Mental Health and Wellbeing Policy

Low Ash Primary School

Approved by:	The Governing Body	26.11.25
Last reviewed on:	18/11/2024	
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Version Control		
Version	Date	Amendments
1.0	19.11.25	

1. Policy statement

At Low Ash Primary School, we are committed to creating a safe, inclusive and nurturing environment in which every pupil and member of staff can belong, learn and thrive. Mental health is understood as a continuum: everyone has mental health, needs can change over time, and support should be proportionate, timely and non-stigmatising.

Our approach is child-centred, strengths-based and evidence-informed. It combines universal promotion of wellbeing, early identification, targeted support and appropriate referral. School staff do not diagnose mental health conditions or provide clinical treatment unless suitably qualified and commissioned to do so. Our role is to notice, listen, safeguard, support access to learning and work with families and specialist services.

2. Aims

- Promote positive mental health, emotional literacy, resilience, healthy relationships and a strong sense of belonging for all pupils.
- Create an ethos and environment in which pupils feel safe, known, valued, included and able to seek help.
- Ensure pupils are taught age-appropriate knowledge and strategies through a sequenced Relationships, Sex and Health Education (RSHE) and wider curriculum.
- Identify emerging needs early, including changes in behaviour, attendance, engagement, presentation or relationships.
- Provide a graduated response that matches support to need, monitors impact and avoids maintaining interventions that are not helping.
- Ensure that mental health concerns are recognised as potential safeguarding concerns and acted upon without delay.
- Work in partnership with parents, carers, pupils and relevant agencies while respecting privacy and information-sharing duties.
- Promote staff wellbeing through healthy working practices, supportive leadership and access to confidential help.

3. Whole-school framework

Low Ash uses the Department for Education's eight principles of a whole-school approach:

1. Leadership and management that champions mental health and wellbeing.
2. An ethos and environment that promotes respect and values diversity.
3. Curriculum, teaching and learning that promote resilience and social and emotional learning.
4. Pupil voice that influences decisions.
5. Staff development that supports staff wellbeing and equips adults to support pupils.
6. Early identification of need and monitoring of the impact of interventions.
7. Targeted support and appropriate referral.
8. Effective work with parents and carers.

4. Scope and links with other policies

This policy applies to all pupils, staff, governors, volunteers and visitors. It should be read alongside the Child Protection and Safeguarding Policy, SEND Policy and Information Report, Behaviour and Relationships Policy, Anti-Bullying Policy, Attendance Policy, RSHE/PSHE Policy, Supporting Pupils with Medical Conditions Policy, Equality Information and Objectives, Online Safety Policy, Data Protection Policy, Staff Code of Conduct and bereavement or critical incident procedures.

Where a mental health difficulty has a substantial and long-term adverse effect on normal day-to-day activities, it may meet the definition of disability under the Equality Act 2010. The school will consider reasonable adjustments and will not use a diagnosis as the sole gateway to support.

5. Roles and responsibilities

Role	Key responsibilities
Governing Body	Approves the policy; provides strategic challenge; assures itself that safeguarding, equality, SEND and staff wellbeing duties are met; reviews impact at least annually.
Headteacher	Ensures implementation, adequate leadership capacity, staff training, safe systems, appropriate referrals and alignment with whole-school improvement priorities.
Senior Mental Health Lead	Provides strategic oversight of the whole-school approach; coordinates provision and staff development; evaluates impact; strengthens pupil and parent voice. The named lead should be confirmed and published.
Designated Safeguarding Lead and deputies	Lead safeguarding decisions, risk assessment, information sharing, referrals and liaison with children's social care, health and other agencies.
Inclusion Leader/SENDCo	Coordinates the graduated approach, reasonable adjustments, provision mapping and statutory processes where mental health and SEND overlap.
All staff	Promote wellbeing through everyday practice; notice changes; listen without promising confidentiality; record and report concerns promptly; follow agreed plans and professional boundaries.

