



Emotional Health and Wellbeing Policy

Ratified by Governors: September 2026

Review: September 2027

1. Statement of intent

At Herrick Primary School we work towards positive emotional health and wellbeing across our whole school community — for adults as well as for children. Our school motto, "to give each and everyone a chance", commits us to a school where every child is known, valued and supported, whatever they arrive carrying.

We believe that emotional health and wellbeing is everybody's business. Mental health is not a separate strand of school life bolted on to the curriculum: it runs through our relationships, our routines, our teaching and the way we treat one another. Children learn best when they feel safe, settled and believed in.

We are committed to a school in which:

- children who are unhappy, worried, distressed or low in mood can seek help, or be offered it, without stigma and with appropriate confidentiality;
- all staff understand that they are not expected to diagnose, but that they are uniquely well placed to notice, record and act when something changes for a child;
- children are taught the vocabulary and the skills to understand their own feelings and to ask for help early, before they reach crisis point;
- the mental health of pupils is understood as a possible safeguarding matter, and is responded to through clear, documented pathways rather than good intentions alone; and
- the wellbeing of staff is treated as seriously as the wellbeing of pupils, because staff who are supported are better able to support children.

This policy sets out how we do this, who is responsible, and what happens when a child needs more help than everyday good practice can provide.

2. Scope and linked policies

This policy applies to all pupils on roll at Herrick Primary School, including those in our Early Years provision, and to all staff, governors, volunteers, supply staff and visiting professionals. It also covers our commitment to staff wellbeing.

It should be read alongside:

- Safeguarding and Child Protection Policy (the overriding policy in any case of doubt)
- Behaviour Policy and Anti-Bullying Policy
- Relationships and Health Education (RSHE) Policy and Personal Development / PSHE curriculum documentation
- SEND Policy and SEND Information Report
- Attendance Policy
- Supporting Pupils with Medical Conditions Policy
- Online Safety Policy and Acceptable Use agreements

- Equality Information and Objectives
- Staff Wellbeing Policy [confirm title] and Managing Staff Absence / Capability procedures
- Complaints Procedure

Where this policy and the Safeguarding and Child Protection Policy appear to conflict, the Safeguarding and Child Protection Policy takes precedence.

3. Legislation, statutory guidance and local frameworks

This policy has been written to reflect the legal and guidance framework in force at the start of the 2026/27 academic year. The following are the documents that shape it.

3.1 Primary legislation

- **Children Act 1989 and Children Act 2004** — the underpinning framework for safeguarding and promoting the welfare of children, including the duty to co-operate with other agencies.
- **Education Act 2002, section 175** — the duty on the governing body of a maintained school to make arrangements to safeguard and promote the welfare of pupils.
- **Children's Wellbeing and Schools Act 2026** — received Royal Assent on 29 April 2026, with provisions commencing on a staged basis. It is the most significant piece of children's safeguarding and school legislation for a generation. The provisions most relevant to this policy are those on multi-agency child protection arrangements, information sharing and the consistent child identifier, school attendance and children not in school, free breakfast club provision in primary schools, and school uniform affordability. The Act also introduced allergy safety duties ("Benedict's Law") requiring spare adrenaline auto-injectors and staff training — these are addressed in our Supporting Pupils with Medical Conditions Policy. As commencement regulations are made, the Senior Mental Health Lead and Headteacher will bring any consequential changes to this policy to the governing body.
- **Equality Act 2010** — including the Public Sector Equality Duty and the duty to make reasonable adjustments. A mental health condition that has a long-term, substantial adverse effect on a child's ability to carry out normal day-to-day activities is a disability under the Act.
- **Children and Families Act 2014** — duties towards pupils with special educational needs and disabilities, and towards pupils with medical conditions.
- **Data Protection Act 2018 and UK GDPR** — governing how we record and share information about children. Data protection law does not prevent, and must never be used as a reason not to share, information where a child is at risk.
- **Health and Safety at Work etc. Act 1974** — the employer's duty of care towards the health, including mental health, of employees.

3.2 Statutory guidance

- **Keeping Children Safe in Education 2026 (DfE)** — in force from 1 September 2026. This is the most significant change since our last review. KCSIE 2026 substantially expands what schools must do about mental health. For the first time, self-harm, eating disorders and suicidal ideation are named explicitly in Part One; a list of warning signs that all staff should recognise sits within the statutory guidance itself; a three-stage escalation pathway replaces the previous single instruction to speak to the DSL; and the DSL is now expressly required to consider whether to inform parents or carers when a child needs mental health support. Mental health problems are formally recognised as a possible indicator that a child has suffered, or is at risk of suffering, abuse, neglect or exploitation. Annex A, the abridged summary of Part One, has been removed — all staff must now read Part One in full.

