



## Mental Health and Wellbeing Policy

Agreed by the Governing Body in:	April 2025
Review Date:	April 2027
Review Schedule:	Biennially
Person(s) Responsible:	Katy Southworth

This policy should be read in conjunction with the following:

- **Safeguarding Policy**
- **Online Safety Policy**
- **Anti-bullying Policy**
- **Behaviour Policy**

## Mental Health & Wellbeing Policy

### **Our Aims**

At Stamford Park Primary School, we are committed to supporting the mental health and wellbeing of pupils, parents, carers, staff and all other stakeholders in our community. We recognise that only by supporting each other (and offering relevant support as needed) can we thrive as a community.

We aim to:

- Promote positive mental health and wellbeing across the whole school
- Create a culture of wellbeing and inclusion
- Foster a positive atmosphere in school, where pupils feel able to discuss and reflect on their own experiences with mental health openly
- Celebrate all of the ways pupils achieve at our school, both inside and outside the classroom
- Allow pupils to participate in forming our approach to mental health by promoting pupil voice
- Give pupils the opportunity to develop their self-esteem by taking responsibility for themselves and others
- Spread awareness of the varieties of ways mental health issues can manifest
- Support staff to identify and respond to early warning signs of mental health issues
- Provide support to staff working with pupils with mental health issues
- Provide support and access to resources to pupils experiencing mental ill health alongside their peers, their families and the staff who work with them.

### **Implementation**

As a school and a community, we believe that positive mental health and wellbeing is as important as our physical health. We believe that all people can have difficulties and therefore we offer a universal package of support to all children in our school. In addition, we follow a robust hierarchy of support that can be offered to our children and families who may be having difficulties.

### **Legal basis**

This policy was written with regard to:

- [The Equality Act 2010](#)
- [The Data Protection Act 2018](#)
- Articles 3 and 23 of the [UN Convention on the Rights of the Child](#)

### **Roles and responsibilities**

All staff are responsible for promoting positive mental health and wellbeing across the school and for understanding risk factors. If any members of staff are concerned about a pupil's mental health or wellbeing, they should inform the Designated Safeguarding Lead (DSL) - Sarah Price - and the Senior Mental Health Lead (SMHL) - Katy Southworth.

Certain members of staff have extra duties to lead on mental health and wellbeing in school. These members of staff include:

- Sarah Price - Head teacher and Designated Safeguarding Lead
- Jackie Bogart - Deputy Designated Safeguarding Lead.
- Antonio Spinola - Deputy Designated Safeguarding Lead.
- Katy Southworth - Mental Health Lead
- Katy Southworth - Pastoral Lead
- Gaynor Heck - RSE Coordinator
- Jackie Bogart - SENDCo

We recognise that many behaviours and emotional problems can be supported within the school environment, or with advice from external professionals. Some children will need more intensive support at times. There is a range of mental health professionals and organisations that provide support to children with mental health needs and their families that work in our school.

We have a named governor (Sinead Hesp) for Mental Health and Wellbeing who meets with the Senior Mental Health Lead to implement and monitor the procedures for supporting emotional wellbeing within our school.

### **Warning signs**

All staff will be on the lookout for signs that a pupil's mental health is deteriorating. Some warning signs include:

- Changes in mood or energy level
- Changes in eating or sleeping patterns
- Changes in attitude in lessons or academic attainment
- Changes in level of personal hygiene
- Social isolation
- Poor attendance or punctuality
- Expressing feelings of hopelessness, anxiety, worthlessness or feeling like a failure
- Abuse of drugs or alcohol
- Weight loss or gain
- Secretive behaviour
- Covering parts of the body that they wouldn't have previously
- Refusing to participate in P.E. or being secretive when changing clothes
- Physical pain or nausea with no obvious cause
- Physical injuries that appear to be self-inflicted
- Talking or joking about self-harm or suicide

## **Managing disclosures (Appendix 5 offers support with this area)**

If a pupil makes a disclosure about themselves or a peer to a member of staff, staff should remain calm, non-judgmental and reassuring.

Staff will focus on the pupil's emotional and physical safety, rather than trying to find out why they are feeling that way or offering advice.

Staff will always follow the school's Safeguarding Policy and pass on all concerns to the Designated Safeguarding Lead. All disclosures are recorded and stored using the school's secure record keeping system.

When making a record of a disclosure, staff will include:

- The full name of the member of staff who is making the record
- The full name of the pupil(s) involved
- The date, time and location of the disclosure
- The context in which the disclosure was made
- Any questions asked or support offered by the member of staff

Staff should make it clear to the child that the concern will be shared with the Mental Health Lead and / or the Safeguarding Lead and recorded in order to provide support and record the disclosure.

## **Confidentiality**

Please see the school's Safeguarding Policy.