Role	Key responsibilities
Pupils	Are encouraged to seek help for themselves or others, contribute their views and treat others with respect. Responsibility for safety remains with adults.
Parents and carers	Share relevant information, participate in planning and review, and seek urgent medical help where advised.

6. Named staff

- Emma Turley – Inclusion Leader and Designated Safeguarding Lead.
- Beth Medhurst – Deputy Designated Safeguarding Lead.
- Dan Hurst – Deputy Designated Safeguarding Lead.
- Louise Robinson – Deputy Designated Safeguarding Lead.
- Sharon Giedjot – Deputy Designated Safeguarding Lead and adult mental health lead
- Jacqueline Hill – Pastoral Worker, Attendance Officer and Deputy Designated Safeguarding Lead.
- Sadie Kellett – Pastoral and Family Support Worker, delivering individual and group emotional wellbeing support, and Forest School Practitioner.
- Amrik Singh – Play Learning Mentor, delivering individual and group social and emotional wellbeing support.
- Rebecca Taylor – Pastoral and Family Support Worker, delivering individual and group emotional wellbeing support, and Forest School Practitioner.

The school will publish and communicate the current named Senior Mental Health Lead. Staff lists and roles will be updated promptly when responsibilities change.

7. Universal provision and curriculum

- A safe, predictable and inclusive environment, clear routines, respectful relationships and consistent behaviour expectations.
- A sequenced RSHE/PSHE curriculum that teaches emotional vocabulary, relationships, self-care, help-seeking, online wellbeing, resilience and where to access support.
- Age-appropriate teaching that is accurate, inclusive, sensitive to trauma and adapted for pupils with SEND, communication needs or prior experiences that may make content difficult.
- Opportunities for pupil voice, participation, leadership, enrichment, play, physical activity, nature and creative expression.
- Explicit teaching that difficult emotions are a normal part of life, while making clear when and how to seek adult or specialist help.
- Careful use of external visitors and resources, with content checked for quality, safeguarding, age-appropriateness and alignment with the RSHE curriculum.

8. Identifying need

Staff may notice changes in a pupil's behaviour, mood, attendance, attainment, physical presentation, friendships, communication or engagement. Indicators are not a diagnosis and should

be considered in context, including possible safeguarding, SEND, medical, bereavement, family, identity, discrimination, bullying or online factors.

- Withdrawal, loss of interest, persistent low mood, anxiety, agitation or marked change from the pupil's usual presentation.
- Changes in eating, sleeping, self-care, concentration, attendance, punctuality or attainment.
- Frequent unexplained physical complaints, distress, dysregulation or risk-taking behaviour.
- Expressions of hopelessness, worthlessness, self-harm, suicidal thoughts or intent.
- Bullying, discriminatory incidents, exploitation, abuse, neglect or harmful online experiences.
- Repeated requests to avoid school or emotionally based barriers to attendance.

Staff must remain professionally curious. Behaviour may communicate unmet need, but a mental health need does not remove the requirement to safeguard others or maintain appropriate, reasonable boundaries and expectations.

9. Responding to a concern

9. Listen calmly, take the pupil seriously and use open, non-leading questions. Do not investigate or ask the pupil to repeat their account unnecessarily.
10. Do not promise secrecy. Explain that information will be shared only with people who need to help keep the pupil safe.
11. If there is immediate danger or a medical emergency, call 999 and follow first-aid and safeguarding procedures.
12. Report the concern to the DSL or deputy without delay and make a factual record on the school safeguarding system, including the pupil's own words where possible.
13. The DSL decides next steps, including risk assessment, parent/carer contact, safety planning, consultation with services, referral or escalation. Where contacting a parent may increase risk, the DSL will seek safeguarding advice first.
14. Agree who will check in with the pupil, what adjustments or support will be provided, and when impact will be reviewed.
15. Record actions, decisions, rationale and outcomes. Continue to escalate if concerns persist or the response is not sufficient.

10. Self-harm and suicide-related concerns

Any disclosure, indication or concern relating to self-harm or suicide must be treated seriously and passed immediately to the DSL or deputy. Staff must not leave a pupil alone where there is an immediate risk, must not make assumptions about intent, and must not attempt therapy or a detailed risk assessment beyond their competence.

