MEDWAY COMMUNITY PRIMARY SCHOOL

Mental Health and Wellbeing Policy

September 2026 - 2027

1. Purpose and commitment

Medway Community Primary School is committed to promoting positive mental health and emotional wellbeing for pupils and staff. We recognise that mental health is part of overall health, can change over time and may affect learning, attendance, relationships, behaviour, physical health and participation in school life.

Our approach is preventative, inclusive, trauma-informed and safeguarding-led. We aim to create a culture in which people feel safe to seek help, concerns are taken seriously, support is proportionate to need, and stigma or discrimination is challenged.

2. Aims

- Promote positive mental health and emotional literacy through the curriculum, relationships, routines and school culture.
- Identify emerging needs early and respond consistently.
- Provide a graduated response from universal provision to targeted and specialist support.
- Ensure pupils know how and where to seek help for themselves or others.
- Work in partnership with parents, carers, health professionals and other agencies.
- Recognise when mental health needs may constitute SEND, disability, a medical condition or a safeguarding concern.
- Support staff wellbeing while maintaining clear professional boundaries and safeguarding responsibilities.
- Monitor the accessibility, use and impact of provision and address inequalities in access or outcomes**.**

3. Legal and statutory context

This policy should be read in the context of the Education Act 2002 safeguarding duty, the Children Act 1989 and 2004, the Children and Families Act 2014, the Equality Act 2010, the SEND Code of Practice, current Keeping Children Safe in Education guidance, Working Together to Safeguard Children, and statutory Relationships, Sex and Health Education requirements. The school will also have regard to relevant government guidance on behaviour, attendance, supporting pupils with medical conditions and promoting children and young people's mental health and wellbeing.

A mental health difficulty does not automatically mean a pupil has SEND or a disability. However, where a difficulty creates a substantial or long-term adverse effect, or requires special educational provision, the school will consider its duties under the Equality Act 2010 and the SEND framework, including reasonable adjustments and the graduated approach.

4. Scope and policy links

This policy applies to all pupils and staff. It should be read alongside the Safeguarding and Child Protection Policy, SEND Policy and Information Report, Behaviour Policy, Anti-Bullying Policy, Attendance Policy, Supporting Pupils with Medical Conditions Policy, Accessibility Plan, Online Safety Policy, Equality Policy, PSHE/RHE curriculum, Staff Code of Conduct and staff wellbeing arrangements.

5. Definitions

- Mental health: a person's emotional, psychological and social wellbeing.
- Mental health need: a difficulty affecting thoughts, feelings, behaviour, relationships, daily functioning or participation.
- Social, emotional and mental health needs: one of the four broad areas of need within the SEND Code of Practice.

- Crisis: a situation in which there is an immediate or rapidly escalating risk to the pupil or another person, including suicidal intent, serious self-harm, psychosis, severe distress, overdose or immediate danger.

6. Leadership and responsibilities

6.1 Governing Board

- Ensure the school has effective arrangements to promote wellbeing, identify need and safeguard pupils.
- Monitor implementation, staff training, equality, accessibility and the impact of provision.
- Ensure leaders have sufficient time, knowledge and resources to discharge their responsibilities.
- Receive anonymised information about patterns, provision, referrals and outcomes while respecting confidentiality.

6.2 Headteacher and Senior Mental Health Lead

- Provide strategic leadership and ensure this policy is implemented consistently.
- Coordinate the whole-school approach, curriculum links, staff development and external partnerships.
- Ensure pathways for reporting, assessment, referral, urgent response and reintegration are understood.
- Ensure that safeguarding concerns are referred to a Designated Safeguarding Lead without delay.
- Review provision and outcomes using appropriate qualitative and quantitative evidence.

6.3 Designated Safeguarding Leads

- Lead the response where mental health concerns indicate abuse, neglect, exploitation, self-harm, suicidal thoughts or other risk of significant harm.
- Make or coordinate referrals to children's social care, police, health services or other agencies in line with safeguarding procedures.
- Ensure concerns and decisions are recorded clearly on CPOMS.

6.4 SENDCo

- Consider whether mental health needs create special educational needs or disability.
- Coordinate assess-plan-do-review arrangements, reasonable adjustments, provision plans and referrals for specialist advice.
- Support transition and review where needs are persistent or complex**.**

6.5 All staff

- Promote respectful relationships and emotionally safe classrooms.
- Notice changes, listen without judgement, record concerns factually and report through CPOMS or directly to a DSL if urgent.
- Never promise absolute confidentiality or attempt to diagnose, investigate or provide therapy beyond training and role.
- Follow agreed support, risk-management and safeguarding plans.
- Seek support where a pupil's disclosure or presentation causes concern.

