with school with next steps agreed as part of an action plan.*

Such conversations will be sensitive and emotional. Parents/carers will need time to reflect on what they are being told. Pupil Support staff should highlight further sources of information and signpost support e.g. parent/carer helplines, support groups, websites and forums. Finish each meeting with agreed next step, further check-ins agreed (over phone, email or meeting) and always keep a brief record of the meeting on the child's confidential record. Opening an Assessment of Well-Being/Child Planning paperwork may also be considered and the concerns will also be recognised within the school "risk matrix".

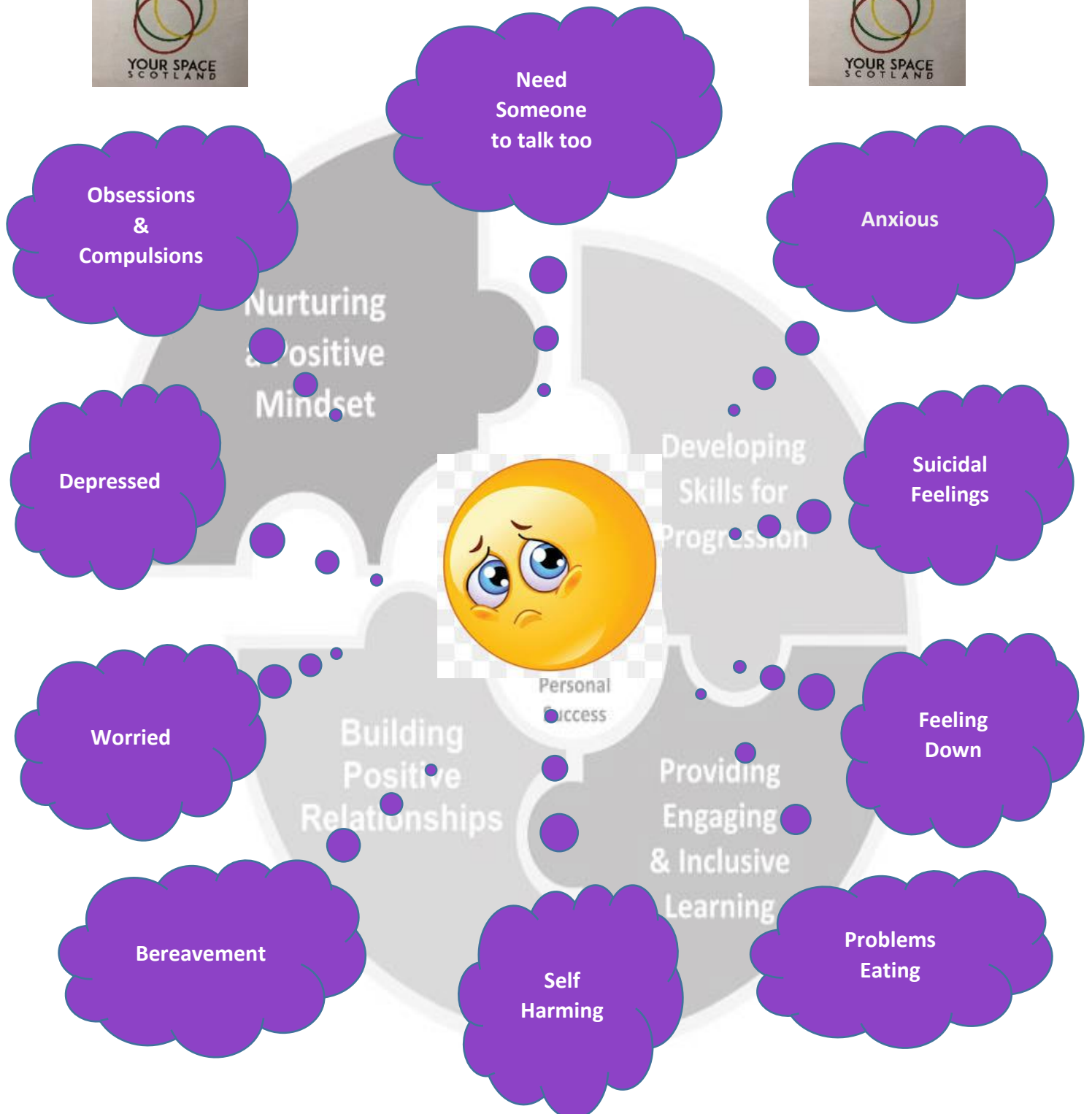


Linlithgow Academy Health & Wellbeing Pledge





Linlithgow Academy School Counsellor



The school Counsellor is in school Wednesday/Thursday/Friday and offers support through a lunchtime drop-in facility or appointments during class time. You can arrange to see them by speaking with your Pupil Support Teacher, a drop-in slip (Pupil Support Corridor) or emailing this address:

linlithgowsupport@yourspace-scotland.com

HWB Calendar - Draft

Month/Date	Activity
August	
September	Childhood Cancer Awareness month Organ Donation Week Sexual Health Awareness week
October	World Mental Health Day
November	International Stress Awareness week Anti-Bullying Week Alcohol Awareness week
December	World Aids Day International Day of Persons with Disabilities International Volunteers Day Human Rights Day
January	
February	Children's Mental Health Week World Cancer Day Time to Talk Day Safer Internet Day Eating Disorders Awareness Week
March	Self Injury-Harm Awareness Day Eating Disorders Awareness Week International HPV Awareness Day National No Smoking Day Nutrition And Hydration Week International Day Of Happiness National Workouts And Wellbeing Week
April	Stress Awareness Month Walk to Work Day Bee Active, Bee Healthy, Bee Happy Week World Health day
May	National Walking Month Mental Health Awareness Week World Meditation Day
June	Healthy Eating Week World Blood Donor Day World Well-Being Week International Day against Drugs Abuse

Talking to pupil's when they make mental health disclosures

The advice below is from pupils themselves, in their own words, together with some additional ideas to help you in initial conversations with pupils when they disclose mental health concerns. This advice should be considered alongside relevant school policies on pastoral care and child protection and discussed with relevant colleagues as appropriate.

Focus on listening

“Whilst talking to the teacher she was really understanding and gave me her full attention to what I was saying. This made me feel as if I could trust and rely on her. Before I felt like I couldn't talk to anyone as they might have judged me however this teacher made me feel more comfortable talking about my mental health”.

If a pupil has come to you, it's because they trust you and feel a need to share their difficulties with someone. Let them talk. Ask occasional open questions if you need to in order to encourage them to keep exploring their feelings and opening up to you. Just letting them pour out what they're thinking will make a huge difference and marks a huge first step in recovery. Up until now they may not have admitted even to themselves that there is a problem.

Don't talk too much

“For a long period of time I kept everything to myself and one day I finally opened up because it all got too much. I always found it hard to speak to someone about how I felt and if I opened up to my friends I felt judged and unwanted”.

The pupil should be talking at least three quarters of the time. If that's not the case then you need to redress the balance. You are here to listen, not to talk. Sometimes the conversation may lapse into silence. Try not to give in to the urge to fill the gap, but rather wait until the pupil does so. This can often lead to them exploring their feelings more deeply. Of course, you should interject occasionally, perhaps with questions to the pupil to explore certain topics they've touched on more deeply, or to show that you understand and are supportive. Don't feel an urge to over-analyse the situation or try to offer answers. This all comes later. For now your role is simply one of supportive listener. So make sure you're listening!

Don't pretend to understand

“When speaking to teachers and they say “I understand” makes me feel agitated as no one really knows how each individual person is really feeling inside. This has happened once or twice but after words I wasn't as annoyed because I knew that they somehow knew a percentage of what I was feeling”.

The concept of a mental health difficulty such as an eating disorder or obsessive compulsive disorder (OCD) can seem completely alien if you've never experienced these difficulties first hand. You may find yourself wondering why on earth someone would do these things to themselves, but don't explore those feelings with the sufferer. Instead listen hard to what they're saying and encourage them to talk and you'll slowly start to understand what steps they might be ready to take in order to start making some changes.

Don't be afraid to make eye contact

“If I am talking to her and eye contact is made then I feel more uncomfortable and awkward than before. This isn't because I don't feel supported or I can't talk to her, it's because it makes me feel more anxious and judged”.

It's important to try to maintain a natural level of eye contact (even if you have to think very hard about doing so and it doesn't feel natural to you at all). If you make too much eye contact, the pupil may interpret this as you staring at them. They may think that you are horrified about what they are saying or think they are a 'freak'. On the other hand, if you don't make eye contact at all then a pupil may interpret this as you being disgusted by them – to the extent that you can't bring yourself to look at them. Making an effort to maintain natural eye contact will convey a very positive message to the pupil.