## **Supporting pupils**

### **Baseline support for all pupils**

As part of the school's commitment to promoting positive mental health and wellbeing for all pupils, the school offers support to all pupils by:

- A supportive environment in which to work
- PSHE curriculum
- A clear Behaviour Policy
- 'Think about it Thursday' sessions
- Assemblies on key dates or areas
- Mental health and wellbeing focus week
- Quality first teaching
- Anti-bullying sessions and focus week

### **Assessing what further support is needed**

If a pupil is identified as having a mental health need, the class teacher will speak to the Senior Mental Health Lead who will discuss what the concerns are and make an informed decision about which support could be beneficial to the child.

## **Internal mental health interventions**

Where appropriate, a pupil will be offered support that is tailored to their needs as part of the graduated approach detailed above. The support offered at our school includes:

- Place 2 Be play therapy sessions
- Social skills intervention
- Lego therapy interventions

## **External specialist support**

A pupil may need more urgent and targeted support with their needs and so will be referred through an internal referral process to the Senior Mental Health Lead and directed towards the following:

- Counselling sessions
- Mental Health support team therapeutic sessions (Place 2 Be)
- ELSA support sessions
- Educational Psychologist referral
- Educational Psychologists observation and advise
- Educational welfare officers
- School health nurse
- Social Services

## **Making external referrals**

If a pupil's needs cannot be met by the internal offer the school provides, the school will make, or encourage parents to make, a referral for external support.

A pupil could be referred to:

- GP or paediatrician
- CAMHS
- Mental health charities (e.g. Samaritans, Mind, Young Minds, Kooth)
- Local counselling services

## **Supporting and collaborating with parents and carers**

We will work with parents and carers to support pupils' mental health by:

- Asking parents/carers to inform us of any mental health needs their child is experiencing, so we can offer the right support
- Informing parents/carers of mental health concerns that we have about their child
- Engaging with parents/carers to understand their mental health and wellbeing issues, as well as that of their child, and support them accordingly to make sure there is holistic support for them and their child
- Highlighting sources of information and support about mental health and wellbeing on our school website, including the mental health and wellbeing policy

- Liaising with parents/carers to discuss strategies that can help promote positive mental health in their child
- Providing guidance to parents/carers on navigating and accessing relevant local mental health services or other sources of support (e.g. parent forums)
- Keeping parents/carers informed about the mental health topics their child is learning about in PSHE, and share ideas for extending and exploring this learning at home

When informing parents about any mental health concerns we have about their child, we will endeavour to do this face to face.

These meetings can be difficult, so the school will ensure that parents are given time to reflect on what has been discussed, and that lines of communication are kept open at the end of the meeting.

A record of what was discussed, and action plans agreed upon in the meeting will be recorded and added to the pupil's confidential record.

### **Supporting peers**

Watching a friend experience poor mental health can be extremely challenging for pupils. Pupils may also be at risk of learning and developing unhealthy coping mechanisms from each other.

We will offer support to all pupils impacted by mental health directly and indirectly. We will review the support offered on a case-by-case basis. Support might include:

- Strategies they can use to support their friends
- Things they should avoid doing/saying
- Warning signs to look out for
- Signposting to sources of external support

### **Mental health is taught in RSE - KAPOW**

We will follow the [PSHE Association Guidance teaching mental health and emotional wellbeing](#). To do this, we follow the KAPOW scheme of learning. This scheme is a comprehensive sequence of lessons that explore mental health, wellbeing and the British values.

As part of the scheme, pupils will be taught to:

- Develop healthy coping strategies
- Challenge misconceptions around mental health
- Understand their own emotional state
- Keep themselves safe
- Respect others.
- Be tolerant of other people's differences and celebrate our uniqueness.

For more information, see our RSE curriculum.

## **Creating a positive atmosphere around mental health**

We will create an open culture around mental health by:

- Creating an ethos, policies and behaviours that support mental health and resilience, and which everyone understands
- Helping children to develop social relationships, support each other and seek help when they need it
- Helping children to be resilient learners
- Teaching children social and emotional skills and an awareness of mental health
- Early identification of children who have mental health needs and planning support to meet their needs, including working with specialist services
- Effectively working with parents and carers
- Supporting and training staff to develop their skills and their own resilience.

## **Support for staff**

We recognise that supporting a pupil experiencing poor mental health can be distressing for staff. We also recognise that staff wellbeing is vital to a successful school. To support staff, we will:

- Treat mental health concerns seriously
- Support staff experiencing poor mental health themselves
- Create a pleasant and supportive work environment

## **Supporting and Training Staff**

We want all staff to be confident in their knowledge of mental health and wellbeing and to be able to promote positive mental health and wellbeing, identify mental health needs early in children and know what to do and where to get help.

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

Training opportunities for staff that require more in-depth knowledge will be considered as part of our performance management process and additional CPD will be supported throughout the year where it becomes appropriate due to developing situations with one or more children.

Where the need to do so becomes evident, we will host twilight training sessions for all staff to promote learning or understanding about issues related to mental health.

Supporting and promoting the mental health and wellbeing of staff is an essential component of a healthy school. We promote opportunities to maintain a healthy work life balance and wellbeing and review this regularly.