- Immediate danger, serious injury or suspected overdose: call 999 and follow emergency procedures.
- Urgent but not immediately life-threatening concern: the DSL will ensure same-day contact with parents/carers where safe, seek clinical advice through NHS 111, the pupil's GP, local crisis arrangements or CAMHS, and agree a written safety plan.
- Online or peer-related content: preserve evidence where appropriate, follow online safety and safeguarding procedures, and consider risk to other pupils.
- After an incident: plan a supported return, identify a trusted adult, reduce avoidable triggers, make reasonable adjustments, review attendance and learning, and communicate on a need-to-know basis.

- Any communication following a suicide or suspected suicide will follow local authority and public health postvention advice and will avoid speculation, sensational language or unsafe detail.

11. Graduated support

Level	Examples	Planning and review	Escalation
Universal	High-quality teaching; predictable routines; RSHE/PSHE; relational practice; enrichment; pupil voice; reasonable classroom adjustments.	Monitor through ordinary pastoral and academic systems.	Move to targeted support if difficulties persist, intensify or significantly affect access.
Targeted	Time-limited, evidence-informed individual or group support; pastoral check-ins; attendance support; adapted timetable only where necessary and reviewed; family work.	Set a clear need, intended outcome, baseline, frequency, review date and exit plan. Gather pupil and parent voice.	Seek advice or referral where risk, complexity or lack of progress indicates need beyond school capacity.
Specialist	CAMHS, GP, school nursing, educational psychology, children's social care, paediatrics or commissioned therapeutic support.	Coordinate plans, consent and information sharing; implement recommended reasonable adjustments; maintain curriculum access and belonging.	Use urgent or emergency pathways where risk increases. Do not wait for diagnosis before making reasonable adjustments.

Interventions such as Drawing and Talking, Lego-based activities, emotional literacy work, the Boxall Profile or the Strengths and Difficulties Questionnaire may be used only where staff are trained, the tool is appropriate for the purpose, consent and information-sharing requirements are clear, and impact is reviewed. Screening or assessment tools do not by themselves provide a clinical diagnosis.

12. Personalised support plans

For pupils with significant or ongoing needs, the school may agree a concise support or safety plan with the pupil, parents/carers and relevant professionals. It should include strengths, needs and triggers; signs of escalating distress; helpful and unhelpful responses; named trusted adults; classroom and attendance adjustments; communication arrangements; crisis contacts; review date;

and actions for transition between classes, phases or settings. Plans will be accessible to relevant staff on a need-to-know basis and reviewed after incidents or changes in need.

13. Working with parents and carers

- Provide a clear route for parents and carers to raise concerns and understand the support available.
- Involve families early, listen without blame and agree practical actions and review points.
- Share curriculum information and age-appropriate resources through School Ping, the website and weekly updates.
- Explain the limits of school provision and how to access NHS, local authority, voluntary-sector or emergency support.
- Where appropriate, offer a private meeting and consider language, accessibility, cultural needs and the pupil's wishes.
- If partnership is difficult, continue to prioritise the pupil's welfare, record attempts to engage and follow safeguarding procedures.

14. Confidentiality, consent and information sharing

Information will be handled lawfully, fairly and on a need-to-know basis. Privacy is important, but data protection is not a barrier to sharing information to safeguard a child. Staff must record concerns and decisions accurately, avoid informal or unnecessary sharing, and use approved school systems. The DSL will consider the pupil's age and understanding, parental responsibility, consent, risk, professional advice and the best interests of the child. Records will distinguish fact, observation, professional opinion and the pupil's own words.

15. Equality, SEND and vulnerable groups

Low Ash recognises that pupils' experiences and access to support are shaped by disability, neurodiversity, communication, culture, race, faith, sex, sexual orientation, gender reassignment, family circumstances, care experience, young caring responsibilities, poverty, trauma, bereavement and exposure to abuse or discrimination. Provision will be inclusive and culturally responsive, with communication support and reasonable adjustments. Staff will avoid attributing all behaviour to a known diagnosis or, conversely, treating distress as misconduct without considering unmet need and safeguarding.