Offer support

“When speaking to the teacher about self-harm I felt like a weight was taken off my shoulders but it was a hard topic to discuss. This meant I was able to continue to ask for help or to ask to speak to someone”.

Never leave this kind of conversation without agreeing next steps. These will be informed by your conversations with appropriate colleagues and the schools' policies on such issues. Whatever happens, you should have some form of next steps to carry out after the conversation because this will help the pupil to realise that you're working with them to move things forward.

Acknowledge how hard it is to discuss these issues

“Talking about what was going on at first was so hard for me to do as I thought no one cared and no one would listen to me. As I talked to her she acknowledged how hard it must be for me, when she has said that to me it made me feel supported and cared about.”

It can take a young person weeks or even months to admit they have a problem to themselves, let alone share that with anyone else. If a pupil chooses to confide in you, you should feel proud and privileged that they have such a high level of trust in you. Acknowledging both how brave they have been, and how glad you are they chose to speak to you, conveys positive messages of support to the pupil”.

Don't assume that an apparently negative response is actually a negative response

“When trying to speak up about how I was feeling I found it extremely hard to build up the courage to do so. There was always a voice telling me that I shouldn't speak to anyone however, I built up the courage to finally talk to someone”.

Despite the fact that a pupil has confided in you, and may even have expressed a desire to get on top of their illness, that doesn't mean they'll readily accept help. The illness may ensure they resist any form of help for as long as they possibly can. Don't be offended or upset if your offers of help are met with anger, indifference or insolence, it's the illness talking, not the pupil.

Never break your promises

“Whilst speaking to a teacher I was able to trust them as well as open up about how I was feeling. This meant that I knew in the future I could trust them and also start to open up a bit more to them”.

Above all else, a pupil wants to know they can trust you. That means if they want you to keep their issues confidential and you can't then you must be honest. Explain that, whilst you can't keep it a secret, you can ensure that it is handled within the school's policy of confidentiality and that only those who need to know about it in order to help will know about the situation. You can also be honest about the fact you don't have all the answers or aren't exactly sure what will happen next. Consider yourself the pupil's ally rather than their saviour and think about which next steps you can take together, always ensuring you follow relevant policies and consult appropriate colleagues.

Common mental health issues in young people

Anxiety, panic attacks and phobias

Anxiety can take many forms in children and young people, and it is something that each of us experiences at low levels as part of normal life. When thoughts of anxiety, fear or panic are repeatedly present over several weeks or months and/or they are beginning to impact on a young person's ability to access or enjoy day-to-day life, intervention is needed.

Anxiety UK: www.anxietyuk.org.uk

Depression

Ups and downs are a normal part of life for all of us, but for someone who is suffering from depression these ups and downs may be more extreme. Feelings of failure, hopelessness, numbness or sadness may invade their day-to-day life over an extended period of weeks or months, and have a significant impact on their behaviour and ability and motivation to engage in day-to-day activities.

Depression Alliance: www.depressionalliance.org/information/what-depression

Eating problems

Food, weight and shape may be used as a way of coping with, or communicating about, difficult thoughts, feelings and behaviours that a young person experiences day to day. Some young people develop eating disorders such as anorexia (where food intake is restricted), binge eating disorder and bulimia nervosa (a cycle of bingeing and purging). Other young people, particularly those of primary or preschool age, may develop problematic behaviours around food including refusing to eat in certain situations or with certain people. This can be a way of communicating messages the child does not have the words to convey.

Beat – the eating disorders charity: www.b-eat.co.uk/about-eating-disorders

Eating Difficulties in Younger Children and when to worry: www.inourhands.com/eating-difficulties-in-younger-children

Obsessions and compulsions

Obsessions describe intrusive thoughts or feelings that enter our minds which are disturbing or upsetting; compulsions are the behaviours we carry out in order to manage those thoughts or feelings. For example, a young person may be constantly worried that their house will burn down if they don't turn off all switches before leaving the house. They may respond to these thoughts by repeatedly checking switches, perhaps returning home several times to do so. Obsessive compulsive disorder (OCD) can take many forms – it is not just about cleaning and checking.