- **Working Together to Safeguard Children (HM Government)** — the multi-agency framework, including the shift in language and practice towards Family Help and the thresholds for statutory intervention.
- **Relationships Education, Relationships and Sex Education and Health Education (DfE, July 2025)** — statutory from 1 September 2026, replacing the 2019 guidance. Mental health and wellbeing carry considerably more weight than in the previous version. Pupils must be given the vocabulary to talk about their feelings; there is new primary content on change, loss and bereavement; and there is a stronger expectation that RSHE forms part of a coherent whole-school approach to wellbeing rather than sitting in isolation. The guidance is built around a set of guiding principles emphasising a positive, skills-based approach, engagement with parents and carers, and transparency about what is taught.
- **Mental health and behaviour in schools (DfE)** — non-statutory advice on identifying and supporting pupils whose mental health problems affect their behaviour and learning.
- **Promoting and supporting mental health and wellbeing in schools and colleges (DfE and the Office for Health Improvement and Disparities)** — the eight principles of a whole-school approach, which structure Section 6 of this policy, and the framework for the senior mental health lead role.
- **Working together to improve school attendance (DfE)** — including the expectation that schools understand and address the barriers, often including anxiety and mental ill health, behind absence.
- **Behaviour in schools (DfE) and Supporting pupils at school with medical conditions (DfE)** — the expectation that behaviour is understood in the context of need, and that health conditions, including mental health conditions, are supported through individual healthcare plans where appropriate.

3.3 Inspection

Under the education inspection framework introduced in November 2025, Ofsted reports through a report card with separate evaluation areas graded on a five-point scale, with safeguarding judged as "met" or "not met". Personal Development and Wellbeing is a distinct evaluation area, and Inclusion is a further evaluation area in its own right. Both pupil wellbeing and staff wellbeing form part of what inspectors consider. Attendance and behaviour are evaluated together, with inspectors looking at the barriers behind absence rather than at data alone. This policy is one of the ways in which the school evidences its approach, but the evidence that matters is what happens for children day to day.

3.4 Local frameworks — Leicester

As a community school maintained by Leicester City Council, we work within the following local arrangements.

- **Leicester Safeguarding Children Partnership Board (LSCPb)** — its online procedures, its Safeguarding Competency Framework, and the Leicester threshold document for access to services for children and families. All referrals to children's social care follow LSCPb procedures.
- **Leicester City Council Duty and Advice Service / Children's Advice, Support and Prevention team (CASP)** — the single point of contact for all new concerns about a city child, available 24 hours a day on 0116 454 1004. Concerns are discussed by telephone first; a Multi-Agency Referral Form (MARF) is completed if advised. Urgent concerns are never emailed.
- **LLR Safeguarding Children Partnerships practice guidance on self-harm and suicide** — the multi-agency practice guidance for Leicester, Leicestershire and Rutland, which informs

Section 10 of this policy. It supports professionals to have open, non-judgemental conversations with children and young people and to understand their needs; it does not replace specialist advice.

- **Mental Health Support Teams in Schools (MHST)** — delivered by Leicestershire Partnership NHS Trust across Leicester, Leicestershire and Rutland, including a majority of city schools. MHSTs provide early intervention for children with mild to moderate difficulties such as low mood, worry, anxiety and avoidance, and sleep difficulties, working 1:1 and in groups, alongside parents and carers, and in partnership with the school's mental health lead and senior leadership team as part of the whole-school approach. [Confirm and record Herrick's current MHST status, named Education Mental Health Practitioner and referral route.]
- **Leicester City Council Educational Psychology Service** — each city school has a named Educational Psychologist who meets school staff twice yearly to agree a plan of work, and who provides consultation, support and individual work where there are concerns about a child's development, learning or emotional wellbeing.
- **Leicester City Council SEND Support Service — Social, Emotional and Mental Health (SEMH) team** — advice, training and targeted support for schools, including work developed with Public Health Leicester on trauma, adverse childhood experiences, anxiety, low mood and attachment.
- **CAMHS Professional Advisory Service (PAS line)** — telephone advice for professionals in Leicester seeking guidance about a child's mental health, including advice on referral routes: 0116 295 5048, 8.30am to 3.00pm on weekdays.
- **Wider city and LLR provision** — including the Early Intervention Service for children aged 5–18 with low to moderate needs, community wellbeing workshops, school nursing (Healthy Together) and voluntary sector partners. Appendix D lists current services.

4. Definitions

We use the following terms consistently throughout this policy.

Emotional health and wellbeing	A state in which a child can realise their abilities, cope with the normal stresses of life, learn and play, form and maintain relationships, and contribute to their community. Wellbeing fluctuates; it is not a fixed characteristic of a child.
Mental health problem	A difficulty in a child's emotional, behavioural or social development that is more severe or persistent than would be expected for their age and stage, and which interferes with their learning, relationships or daily life.
Vulnerability	A state a child may move into and out of, depending on what is happening around them, rather than a permanent label. A child who is coping well today may need significant support next term.
Senior Mental Health Lead (SMHL)	The member of the senior leadership team with strategic responsibility for the school's whole-school approach to mental health and wellbeing.
Designated Safeguarding Lead (DSL)	The member of the senior leadership team with lead responsibility for safeguarding and child protection, and the decision-maker on whether a wellbeing concern has crossed the safeguarding threshold.

Self-harm	Any behaviour by which a child deliberately causes harm to themselves, irrespective of the motive or the degree of intent.
Suicidal ideation	Thoughts about, or preoccupation with, ending one's own life. It exists on a spectrum and is always treated as a serious concern in a child of primary age.

5. Roles and responsibilities

Emotional health and wellbeing is the responsibility of every adult in the school. The roles below describe where specific accountabilities sit.