6.6 Pupils, parents and carers

Pupils will be encouraged to seek help, contribute to support planning and tell a trusted adult if they are worried about themselves or another person. Parents and carers should share relevant information, participate in planning and inform the school of significant changes, professional advice or treatment. The school will provide accessible routes for families to raise concerns.

Safeguarding

Safeguarding is defined as protecting children from maltreatment, preventing impairment of health and/or development, ensuring that children grow up in a safe and effective environment, and taking action to enable all children to have the best life chances.



Mr Steven Williams – Headteacher Designated Safeguarding Lead



Mrs Sarah Niner – Deputy Head/SENDCo Deputy Designated Safeguarding Lead



Mrs Sian Elton – Assistant Head Deputy Designated Safeguarding Lead



Our Safeguarding Governor Mr Michael Berriman (Chair of Governors)



Mrs Paulette Pemberton – Mentor Deputy Designated Safeguarding Lead



Mr Martyn Atkinson – Attendance Officer Deputy Designated Safeguarding Lead

7. Whole-school promotion and prevention

- An inclusive PSHE/RHE curriculum teaching emotions, relationships, resilience, help-seeking, online influences, healthy routines, loss, change and personal safety in an age-appropriate way.
- A culture of belonging, kindness, pupil voice, participation and recognition of academic and non-academic achievement.
- Predictable routines, relational practice, anti-bullying work and reasonable adjustments.
- Opportunities for physical activity, play, reflection, creativity, co-regulation and development of trusted relationships.
- Careful planning for transitions, bereavement, family change, examination or assessment pressure and other known stressors.
- Clear signposting to school and external support in accessible formats.

8. Graduated support

8.1 Universal support

Universal support is available to all pupils through the school ethos, curriculum, pastoral systems, positive relationships, class-based strategies and access to trusted adults.

8.2 Additional and targeted support

Where concerns persist or affect functioning, staff will gather the pupil's and family's views, consider contextual information and agree proportionate support. This may include check-ins, mentoring, ELSA-informed work, small-group intervention, emotional literacy resources, sensory or environmental adjustments, attendance support and a time-limited intervention with entry and exit measures.

Interventions will have a clear purpose, named lead, planned frequency, review date and success measures. They will not be used as a substitute for safeguarding action, specialist assessment or evidence-based treatment where these are required.

8.3 Specialist and multi-agency support
Where needs are complex, severe, persistent or outside the school's competence, the school will seek advice or make referrals, with appropriate consent unless safeguarding duties require otherwise. Partners may include the school nursing service, GP, paediatrics, educational psychology, Leicester City Council SEND and SEMH services, counselling services, Early Help, children's social care and specialist NHS children and young people's mental health services.

9. Identification, assessment and review
Staff will consider patterns and changes rather than relying on a single sign. Indicators may include withdrawal, sustained distress, changes in behaviour, eating or sleep, unexplained physical symptoms, reduced concentration, deterioration in learning, attendance or punctuality, risk-taking, self-harm, suicidal language, loss of hope, trauma responses or marked changes in relationships. Assessment may draw on pupil and parent voice, observation, attendance, behaviour and attainment information, contextual and safeguarding information, and appropriate tools such as the Strengths and Difficulties Questionnaire or Boxall Profile. Screening tools must not be treated as diagnostic tests. Scores will be interpreted alongside professional judgement and reviewed for impact.
The Community, Family and Welfare Team may review vulnerable-pupil information to coordinate support. Access will be restricted to staff who need the information, and records will be handled in line with safeguarding, UK GDPR and retention requirements.

10. Reporting and response pathway

1. Listen calmly, take the pupil seriously and use open, non-leading questions only where clarification is necessary.
2. Explain that information may need to be shared with people who can help.
3. For an immediate danger or medical emergency, remain with the pupil, summon a DSL and contact emergency services as required.
4. For a safeguarding concern, report directly to a DSL immediately and record on CPOMS as soon as possible.
5. For a non-urgent wellbeing concern, record factually on CPOMS and alert the relevant pastoral, SEND or safeguarding lead.
6. The lead will triage the concern, check existing information, consider safeguarding and SEND, consult the pupil and family where appropriate, and agree action, ownership and review.

