Policies & Procedures

Pupil's Social and Emotional Wellbeing and Mental Health Policy

Name of Policy	Pupil's Social and Emotional Wellbeing and Mental Health Policy
ISSR	Part 3: Welfare, health and safety of pupils
Reviewed by	Alleyn's Oakfield SLT
Author/SLT	Mr Danny Walsh, Designated Safeguarding Lead
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Policy Overview

This policy applies to the Junior School, including EYFS (Early Years Foundation Stage).

This policy is intended for pupils, parents and staff at Alleyn's Oakfield. It informs the whole-school approach to promoting social and emotional wellbeing and mental health and also outlines the school's role in identifying and managing a pupil presenting with symptoms suggestive of a mental health concern. It draws on the non-statutory advice from the Department for Education and the National Children's Bureau advice for schools. This policy must be read in conjunction with the statutory guidance, *Keeping Children Safe in Education* (KCSIE) *September 2025*.

Alleyn's Oakfield is committed to supporting the emotional health and wellbeing of all pupils. The school ethos is one of care, respect and kindness, where the happiness, security and contribution of each individual member of the community is valued.

Alleyn's Oakfield knows that everyone experiences life challenges that can make us vulnerable and recognises that there are times when any pupil may need additional emotional support. Positive mental health is everybody's business and all have a role to play.

At Alleyn's Oakfield:

- children recognise, understand and express their emotions and feelings
- children feel comfortable in sharing any concerns or worries
- children form and maintain positive social relationships
- self-esteem is promoted
- children know that they count
- children are confident and 'dare to be different'
- children develop emotional resilience and manage setbacks
- Pupil voice is promoted and strengthened through School Council opportunities, pupil interviews, pupil surveys etc.

A mentally healthy environment is promoted through:

- living out the school values and encouraging a sense of belonging
- developing pupil leadership and opportunities to participate in decision-making
- celebrating academic and non-academic achievements
- providing pupils with opportunities to develop a sense of self-worth through taking responsibility for themselves and others
- creating opportunities to reflect
- access to appropriate support that meets children's needs

Aims are pursued through:

- shared whole-school values and approaches
- support for pupils going through difficulties, including bereavement
- specialised, targeted approaches aimed at pupils with more complex or long-term difficulties, including attachment disorder

Scope

This policy must be read in conjunction with the First Aid and Medical policy and SEND policy in cases where a pupil's mental health needs overlap with these.
This policy is also be read in conjunction with policies for Safeguarding and Child Protection, Behaviour, Anti-Bullying, CPSHE, SMSC and Fundamental British Values.

Teaching about Mental Health

The skills, knowledge and understanding needed by pupils to keep themselves mentally healthy and safe are included as part of the CPSHE curriculum, delivered via the Jigsaw programme throughout the school.
The specific content of lessons is determined by the needs of the cohort taught, using appropriate guidance to ensure that mental health and emotional wellbeing issues are taught in a safe and sensitive manner.
In addition, Children's Mental Health Week is celebrated throughout the school, with age-appropriate activities, each February.

Targeted support

The school offers support through targeted approaches for individuals or groups of pupils which may include:

- Circle time
- Use of social stories
- 'Circle of Friends' sessions
- Managing feelings resources, such as 'Secret Safe', 'worry boxes' or 'worry monsters'
- Managing emotions resources such as 'the incredible 5-point scale,' which is adapted to fit the specific needs of each child.
- Pupil workshops
- Support from external organisations if appropriate
- Therapeutic activities including art, Lego, yoga, relaxation and mindfulness techniques
- Wellbeing initiatives such as whole school activities and designated spaces for mindfulness and wellbeing
- Support resources such as stories, toys, music/audio
- 1:1 mentoring system in which a child is identified, by any adult in school, as needing someone to talk to on a regular basis. The child chooses an adult in school that they feel comfortable talking to and the staff member and child meet weekly or bi-weekly, depending on the circumstances.
- If required, the Strengths and Difficulties questionnaire (SDQ) may be used to assess a child's behaviour and resulting needs.

