THE HAVEN

Operated by the Autistic Girls Network charity — 1196655 (England and Wales), SC054837 (Scotland)

Mental Health and Well-being Policy

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1. Purpose and statement

The Haven is a specialist online education provision for neurodivergent young people, many of whom have experienced significant distress in mainstream education. Mental health and well-being are not an add-on; they are foundational to learning, safeguarding and identity. This policy sets out The Haven's approach to supporting learner and staff well-being.

This policy has regard to Part one of *Keeping Children Safe in Education 2026* (KCSIE), whose section on mental health was substantially updated in the 2026 edition, and to *Working Together to Safeguard Children 2026*. Where a mental health concern may also be a safeguarding concern, the Child Protection and Safeguarding Policy v10.26 takes precedence and section 5A below applies.

The Haven recognises that mental health exists on a continuum, that neurodivergent young people are at higher risk of mental health difficulties, and that much of this risk is rooted in environmental fit rather than individual deficit. Our response is therefore environmental as well as supportive.

2. Scope

This policy applies to all learners at The Haven, their families, and all staff and volunteers. It applies to all interactions across our online sessions, mentoring, family communication, and professional training delivered by The Haven.

3. Principles

- Neurodivergence is an identity, not a disorder. Distress is not assumed to be intrinsic to neurodivergence; we look at the environment first.
- Masking causes harm. We design our provision to reduce the need to mask.
- Demand sensitivity is taken seriously. Pressure and forced compliance are not tools of education at The Haven.

- Self-advocacy is taught and respected. Learners are supported to recognise and name their needs.
- Family well-being matters. Parents and carers are supported alongside their young person.
- Staff well-being is part of the system. We do not expect staff to provide neuro-affirming care from a depleted place.

4. What this looks like in practice

4.1 In sessions

- Cameras and microphones are never compulsory.
- Learners can step away from sessions without explanation.
- Sensory needs are accommodated as a default, not a concession.
- Educators check in on well-being briefly and consistently.
- Pace, demand level, and content are adjustable in real time.

4.2 In the wider pathway

- Every learner has a mentor — a key trusted adult — included as standard.
- Neurodiversity University sessions support positive neurodivergent identity.
- Preparing for Adulthood sessions address well-being skills explicitly.
- The Back to Balance programme provides a low-demand re-entry route for those in burnout.
- Family communication with the mentor and key educators provides ongoing support.

5. Identifying concerns

Staff are trained to notice and respond to changes that may indicate a deterioration in mental health, including:

- Significant changes in engagement, communication or attendance.
- Expressions of hopelessness, worthlessness, or detachment from the future.
- Disclosures of self-harm, suicidal thoughts, or disordered eating.
- Signs of escalating distress in or around sessions.
- Concerns raised by parents, carers, or peers. Concerns are recorded and shared with the Designated Safeguarding Lead in line with the Child Protection and Safeguarding Policy v10.26. Action is taken in proportion to risk and in partnership with families where appropriate.

5A. Mental health as a safeguarding matter (KCSIE 2026)

KCSIE 2026 Part one states that all staff should be aware that mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation, and that staff are well placed to notice changes in a child's behaviour that could indicate a concern. The 2026 edition also

names self-harm, suicidal thoughts and risk of suicide as safeguarding concerns in their own right. The Haven applies this as follows:

- Staff are not expected to diagnose a mental health condition. They are expected to notice, to listen, to record what they have seen or heard, and to pass it on.
- **Any mental health concern that may also be a safeguarding concern is reported to the Designated Safeguarding Lead on the day it comes to light, and is handled under the Child Protection and Safeguarding Policy v10.26.** This includes any disclosure or observation of self-harm, suicidal thoughts, risk of suicide, or disordered eating, and any concern that a learner's mental health is linked to abuse, neglect, exploitation or harm at home or online.
- Where a learner is in immediate danger, staff call 999 or ask the parent or carer to take the learner to the emergency department, and inform the DSL at once.
- The DSL decides on the response, which may include contact with the family, the GP, CAMHS, the home local authority's Family Help service, or children's social care, in line with the published threshold document for the learner's home authority.
- The Haven's whole-provision approach to mental health, set out in sections 3 and 4, is the early intervention that KCSIE 2026 expects settings to offer. It does not replace the safeguarding route above.