OCD UK: www.ocduk.org/ocd

Self-harm

Self-harm describes any behaviour where a young person causes harm to themselves in order to cope with thoughts, feelings or experiences they are not able to manage in any other way. It most frequently takes the form of cutting, burning or non-lethal overdoses in adolescents, while younger children and young people with special needs are more likely to pick or scratch at wounds, pull out their hair or bang or bruise themselves.

SelfHarm.co.uk: www.selfharm.co.uk

National Self-Harm Network: www.nshn.co.uk

Suicidal feelings

Young people may experience complicated thoughts and feelings about wanting to end their own lives. Some young people never act on these feelings though they may openly discuss and explore them, while other young people die suddenly from suicide apparently out of the blue.

Prevention of young suicide UK – PAPYRUS: www.papyrus-uk.org

On the edge: ChildLine spotlight report on suicide: www.nspcc.org.uk/preventing-abuse/research-and-resources/on-the-edge-childline-spotlight/

Support for Young People

<i>Organisation</i>	<i>Contact Details</i>	<i>Service Offered</i>
YourSpace Counselling	linlithgowsupport@yourspace-scotland.com	Counselling in school via drop-in slip or appointment. Pupils can speak to the Pupil Support Teacher or email directly for support.
Samaritans	Call free on 116 123 (UK) Email: jo@samaritans.org	Confidential support service and are open 24 hours a day, 7 days a week.
ChildLine	0800 1111: www.childline.org.uk	Get help and advice about a wide range of issues, talk to a counsellor online
Breathing Space	Call for free on 0800 83 85 87 www.breathingspace.scot	Advice and support if you need someone to talk to. Their phone line is open 6pm-2am on Monday to Thursday and 6pm-6am on Friday to Monday.
Beat	The Beat Youthline is open to anyone under 25. Youthline: 0345 634 7650 www.b-eat.co.uk/	UK's leading charity supporting anyone affected by eating disorders, anorexia, bulimia, EDNOS or any other difficulties with food, weight and shape.
Aye Mind	www.ayemind.com/	Making a digital toolkit for all who work with young people too, to boost their ability to promote youth wellbeing
Young Scot	Call 0808 801 0338 www.youngscot.org/	It has information on a range of topics including mental health
7 Cups of Tea	www.7cupsoftea.com	An online emotional health and wellbeing service
LGBT Youth Scotland	Call us: 0131 555 3940 Text us: 07786 202 370 https://www.lgbtyouth.org.uk/ Email us: info@lgbtyouth.org.uk	Here to help support lesbian, gay, bisexual and transgender young people
SAMH	www.samh.org.uk/	SAMH is the Scottish Association for Mental Health. SAMH believe there is no health without mental health. We're here to provide help, information and support.
See Me	https://www.seemescotland.org/	See Me is Scotland's programme to tackle mental health stigma and discrimination
TESS: Text and Email Support Services	Text: 0780 047 2908 www.selfinjurysupport.org.uk follow links to email	For girls and young women affected by self-injury

Support for Parents & Carers

<i>Organisation</i>	<i>Contact Details</i>	<i>Service Offered</i>
The Samaritans	Call free on 116 123 (UK) Email: jo@samaritans.org	Confidential support service and are open 24 hours a day, 7 days a week.
Young Minds	Parent helpline: 0808 802 5544 www.youngminds.org.uk	Free, confidential online and telephone support providing information and support
Parent Line Scotland	Call: 08000 28 22 33 Email: parentlinescotland@children1st.org.uk	Scotland's free helpline, email and web-chat service, for anyone caring for or concerned about a child - open 9am- 9pm Mon to Fri.
GP	Contact your GP at your local Surgery	Speak to your GP if you are worried about your child's mental health
NHS Choices	http://www.nhs.uk/conditions/stress-anxiety-depression/pages/mental-health-helplines.aspx	Whether you're concerned about yourself or a loved one, the helplines listed can offer expert advice

Sources

World Health Organization

www.youngminds.org.uk

www.mind.org.uk

www.minded.org.uk

www.nhs.uk

www.samh.org.uk

www.selfinjurysupport.org.uk

www.youngscot.org

Curriculum for Excellence H&WB experiences and outcomes

Curriculum for Excellence SHANARRI Indicators

Wallace High School Mental Health & Wellbeing Policy

Primrose Hill Primary School Mental Health & Wellbeing Policy

Policy Review

This policy is updated every three years.