16. Working with other agencies

Depending on need and local thresholds, the school may work with the School Nursing Team, Educational Psychology Team, Social Emotional and Mental Health Team, paediatric services, CAMHS, children's social care and Family Help services, Young Carers support, Barnardo's and other commissioned or voluntary organisations. Referrals will be specific, evidence-based and accompanied by relevant information about strengths, need, risk, attendance, provision tried and impact. The school will follow up referrals and will not assume that responsibility has transferred until another service has accepted the referral and arrangements are clear.

17. Staff training and professional boundaries

- All staff will receive safeguarding training and regular updates on recognising and responding to mental health concerns, including self-harm and suicide-related concerns.
- Relevant staff will receive role-specific training in safe conversations, intervention delivery, risk escalation, information sharing and local referral routes.
- Staff delivering targeted interventions will receive suitable training, supervision and protected time.
- Staff must work within competence, avoid diagnosing or providing therapy unless qualified and authorised, and seek advice when unsure.
- Leaders will evaluate whether training changes practice, not simply whether it was attended.

18. Staff wellbeing

The school will promote staff wellbeing through proportionate workload expectations, clarity of role, supportive line management, opportunities to raise concerns, appropriate debriefing after distressing incidents, fair policies and access to confidential support. Staff are signposted to the Education Support Employee Assistance Programme at no personal financial cost. Staff wellbeing information will be handled sensitively, and managers will seek occupational health or other professional advice where appropriate.

19. Monitoring, evaluation and governance

The Senior Mental Health Lead, DSL, Inclusion Leader/SENDCo and senior leaders will review implementation at least termly and report themes, impact and priorities to governors without identifying individual pupils. Evaluation will use a balanced set of information, for example:

- pupil, parent and staff voice, including whether pupils know how and where to seek help;
- attendance, persistent absence, suspensions, behaviour and safeguarding patterns;
- access to and equity of support for pupils with SEND, disadvantaged pupils and other vulnerable groups;
- intervention outcomes against agreed baselines and review goals, including exits and escalation;
- waiting times, referral outcomes and evidence of coordinated multi-agency work;
- curriculum quality, staff confidence, training impact and implementation fidelity;
- staff wellbeing themes, workload indicators and effective use of the Employee Assistance Programme, without identifying individuals.

Data will be interpreted cautiously. A rise in disclosures may indicate increased need, improved trust or better identification. Leaders will triangulate evidence and review both intended and unintended effects.

20. Complaints and review

Concerns about implementation should be raised with the class teacher, relevant leader or Headteacher in the first instance and, where unresolved, through the school complaints procedure. Safeguarding concerns must be reported immediately through safeguarding routes and must not wait for the complaints process. This policy will be reviewed annually and sooner following a serious incident, significant change in statutory guidance, local pathways or school provision.

Appendix 1: Quick staff response

16. Notice and listen.
17. Explain that you cannot promise secrecy.
18. Check whether there is immediate danger or urgent medical need.
19. Report immediately to the DSL or deputy.
20. Record facts, the pupil's words, actions and decisions on the approved system.
21. Follow the agreed support or safety plan and continue to escalate if concern remains.

Appendix 2: Key sources informing this policy

- Department for Education (2026), Promoting and supporting mental health and wellbeing in schools and colleges.
- Department for Education (2026), Keeping children safe in education 2026.
- Department for Education (2026), Relationships Education, Relationships and Sex Education and Health Education statutory guidance.
- Public Health England and Department for Education, Promoting children and young people's mental health and wellbeing: a whole-school or college approach.
- Anna Freud, Guidance on mental health policies for schools and colleges and the Mentally Healthy Schools resources.
- Equality Act 2010; UK General Data Protection Regulation and Data Protection Act 2018; Children and Families Act 2014; SEND Code of Practice: 0 to 25 years.