5.1 The governing body

- Approves this policy and reviews it annually.
- Assures itself that the school's safeguarding policy names self-harm, eating disorders and suicidal ideation as potential safeguarding concerns, in line with KCSIE 2026.
- Assures itself that recording practice is adequate, and that all staff know what to do when a pupil discloses self-harm or suicidal thoughts.
- Confirms that a trained Senior Mental Health Lead is in post and that the DSL and SMHL roles are formally connected.
- Monitors both pupil and staff wellbeing, including through wellbeing survey data, attendance, suspensions, bullying records and staff absence.
- Appoints a named Mental Health and Wellbeing Governor, who reports to the full governing body at least annually.
- Ensures the school meets its Equality Act duties, including reasonable adjustments for pupils and staff with mental health conditions.

5.2 The Headteacher

- Holds overall accountability for the implementation of this policy and for the culture that gives it effect.
- Ensures adequate staffing, time and resource for pastoral and mental health provision.
- Ensures all staff, including supply and volunteers, receive appropriate induction and training.
- Reports to the governing body on the impact of the school's wellbeing work.

5.3 The Senior Mental Health Lead

The SMHL is Mrs A Aydin. They have completed [DfE-assured / quality-assured] senior mental health lead training with [provider], [date]. The SMHL:

- leads the school's whole-school approach and holds the school's mental health strategic plan;
- maps the school's provision from universal prevention through to specialist referral, and keeps that map current;
- is the school's point of contact for the Mental Health Support Team, the Educational Psychology Service and the SEMH team;
- works in formal partnership with the DSL — the two roles meet at regularly – DSL meeting- and the escalation route between them is documented
- advises colleagues on individual pupils and on classroom strategies;

- oversees the audit of provision, the analysis of pupil and staff wellbeing data, and reporting to governors; and
- ensures the RSHE curriculum and the school's mental health approach are joined up rather than parallel.

5.4 The Designated Safeguarding Lead and deputies

The DSL is Mrs A Aydin. Deputy DSLs are Miss S Odedra, Miss S Kaur and Mrs F Suleman. In relation to this policy the DSL:

- is the decision-maker on whether a concern about a child's mental health is a safeguarding concern;
- decides on referral to the Duty and Advice Service, to early help, or to health services;
- considers in every case whether to inform parents or carers that a child needs mental health support, and records that decision and its reasoning;
- ensures adequate DSL cover is available at all times the school is open to pupils; and
- ensures records are complete, contemporaneous and stored securely.

5.5 The SENCo

- Identifies and assesses social, emotional and mental health (SEMH) needs as a category of SEND, and puts graduated support in place.
- Ensures that mental health needs recorded in EHC plans are monitored in a way that links to the school's safeguarding framework, not separately from it.
- Co-ordinates work with the Educational Psychology Service, the SEMH team and health colleagues.

5.6 All staff

- Read Part One of Keeping Children Safe in Education in full. Since September 2026 there is no abridged version.
- Know the warning signs at Appendix B and act on them.
- Understand that they are not expected to diagnose. The task is to notice, record and act.
- Record every concern, however small it seems, on CPOMS the same day.
- Never promise a child confidentiality, and know how to explain honestly what will happen next.
- Model the emotional regulation and the respect for others that we ask of children.

5.7 Pupils

- Are taught who the trusted adults in school are, and how to ask for help for themselves or a friend.
- Contribute to decisions through the school council, pupil surveys and class discussion.
- Are expected to treat one another in line with the Herrick Values.

5.9 Parents and carers

- Are our first partners in understanding a child. We will normally involve you early.
- Can raise a concern with the class teacher, the SMHL or the DSL at any point.
- Are consulted on the RSHE curriculum and told what is taught and when.

6. Our whole-school approach

We structure our work around the eight principles of a whole-school approach published by the DfE and the Office for Health Improvement and Disparities. Each principle below is followed by what it means in practice at Herrick.

6.1 Leadership and management that champions wellbeing

- A Senior Mental Health Lead on the senior leadership team, with a strategic plan and a named link governor.
- Wellbeing is a standing item in senior leadership and governing body cycles, not an annual add-on.
- Consultation with all staff on decisions that affect workload and wellbeing, such as the timing of the school day and the frequency of reporting to parents.

6.2 An ethos and environment that promotes respect and values diversity

- The Herrick Values is taught, modelled and celebrated across the school (Section 7.2).
- Classroom and communal spaces are arranged to support calm, focus and belonging, with identified quiet or regulation spaces available to children who need them.
- Clean, private, well-maintained toilet facilities — a basic dignity issue that has a direct effect on children's comfort and attendance.
- Breakfast club provision for primary pupils, from 8:00 am until 8:40 am
- Clear, consistently applied rules and routines, so that children know what to expect from adults.
- Explicit challenge to prejudice of any kind, including misogyny, racism and prejudice related to disability, faith or gender.

6.3 Curriculum, teaching and learning

Covered in full at Section 7.

6.4 Enabling pupil voice

Covered in full at Section 17.

6.5 Staff development

Covered in full at Section 21.