Signposting

Staff, pupils and parents are aware of what support is available within school and how to access further support.
At least one qualified Youth Mental Health First Aider is present on staff at all times.

Definitions

Below are definitions of some mental health problems

Clinical depression: is a common mental disorder that presents with depressed mood, loss of interest, feelings of guilt or low self-worth, disturbed sleep, low energy, poor concentration and/or changes of appetite. These symptoms occur most days for at least two weeks.

Anxiety disorders: anxiety disorders are conditions in which anxiety dominates the person's life or is experienced in particular situations. They include panic attacks, post-traumatic stress disorder (PTSD), obsessive compulsive disorder (OCD) and "generalised anxiety disorder".

Eating disorders: are characterised by an abnormal attitude towards food that causes someone to change their eating habits and behaviour, e.g. anorexia (an emotional disorder characterised by an obsessive desire to lose weight by refusing to eat), or bulimia (an emotional disorder characterised by a distorted body image and an obsessive desire to

lose weight, in which bouts of extreme overeating are followed by fasting or self-induced vomiting or purging).

Self-harm: is a term used when someone injures or harms himself/herself on purpose (also called self-injury or deliberate self-harm) rather than by accident. Common examples include cutting, hitting, scratching, burning, deliberate ingestion of poisonous substances, or large quantities of medication. Attempted suicide is the most serious form of self-harm.

Some other recognised disorders: attachment disorder, schizophrenia, bipolar disorder.

Early Identification

The Schools dentification system involves a range of processes. Pupils with possible mental health needs are identified as early as possible to prevent things becoming worse. This is done in different ways, including:

- Identifying children in the EYFS who may need support, through regular observations on Tapestry. Development Matters - Personal Social and Emotional Development – is used to monitor how children are progressing and the Characteristics of Effective Learning and Teaching to check involvement and engagement in lessons and activities. These are akin to the Leuven Scale but adapted to meet the needs of children at Alleyn's Oakfield.
- SDQ (Strengths and Difficulties Questionnaire)
- Analysing behaviour, sanctions, exclusions, attendance and visits to the front office for illness
- Pupil welfare/children of concern is an item on every staff meeting or briefing agenda
- Staff report concerns about individual children to the Designated Safeguarding Lead (DSL)
- Worry boxes and 'Secret Safe' for information gathering
- Termly Pupil Progress meetings
- Parent information and health questionnaire on entry to the school
- Gathering information from a previous school at transfer
- Parental meetings
- Half-termly staff supervision meetings in the EYFS
- Enabling children to raise concerns with any member of staff
- Enabling parents and carers to raise concerns with any member of staff
- Pupil survey results

Identifying Needs and Warning Signs

These signs might include:
- Isolation from friends and family and becoming socially withdrawn
- Falling academic achievement / changes in learning behaviours
- Talking or joking about self-harm or suicide
- Expressing feelings of failure, uselessness or loss of hope
- Secretive behaviour
- An increase in lateness or absenteeism
- Not wanting to do PE or get changed for PE
- Wearing long sleeves in hot weather

- Drugs misuse
- Family circumstances
- Recent bereavement
- Health indicators
- Changes in eating / sleeping habits
- Changes in activity and mood
- Physical signs/ indicators of harm that are repeated or appear non-accidental
- Repeated physical pain or nausea with no evident cause

Staff are aware that mental health needs such as anxiety might manifest themselves as non-compliant, disruptive or aggressive behaviour, which could include problems with attention or hyperactivity. This may be related to home problems, difficulties with learning, peer relationships or development.

If staff become aware of warning signs which may indicate that a pupil is experiencing mental health or emotional wellbeing issues, these are always taken seriously and reported to the Designated Safeguarding Lead (DSL).

If there is a concern that a pupil is in danger of immediate harm, then the school's Safeguarding and Child Protection policy and procedures must be followed.