11. Self-harm, suicidal thoughts and crisis response

Any reference to self-harm or suicide must be taken seriously. Staff must not dismiss comments as attention-seeking, agree to secrecy or leave a pupil alone where immediate risk is suspected.

- Contact a DSL or senior leader immediately.
- Keep the pupil supervised in a safe, low-stimulation space and remove accessible hazards where this can be done safely.
- Call 999 or seek urgent medical assistance where there is immediate danger, serious injury, overdose, loss of consciousness or urgent clinical need.
- Inform parents or carers unless doing so may increase risk, in which case the DSL will seek safeguarding advice.

- Record the pupil's words, observations, actions, decisions and advice received.
- Develop or update a safety and support plan, including supervision, trusted adults, environmental safety, reintegration and review.
- Follow professional advice on onward referral and information sharing.

School staff do not undertake clinical suicide-risk assessments unless professionally qualified and authorised to do so. The school's role is to identify concern, keep the pupil safe, activate safeguarding and health pathways, and contribute relevant information.

12. Safeguarding, confidentiality and information sharing

Mental health and safeguarding are closely linked. A mental health presentation may be associated with abuse, neglect, exploitation, bullying, harmful online activity, domestic abuse, substance misuse or other adversity. Staff must follow the Safeguarding and Child Protection Policy whenever these concerns arise.

Information will be shared on a need-to-know basis, in the pupil's best interests and in accordance with safeguarding requirements. Consent will normally be sought for routine support and referrals, but information may be shared without consent where necessary to protect a child or another person from harm, meet a legal duty or respond to an emergency.

13. Working with parents and carers

- Make routes for raising concerns clear and accessible.
- Communicate respectfully, avoiding blame and diagnostic language.
- Share the concern, evidence, strengths, planned support, responsibilities and review arrangements.
- Provide information in translated, simplified or alternative formats where reasonably required.
- Signpost to appropriate services and explain referral or consent requirements.
- Where contact with a parent or carer may increase risk, follow safeguarding procedures before making contact.

14. Individual support, risk management and reintegration

A written support or safety plan will be considered where needs are significant, recurring, involve risk, require coordinated adjustments or follow absence or hospital treatment. The plan may cover triggers, early signs, protective factors, communication preferences, trusted adults, classroom adjustments, safe spaces, attendance, reduced or phased demands, emergency actions, parental contact, professional advice and review dates.

Return following significant absence, crisis or hospital treatment will be planned individually. The school will liaise with the family and professionals, agree reasonable adjustments and avoid requiring the pupil to repeatedly retell distressing information.

15. Staff mental health and wellbeing

The school recognises that staff wellbeing supports safe and effective practice. Leaders will promote respectful working relationships, manageable communication, supervision or debriefing after distressing incidents, access to occupational health or employee support where available, and reasonable adjustments in accordance with the Equality Act 2010.

Staff wellbeing support does not replace performance, conduct, attendance or safeguarding procedures where these are required. Information will be handled sensitively and shared only where necessary.

16. Training and supervision

- All staff will receive induction and regular updates on signs of need, listening and reporting, self-harm and suicide concerns, safeguarding links, confidentiality and available support.
- DSLs, the SENDCo, pastoral staff and the Senior Mental Health Lead will receive role-specific training and updates.
- Training needs will be reviewed against the needs of the current cohort and learning from incidents, audits and referrals.

17. Equality, inclusion and accessibility

The school will consider barriers and disproportionate risk affecting pupils with SEND, disabilities, communication needs, experience of care, young-carer responsibilities, bereavement, trauma, poverty, discrimination, family difficulties or limited English. Staff will avoid assumptions, make reasonable adjustments and provide accessible opportunities to express views and seek help.

18. Recording, monitoring and evaluation

- Record concerns, actions, decisions, referrals, consent, advice and reviews accurately and promptly on CPOMS or the agreed secure system.
- Use factual, respectful language and distinguish observation, disclosure and professional opinion.
- Monitor access, waiting, attendance, participation, behaviour, exclusions, pupil and parent voice, completion of interventions and change against agreed outcomes.
- Review whether support is effective, proportionate and equitable, and escalate or step down provision accordingly.
- Report anonymised themes and impact to governors at least annually.

19. Complaints

Concerns about provision should first be raised with the school so that they can be addressed promptly. If unresolved, the school's formal complaints procedure may be used. Safeguarding concerns will be managed under safeguarding procedures and will not wait for the complaints process.

20. Review

This policy will be reviewed annually and sooner following a significant incident, changes to legislation or guidance, audit findings or changes in school provision.