6.6 Identifying need and monitoring impact

- Universal screening through [pupil wellbeing survey — by Mrs Aydin termly], analysed by year group and by vulnerable group.
- Triangulation of survey data with attendance, behaviour, bullying and safeguarding records, so that patterns are visible.
- A provision map running from universal prevention to specialist referral, reviewed each term by the SMHL.

6.7 Working with parents and carers

Covered in full at Section 12.

6.8 Targeted support and appropriate referral

Covered in full at Section 11.

7. Curriculum and teaching

7.1 RSHE and Personal Development

From 1 September 2026 we teach in line with the DfE's updated statutory guidance on Relationships Education, Relationships and Sex Education and Health Education, published in July 2025. Mental health and emotional wellbeing carry greater weight in the updated guidance than in the 2019 version it replaces.

Our curriculum:

- gives children the vocabulary to name and talk about their feelings, from Reception upwards;
- teaches that everyday emotional ups and downs are normal and manageable, while helping children recognise when a feeling is not passing and help is needed;
- teaches children how and where to ask for help, in school and beyond, and that asking is a sign of strength;
- includes change, loss and bereavement, recognising that grief takes many forms and that people grieve differently — new content at Key Stages 1 and 2 in the updated guidance;
- builds skills as well as knowledge: resilience, self-worth, respect, honesty, integrity, courage, kindness and trustworthiness;
- covers online safety and wellbeing, personal safety including around water, roads and railways, and the correct terminology for body parts;
- takes a positive approach, promoting healthy norms rather than relying on fear, and avoids language that might normalise harmful behaviour or stigmatise any group of children; and
- is planned in explicit connection with our safeguarding, behaviour and anti-bullying work, so that what children are taught and what children experience match.

Our RSHE Policy is developed and reviewed with staff, parent and pupil voice, and we are transparent with parents about what is taught and when. The statutory position on parents' right to request withdrawal from sex education is unchanged and is set out in the RSHE Policy.

7.2 The Herrick Values

We encourage every child to develop the Herrick Character. It gives children a shared language for talking about who they are becoming.

Ambition	We always try our best, challenge ourselves and feel excited to learn new things every day.
Empathy	We care about how others feel, listen to them and always help someone in need.
Integrity	We choose to be honest and do the right thing, even when no one is watching us.
Resilience	We never give up when things get tricky, but instead we keep trying and learn from our mistakes.

7.3 Motivation, engagement and self-esteem

- A balanced curriculum with opportunities for intellectual, physical, creative and expressive development.
- Adaptive teaching matched to age, stage and need, with high expectations for every child.

- Consistent support for children with SEND and for vulnerable children, from trained pastoral, learning support and teaching assistant teams, with external agencies where appropriate.
- A varied programme of extra-curricular clubs, events and educational visits, with active steps to remove cost and access barriers so that participation is genuinely open to all.
- Praise and reward through the Dojo reward system, stickers and the star of the week in Key Stage 1 and Key Stage 2. Stickers, Star of the week and Reward Chart in Early Years.
- Leadership opportunities through the school council, Red Hats, project groups and peer mentoring.
- Opportunities for reflection and spiritual development through art, literature and the RE curriculum.
- Growing independence in learning, so children experience themselves as capable.

8. Early identification: what all staff look for

Teachers and teaching assistants have daily, sustained contact with children. That makes them uniquely well placed to notice when something has shifted — often before anyone else does. Diagnosis is a matter for trained professionals. Our job is to notice, record and act.

Keeping Children Safe in Education 2026 sets out warning signs that all staff should know. These include:

- significant changes in behaviour;
- persistent difficulty sleeping;
- withdrawing from social situations;
- loss of interest in activities the child usually enjoys; and
- physical signs of self-harm or self-neglect.

At Herrick we also pay attention to: a sustained drop in attendance or punctuality; reluctance to come into school or into a particular space; changes in appetite or eating at lunchtime; a change in a child's friendships or in how other children respond to them; new or escalating aggression; a marked change in the quality or quantity of work; frequent unexplained physical complaints such as headaches or stomach aches; and anything a child's parent or carer tells us has changed at home.

Context matters. A child's vulnerability is not fixed — children move in and out of vulnerability depending on what is happening around them. Bereavement, a parent's illness, a new baby, housing insecurity, immigration matters, domestic abuse, a parent's mental ill health or substance use, and young carer responsibilities can all shift a child's wellbeing quickly.

The rule for all staff

Record every concern on CPOMS the same day, in factual language, with the child's own words where possible.

A concern raised but not recorded is, for all practical purposes, a concern that was never raised.

If in any doubt at all about whether something meets the threshold, speak to the DSL. It is never your job to decide alone.

9. When a wellbeing concern becomes a safeguarding concern

There is no formula, and KCSIE deliberately does not offer one. The working principle we apply is this: if a child's mental health is placing them at risk of significant harm, or may be a consequence of abuse, neglect or exploitation, it is a safeguarding matter. Mental health problems can themselves be an indicator that a child has suffered, or is at risk of suffering, abuse, neglect or exploitation.

The DSL is the decision-maker. KCSIE 2026 sets out a three-stage pathway, which we follow:

1. Safeguarding concern — follow the Child Protection Policy and refer to the DSL or a deputy DSL immediately.
2. Immediate danger — call 999, or take the child to Accident and Emergency. Do not wait to find the DSL first; tell them as soon as the child is safe.
3. Urgent but not an emergency — contact NHS 111, online or by telephone, selecting the mental health option.