Working with Parents and Carers

In order to support parents and carers:
- Sources of information and support about mental health and emotional wellbeing are highlighted
- Parent forums are used to share and allow parents/carers to access sources of further support
- Parents/carers are made aware of who to talk to if they have concerns about their child
- Ideas about how parents/carers can support positive mental health in their children are shared
- Parents are kept informed about the mental health topics their children are learning about in CPSHE

Confidentiality and consent

Where a pupil has a special coping strategy, they, and their parents, are asked if they wish this information to be shared with staff. Sometimes it is right to share this information with staff irrespective of the pupil's wishes. If information is to be shared, it is done in the weekly staff meeting.

The School protocol is to inform parents/guardians if a pupil is a risk to themselves or to others. This is also recorded as a safeguarding concern. Each circumstance is different. Where appropriate, parents/guardians are informed of concerns.

Although medical practitioners and GPs cannot always share information, the School seeks to be aware of any support programmes being offered by a GP that may affect the pupil's behaviour and attainment at School. The School may ask parents to give consent to their child's GP to share information with the School where necessary.

The School may also need to pass on the information to other staff. The pupil and their parents/guardian are informed who these staff members are and why they would need to know.

The information exchanged between members of staff only includes what is necessary on a need-to-know basis.

Working with other agencies and partners

If the symptoms become more severe, distressing or ongoing, it is important to seek further support. Only medical professionals can make a formal diagnosis of a mental health condition.

Targeted provision is made by the school, working with other external agencies (as required) to support pupil emotional health and wellbeing, including:

- Lambeth school nursing service
- Lambeth Educational psychology services
- Paediatricians
- CAMHS (child and adolescent mental health service)
- Counselling services
- Family support workers
- Therapists, such as for Speech & Language or Play
- Lambeth Mental Health Support Team

Referral Process

Please see the see flow chart at the end of this policy for what staff must do in the event that they have a mental health concern about a child.

Training

As a minimum, all staff receive training in recognising and responding to mental health issues as part of their regular child protection training, in order to enable them to keep pupils safe.

The MindEd learning portal provides free online training suitable for staff wishing to know more about specific issues (https://www.minded.org.uk/).

Training opportunities for staff who require more in-depth knowledge are considered as part of the performance management process, and additional CPD is supported throughout the year if it becomes necessary due to developing situations with one or more pupils.

PROCEDURE IN THE EVENT OF SUSPECTED MENTAL HEALTH CONCERN
(follow this referral process to ensure the concern is escalated)

Is the young person in immediate danger?

Yes

No

Keep child safe, supervised by adult.
Call Nurse and follow procedures for immediate medical attention (999/A&E).
Inform: DSL or DDSLs (as this is a safeguarding issue).
Parents contacted by appropriate person that day.

How do you know there is a problem?

The pupil has told you.

Other pupils or staff have voiced their

You have noticed (see above **'early signs of a mental health problem'**):
- Significant changes in the pupil's appearance/behaviour
  1. Weight gain/loss
  2. Decline in personal hygiene
- The pupil is struggling with their state of mind; e.g.
  1. Isolated, withdrawn, sad
  2. Paranoid
  3. Delusional
  4. Anti-social
- The pupil's academic performance/attendance has changed dramatically

Listen to the pupil's point of view and explore any concerns you may have.

Inform: Form Teacher/Head so they can approach the pupil, discuss concerns and listen to their point of view.

IS THIS A SAFEGUARDING ISSUE? If in any doubt, consult the DSL or DDSLs

No

Yes

Inform: DSL or DDSLs
Refer: Counselling/LADO.
Head will brief Pastoral teams if appropriate

To assess needs, refer to:
- School Counselling /Chaplain
- Nurses
- Parents
- GP consultation
- CAHMS/EIS (Early Intervention Service)
- Provide the parents with external Mental Health resources list
- **Agree an action plan of support**

Monitor, document and disseminate findings to pastoral care team as appropriate. Agree and implement action plan. **Review regularly.**