6. Responding to mental health concerns

Where a concern is identified, the response is tailored to the young person. Possible actions include:

- Conversation between mentor and learner with explicit permission.
- Conversation with family, agreed with the young person where possible.
- Adjustment to the learning plan, pace, or session pattern.
- Referral to or liaison with external services (GP, CAMHS, paediatrician, counsellor, Local Authority team).
- Safety planning, conducted by trained staff with the young person and family.
- In urgent situations, signposting to or contact with emergency services in line with safeguarding procedure. The Haven does not provide clinical mental health treatment. We work in partnership with statutory and specialist services and provide information about appropriate sources of support.

7. Self-harm and suicidal ideation

Disclosures of self-harm or suicidal ideation are always taken seriously and never dismissed. Response follows the Child Protection and Safeguarding Policy v10.26, under which self-harm and suicidal ideation are safeguarding concerns in their own right. The DSL leads the response. Staff do not investigate; they listen, record, and escalate. Information is shared on a need-to-know basis to protect the young person.

Where a young person discloses thoughts of suicide or active self-harm, the DSL convenes a response that may involve the family, the GP, the Local Authority (where the young person is known), and emergency services as required. A safety plan is developed in partnership where the young person is safe to engage in this work.

8. Eating difficulties

The Haven recognises that eating difficulties — including but not limited to ARFID and anorexia — are over-represented in the neurodivergent population, particularly among autistic girls and gender-diverse young people. Where disclosed or observed, eating difficulties are responded to with care and without judgement, in partnership with families and specialist services. Staff are trained not to provide diet or weight-related advice.

9. Bereavement, trauma and life events

Significant life events — bereavement, parental separation, illness in the family, change of housing, and others — affect learning. Staff respond to these contextually. Adjustments to expectations and pace are made compassionately and without bureaucracy. Where ongoing support is needed, signposting to specialist services is provided.

10. Staff well-being

The Haven's staff are neurodivergent. Their well-being is essential to the safety and quality of the provision. Well-being is supported through:

- Reflective supervision — regular, not just performance-driven.
- Reasonable workload management.
- Permission to set sensory and demand boundaries in their own work.
- Clear escalation routes for safeguarding distress.
- Access to external support where required.

11. Family support

Families of learners at The Haven also experience high levels of stress, often from years of system failure before joining us. Families have access to:

- Direct contact with their young person's mentor and key educators.
- Scheduled reviews at agreed intervals.
- Signposting to specialist family support services where appropriate.
- The published parent and family guidance set on our policy site, including the Digital Age of Consent guide.

12. Information sharing

Information about a young person's mental health is shared only where necessary to protect them or where consent is given. Information sharing follows the Data Protection (UK GDPR), Confidentiality & Privacy Policy v10.26 and the Child Protection and Safeguarding Policy v10.26.

13. Related documents

- Child Protection and Safeguarding Policy v10.26
- Behaviour and Regulation Policy v10.26
- Re-Integration Policy v05.26
- RSHE Policy v10.26

- Online Safety Policy and Acceptable Use v10.26
- Data Protection (UK GDPR), Confidentiality & Privacy Policy v10.26
- Staff Conduct Policy v10.26 and Whistleblowing Policy v10.26
- *Keeping Children Safe in Education 2026*, Part one (mental health) and Annex A

14. Review

This policy is reviewed annually by the Head / DSL and approved by the Board of Governors. It will be reviewed sooner where statutory guidance changes or where operational learning requires.

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