Having taken any of these steps, staff must still record what happened and inform the DSL.

Where the concern does not meet the safeguarding threshold, it does not disappear. It is recorded, shared with the SMHL, and considered for the school's targeted support pathway at Section 11, with parents involved as described at Section 12.

10. Self-harm, suicidal ideation and eating disorders

Since September 2026 these are named explicitly in Part One of Keeping Children Safe in Education. They are named explicitly in this policy too, because staff respond more confidently to things that have been said out loud.

10.1 Our starting position

- These are safeguarding matters, not behaviour matters. They are never responded to with sanctions.
- They occur in primary-aged children. Staff must not discount a disclosure on the grounds that a child is too young.
- No member of staff should ever manage a disclosure alone, or agree to keep it secret.
- Diagnosis and clinical assessment are matters for health professionals. Our role is to respond calmly, record accurately, keep the child safe now, and get the right people involved quickly.

10.2 What staff do

4. Stay calm and stay with the child. A child who has disclosed something frightening needs the adult in front of them to be steady.
5. Listen without judgement. Use open questions and the child's own language. Do not express shock, promise secrecy, or offer reassurance you cannot honour.
6. Be honest about what happens next: that you need to tell one particular person whose job it is to help, and that you will tell the child who that is.
7. Attend to any immediate physical injury with a first aider, and to immediate danger through the Section 9 pathway.
8. Inform the DSL immediately — the same hour, not the end of the day.
9. Record factually as soon as possible afterwards, including what the child said in their own words, what you said, and who you told.

Staff must not suggest coping techniques that rely on physical discomfort or sensory shock. Such approaches reinforce the underlying pattern and are not part of our practice. Support strategies are agreed with health colleagues, not improvised.

10.3 What the school then does

- The DSL and SMHL agree a response together, drawing on the LLR Safeguarding Children Partnerships practice guidance on self-harm and suicide.
- The DSL considers whether to inform parents or carers, and records the decision and the reasoning. Parents are normally informed. Where informing a parent might place the child at greater risk, the DSL takes advice from the Duty and Advice Service before deciding.
- The DSL seeks professional advice where the picture is unclear — from the Duty and Advice Service on 0116 454 1004, or from the CAMHS Professional Advisory Service on 0116 295 5048.
- Where an eating disorder is suspected, the family is supported to see their GP promptly. Early intervention makes a substantial difference to outcomes. School staff do not give the child individual advice on food, weight or exercise, and do not comment on a child's body or appearance.
- A written support plan is agreed with the child, the family and any involved professionals, setting out the child's trusted adults in school, what helps, what to do on a difficult day, and who reviews it and when.
- Staff who need to know are told what they need to know to keep the child safe — no more, and no less.
- The adult who received the disclosure is offered support. Hearing this from a child is hard, and we do not expect staff to absorb it alone.
- Where a child has self-harmed, we consider whether other children have been affected or exposed, and respond thoughtfully to avoid distress spreading.

11. Targeted support and referral pathways

Our provision runs from universal prevention through to specialist referral. The SMHL maintains a current map of this pathway; the summary below sets out its shape.

11.1 Universal — for every child

- Quality-first teaching and predictable, warm relationships with a known adult.
- The RSHE and Personal Development curriculum, and the Herrick Character.
- Whole-school events including anti-bullying week and mental health awareness activity.
- Transition and welcome arrangements at every entry and exit point, which are among the highest-risk moments for children's wellbeing.

11.2 Targeted — school-led, for identified children

- Pastoral support and key adult check-ins.
- Nurture and small-group work; peer mentoring through the school council and Red Hats.
- Individual support plans, and SEN support through the graduated approach where an SEMH need is identified.

11.3 Targeted — external partners

- Mental Health Support Team (Leicestershire Partnership NHS Trust) for mild to moderate difficulties: low mood, worry, anxiety and avoidance, sleep difficulties. MHST works 1:1 and in groups with children, and with parents and carers, in partnership with the SMHL and senior leadership.
- Educational Psychology Service, through the named EP and the twice-yearly planning meeting.
- Leicester City Council SEMH team for advice, training and targeted work.
- School nursing (Healthy Together) and the school health advice service.
- Early Intervention Service for children aged 5–18 with low to moderate mental health needs across Leicester, Leicestershire and Rutland.
- Early help through Leicester City Council, including a family Early Help Assessment where the whole family needs support.

11.4 Specialist and statutory

- CAMHS, for moderate to severe presentations requiring specialist assessment. In Leicester, referrals are made by GPs, hospital and community doctors, social workers, educational psychologists and other health professionals in conjunction with the GP. School supports families to access the right route and contributes information with consent.
- Children's social care via the Duty and Advice Service on 0116 454 1004, following the LSCPB threshold document, with a MARF completed where advised.
- Emergency care via 999 or Accident and Emergency; urgent non-emergency advice via NHS 111, mental health option.

No child waits for an external referral before receiving support from us. School-led support continues alongside, and after, any external involvement.

12. Working with parents and carers

Parents and carers know their child best. Our default is openness: we tell parents when we are worried, and we ask them what they are seeing at home.

KCSIE 2026 requires the DSL to consider, in each case, whether to inform parents or carers when a child needs mental health support. That consideration is recorded. Parents are normally informed. The exception is where informing a parent would place the child at greater risk of harm, in which case the DSL takes advice from the Duty and Advice Service before deciding, and records the reasoning.

In practice this means:

- a conversation, not a letter, when we first raise a wellbeing concern — held in a private space, with an interpreter where needed;
- being clear about what we have noticed, what we are doing, and what we are asking of the family;
- agreeing support plans with parents rather than presenting them;
- signposting families to the services at Appendix D, and helping them make contact where that is a barrier; and
- recognising that a parent may be struggling themselves. Where a parent's own mental health, substance use or experience of domestic abuse is affecting a child, we follow the LLR Safeguarding Children Partnerships procedures, including the children of parents with mental health problems procedure.

More widely, we involve parents and carers in the life and learning of the school through parent questionnaires, consultation on change and development, subject focus evenings and workshops, involvement in trips and extra-curricular activities, and regular communication about progress, behaviour and pastoral matters.

13. Confidentiality, record keeping and information sharing

- Staff never promise a child that they will keep a disclosure secret. We explain, in words the child can understand, that we may need to tell someone whose job it is to help, and we tell the child who that person is.
- Every concern, conversation and decision is recorded on CPOMS — clearly, comprehensively, and with the outcome and next steps noted.
- Records are factual, contemporaneous, and distinguish between what was observed, what was reported, and what was concluded.
- Information is shared with staff on a need-to-know basis, proportionate to keeping the child safe.
- Data protection law does not prevent, and must never be used as a reason not to share, information where a child is at risk. Staff and governors should refer to the DfE's data protection guidance for schools and to information sharing advice for safeguarding practitioners.
- Records transfer with the child, in line with our Safeguarding and Child Protection Policy, when they move school.

14. Pupils with SEND and other vulnerable groups

Inclusion is a distinct focus of both the Ofsted framework and our own values. We give particular attention to how our provision works for children who face barriers to their learning or their wellbeing.

- Social, emotional and mental health is one of the four areas of need in the SEND Code of Practice. Where an SEMH need is identified we use the graduated approach — assess, plan, do, review.
- Mental health needs recorded in EHC plans are monitored in a way that connects to our safeguarding framework, not in a separate system.
- A mental health condition may be a disability under the Equality Act 2010. We make reasonable adjustments and we do not treat the consequences of a disability as misconduct.
- We pay specific attention to children who are looked after or previously looked after, young carers, children with a social worker, children eligible for pupil premium, children new to English or newly arrived in the UK, bereaved children, children affected by domestic abuse, and children who are questioning their gender — for whom KCSIE 2026 recognises that complex mental health needs may arise, and where the expectation is that parents are involved in most cases.

15. Attendance and emotionally based school avoidance

Attendance and wellbeing are inseparable. A child who stops coming to school is usually telling us something. Absence, as well as being missing from education, can be a warning sign of a range of safeguarding concerns.

- We follow Working together to improve school attendance, and the attendance provisions of the Children's Wellbeing and Schools Act 2026 as they commence.
- Where absence is rising, we look for the barrier before we look for a sanction. Anxiety, bullying, unmet SEND, a bereavement, sensory overwhelm or something happening at home are all common causes.
- Emotionally based school avoidance is understood as a wellbeing and inclusion issue. Our response is a support plan built with the child and family — often involving a graduated return, a named key adult, a predictable arrival routine and adjustments to the parts of the day the child finds hardest — developed with the Educational Psychology Service or the SEMH team where needed.
- Attendance and pastoral records are reviewed together, so that patterns are visible to the SMHL and DSL rather than sitting in separate systems.

16. Anti-bullying culture

Bullying has a direct and lasting effect on emotional health. Our Anti-Bullying Policy sets out our procedures in full; this policy records the culture we are trying to build.

- A strong school ethos of tolerance and respect, including respect for difference and diversity.
- A high profile for our anti-bullying procedures — through posters, assemblies, the curriculum, and events including national anti-bullying week.
- Active listeners: identified adults and trained peer mentors to whom a child can turn.
- Explicit attention to child-on-child abuse and to harmful sexual behaviour, on which KCSIE 2026 places greater emphasis, including the preventative work that reduces it. We never dismiss such behaviour as banter or as growing up.
- Explicit attention to misogyny and to the attitudes that underpin it, alongside a determination not to stigmatise boys.
- Recognition that bullying now follows children home through their devices, and that online incidents affecting our pupils are our concern even when they occur outside school.

17. Pupil voice and participation

Children who have a say in what happens to them do better. We strengthen pupil voice through:

- a democratic process for the election of school council representatives;
- timetabled meeting time for the school council, and a route by which its recommendations reach senior leaders and governors;
- opportunities for children to put forward suggestions for projects in school;
- Red Hats, project groups and peer mentoring roles;
- pupil wellbeing surveys, with the findings shared back with children and used to shape provision — including targeted groups and displays based on what children have told us; and

18. Online life, AI and wellbeing

Children's online lives are not separate from their emotional lives. KCSIE 2026 updates the online risk categories to reflect the growing presence of artificial intelligence, and requires schools to review the effectiveness of their filtering and monitoring systems at least once every academic year.

- Online safety is taught through the RSHE and computing curriculum, with a strong primary focus on online safety and wellbeing.
- We teach children about the emotional effects of comparison, exclusion from group chats, and content that makes them feel worse about themselves.
- We address AI-generated content, including deepfakes, at an age-appropriate level, and staff refer to the DfE guidance on generative artificial intelligence in education.
- Filtering and monitoring effectiveness is reviewed at least annually, with clearly assigned roles and governor oversight. Our Online Safety Policy and this policy are reviewed together, because online harm and mental health concerns frequently present in the same child.
- We follow the statutory guidance on mobile phones in schools.

• 19. Staff wellbeing

Adults cannot pour from an empty cup. Staff wellbeing is a governing body concern in its own right, it forms part of Ofsted's Personal Development and Wellbeing evaluation area, and it is an employer duty under health and safety law.

We support staff motivation, learning and wellbeing through:

- curricular planning time within the school week, and non-contact time for the planning, delivery and evaluation of wellbeing activities;
- whole-school training events, including safeguarding, and access to appropriate external training;
- involving all staff in decision-making and proposed change, including the timing of the school day and the frequency of reporting to parents;
- active workload management, with leaders asked to consider the workload implications of any new initiative before it is introduced;
- supervision or structured reflective support for staff carrying significant pastoral and safeguarding responsibility, including the DSL and pastoral team;
- debriefing after distressing incidents, and access to [Employee Assistance Programme- Champion Health , www.championhealth.co.uk, Vivup- contact number: 03303 800 658 and /or occupational health.
- reasonable adjustments for staff with mental health conditions, and a supportive, non-punitive approach to mental-health-related absence;
- a staff wellbeing noticeboard and shared resources, including sources of confidential support; and
- consultation on training and support needs through regular review, and an annual staff wellbeing survey reported to governors.

20. Bereavement, loss and critical incidents

- Change, loss and bereavement are taught as part of the RSHE curriculum from Key Stage 1 and 2, including the understanding that grief brings many different feelings and that everyone grieves differently.
- When a child in our community is bereaved, the SMHL and the class teacher agree a plan with the family before the child returns, covering what the child wants other children to know and who their key adult will be.

- We recognise that grief is not linear and can resurface months or years later, particularly at anniversaries, transition points and family milestones.
- In the event of a critical incident affecting the school community, we follow our Critical Incident Plan and draw on the Educational Psychology Service's critical incident support, which is available to Leicester schools.
- Where a death by suicide affects the school community, we take specialist advice before communicating with children and families, and consider the support needs of staff as well as pupils. Bereavement support services are listed at Appendix D.

21. Training

All staff, at induction and annually	Part One of Keeping Children Safe in Education, read in full — there is no longer an abridged Annex A version. Warning signs of mental health difficulty. The Section 9 escalation pathway. How to respond to a disclosure. Recording expectations.
All staff, ongoing	Regular safeguarding updates including mental health content; child-on-child abuse and harmful sexual behaviour; online harms including AI; attachment, trauma and adverse childhood experiences.
Senior Mental Health Lead	Quality-assured senior mental health lead training, with refresher learning and participation in local mental health lead networks.
DSL and deputy DSLs	DSL training refreshed at least every two years, with knowledge and skills updated at least annually, including the KCSIE 2026 mental health provisions.
Pastoral team	ELSA training and ongoing Educational Psychologist supervision, which is required to gain and maintain ELSA status. Additional training on self-harm, anxiety and low mood.
Governors	KCSIE 2026, including their oversight role in relation to mental health; the Ofsted evaluation areas; safeguarding governance.
Supply staff and volunteers	Safeguarding induction before contact with children, including who the DSL is and how to raise a concern. Note that KCSIE 2026 removed the supervision exemption for volunteers and changed DBS requirements — see the Safeguarding and Child Protection Policy.

A record of all training is maintained by Firza Suleman and reported to the governing body annually.

22. Monitoring, evaluation and review

We judge this policy by what changes for children, not by whether the document exists.

22.1 What we monitor

- Pupil wellbeing survey results, analysed by year group and by vulnerable group.
- Attendance and persistent absence, including for children with identified SEMH needs.
- Behaviour incidents, suspensions and internal exclusions.

- Bullying and child-on-child abuse records.
- Volume, type and outcome of referrals: internal, MHST, EPS, early help, social care.
- Waiting times between a concern being raised and support beginning.
- Staff wellbeing survey results and staff absence.
- Parent and pupil feedback.

22.2 How we review

- Termly: the SMHL reviews the provision map and case-level outcomes with the DSL and SENCo.
- Annually: a full audit against the eight principles of the whole-school approach, reported to the governing body by the SMHL and the link governor.
- Annually, or sooner: this policy is reviewed and approved by the governing body. It will be reviewed immediately if statutory guidance changes materially — including on the commencement of further provisions of the Children's Wellbeing and Schools Act 2026, or the publication of a new edition of Keeping Children Safe in Education.

Appendix A — Key contacts

Complete the internal contacts before publication. Verify all external numbers annually.

In school

Designated Safeguarding Lead	Mrs A Aydin
Deputy DSLs	Miss S Odedra, Miss S Kaur and Mrs F Suleman
Senior Mental Health Lead	Mrs A Aydin
SENCo	Mrs A Aydin
Mental Health and Wellbeing Governor	Mr S Martin

Urgent

Immediate danger to a child	999
Urgent, not an emergency	NHS 111 — online or by phone, select the mental health option
Concern about any child in Leicester	Duty and Advice Service / CASP: 0116 454 1004 (24 hours, every day). Telephone first; do not email urgent concerns.
Allegation about an adult who works with children	Leicester LADO: 0116 454 2440 — lado-allegations-referrals@leicester.gov.uk

Professional advice and local services

CAMHS Professional Advisory Service (PAS line)	0116 295 5048, 8.30am–3.00pm weekdays — advice for professionals, including on referral routes
Leicester City Council Early Help	0116 454 1694 — early-help-queries@leicester.gov.uk
Named Educational Psychologist	Miss Rebecca Crompton
SEND Support Service — SEMH team	Mrs Sacha Gittins
Leicester City Prevent Education Officer	Ailsa Coull 0116 454 6923
Leicester Safeguarding Children Partnership Board	Online procedures, threshold document and MARF — lcityscb.org

Appendix B — Warning signs: quick reference for all staff

Print and display in the staffroom and in year group areas.

Signs named in Keeping Children Safe in Education 2026

- Significant changes in behaviour
- Persistent difficulty sleeping
- Withdrawing from social situations
- Loss of interest in activities the child usually enjoys
- Physical signs of self-harm or self-neglect

Also watch for

- A drop in attendance or punctuality; reluctance to enter school or a particular space
- Changes in appetite, or in eating at lunchtime
- A change in friendships, or in how other children respond to the child
- New or escalating aggression, or unusual compliance and invisibility
- A marked change in the quality or quantity of work, or in concentration
- Frequent unexplained physical complaints — headaches, stomach aches, feeling sick
- Talk about being a burden, about not mattering, or about not being here
- Anything a parent or carer tells you has changed at home

Your job is not to diagnose.	Your job is to notice, record and act.
Record it the same day.	A concern that is not recorded is, in practice, a concern that was never raised.
Tell the DSL.	If you are unsure whether it counts, that is exactly when to ask.
Never promise secrecy.	Say instead: "I need to tell [name], whose job it is to help. I will tell you what happens next."

Appendix C — Escalation pathway at a glance

Follow this pathway whenever you are concerned about a child's mental health.

1 You notice something, or a child tells you something

Stay calm. Listen. Do not promise secrecy.

Record on CPOMS the same day, in the child's own words where possible.

Tell the DSL. If you are unsure whether it meets the threshold, tell the DSL anyway.

2 The DSL decides

Is the child at risk of significant harm, or could this be a consequence of abuse, neglect or exploitation? If so, it is a safeguarding concern — follow the Child Protection Policy.

The DSL considers whether to inform parents or carers, and records that decision and the reasons for it.

The DSL takes advice where the picture is unclear: Duty and Advice 01 16 454 1004, or CAMHS PAS line 01 16 295 5048.

3 Act on the level of risk

IMMEDIATE DANGER — call 999, or take the child to A&E. Do not wait. Tell the DSL as soon as the child is safe.

URGENT BUT NOT AN EMERGENCY — NHS 111, online or by phone, select the mental health option.

SAFEGUARDING CONCERN — refer to the DSL or deputy immediately; referral to the Duty and Advice Service where the threshold is met.

BELOW THE SAFEGUARDING THRESHOLD — the concern still stands. Record it, share it with the SMHL, involve parents, and consider the targeted support pathway at Section 11.

Whatever step you take, record it and inform the DSL. No member of staff manages this alone.

Appendix D — Support services for pupils and families

Check these annually. Services and contact routes change; a wrong number in a policy is worse than no number.

Leicester, Leicestershire and Rutland

Mental Health Support Teams in Schools	Leicestershire Partnership NHS Trust — early help for low mood, worry, anxiety and avoidance, and sleep difficulties. Referral through school.
Early Intervention Service	Emotional support for children and young people aged 5–18 with low to moderate mental health needs, living in Leicester, Leicestershire or Rutland. Step-down from CAMHS, with some evening appointments.
CAMHS	Specialist support for moderate to severe presentations. Referral via GP or another health professional.
Healthy Together / school nursing	Health advice for children and families, including the confidential text advice service for young people.
Start A Conversation	LLR suicide prevention partnership, with free and confidential advice and support, including services for under-18s.
Leicester City Council Early Help	Family support, parenting programmes, children and family centres, and Early Help Assessment. 0116 454 1694.
Leicester City Council SEND Local Offer	Information for families on SEND and mental health support in the city — families.leicester.gov.uk

National

Childline	0800 11 11 11 — free, confidential, 24 hours, for any child
YoungMinds Parents Helpline	Free advice for parents and carers worried about a child's mental health
Samaritans	116 123 — free, 24 hours (for parents, carers and staff)
Anna Freud — Mentally Healthy Schools	Quality-assured resources for primary schools
Winston's Wish	Support for bereaved children and the adults around them
National Alliance for Eating Disorders	Information and support relating to eating disorders
Education Support	Free, confidential helpline for education staff