## Appendices

### Appendix 1: Further information and sources of support about common mental health issues

#### Prevalence of Mental Health and Emotional Wellbeing Issues<sup>1</sup>

- 1 in 10 children and young people aged 5 - 16 suffer from a diagnosable mental health disorder - that is around three children in every class.
- Between 1 in every 12 and 1 in 15 children and young people deliberately self-harm.
- There has been a big increase in the number of young people being admitted to hospital because of self-harm. Over the last ten years this figure has increased by 68%.
- More than half of all adults with mental health problems were diagnosed in childhood. Less than half were treated appropriately at the time.
- Nearly 80,000 children and young people suffer from severe depression.
- The number of young people aged 15-16 with depression nearly doubled between the 1980s and the 2000s.
- Over 8,000 children aged under 10 years old suffer from severe depression.
- 3.3% or about 290,000 children and young people have an anxiety disorder.
- 72% of children in care have behavioural or emotional problems - these are some of the most vulnerable people in our society.

Below, we have sign-posted information and guidance about the issues most commonly seen in school-aged children. The links will take you through to the most relevant page of the listed website. Some pages are aimed primarily at parents/carers but they are listed here because we think they are useful for school staff too.

Support on all of these issues can be accessed via [Young Minds](http://www.youngminds.org.uk) (www.youngminds.org.uk), [Mind](http://www.mind.org.uk) (www.mind.org.uk) and (for e-learning opportunities) [Minded](http://www.minded.org.uk) (www.minded.org.uk).

#### Self-harm

Self-harm describes any behaviour where a young person causes harm to themselves in order to cope with thoughts, feelings or experiences they are not able to manage in any other way. It most frequently takes the form of cutting, burning or non-lethal overdoses in adolescents, while younger children and young people with special needs are more likely to pick or scratch at wounds, pull out their hair or bang or bruise themselves.

#### Online support

[SelfHarm.co.uk](http://www.selfharm.co.uk): www.selfharm.co.uk

[National Self-Harm Network](http://www.nshn.co.uk): www.nshn.co.uk

#### Books

Pooky Knightsmith (2015) *Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies*. London: Jessica Kingsley Publishers

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<sup>1</sup> Source: [Young Minds](http://www.youngminds.org.uk)

Keith Hawton and Karen Rodham (2006) *By Their Own Young Hand: Deliberate Self-harm and Suicidal Ideas in Adolescents*. London: Jessica Kingsley Publishers

Carol Fitzpatrick (2012) *A Short Introduction to Understanding and Supporting Children and Young People Who Self-Harm*. London: Jessica Kingsley Publishers

### **Depression**

Ups and downs are a normal part of life for all of us, but for someone who is suffering from depression these ups and downs may be more extreme. Feelings of failure, hopelessness, numbness or sadness may invade their day-to-day life over an extended period of weeks or months, and have a significant impact on their behaviour and ability and motivation to engage in day-to-day activities.

### **Online support**

**Depression Alliance:** [www.depressionalliance.org/information/what-depression](http://www.depressionalliance.org/information/what-depression)

### **Books**

Christopher Dowrick and Susan Martin (2015) *Can I Tell you about Depression?: A guide for friends, family and professionals*. London: Jessica Kingsley Publishers

### **Anxiety, panic attacks and phobias**

Anxiety can take many forms in children and young people, and it is something that each of us experiences at low levels as part of normal life. When thoughts of anxiety, fear or panic are repeatedly present over several weeks or months and/or they are beginning to impact on a young person's ability to access or enjoy day-to-day life, intervention is needed.

### **Online support**

**Anxiety UK:** [www.anxietyuk.org.uk](http://www.anxietyuk.org.uk)

### **Books**

Lucy Willetts and Polly Waite (2014) *Can I Tell you about Anxiety?: A guide for friends, family and professionals*. London: Jessica Kingsley Publishers

Carol Fitzpatrick (2015) *A Short Introduction to Helping Young People Manage Anxiety*. London: Jessica Kingsley Publishers

### **Obsessions and compulsions**

Obsessions describe intrusive thoughts or feelings that enter our minds which are disturbing or upsetting; compulsions are the behaviours we carry out in order to manage those thoughts or feelings. For example, a young person may be constantly worried that their house will burn down if they don't turn off all switches before leaving the house. They may respond to these thoughts by repeatedly checking switches, perhaps returning home several times to do so. Obsessive compulsive disorder (OCD) can take many forms - it is not just about cleaning and checking.

## Online support

OCD UK: [www.ocduk.org/ocd](http://www.ocduk.org/ocd)

## Books

Amita Jassi and Sarah Hull (2013) *Can I Tell you about OCD?: A guide for friends, family and professionals*. London: Jessica Kingsley Publishers

Susan Connors (2011) *The Tourette Syndrome & OCD Checklist: A practical reference for parents and teachers*. San Francisco: Jossey-Bass

## Suicidal feelings

Young people may experience complicated thoughts and feelings about wanting to end their own lives. Some young people never act on these feelings though they may openly discuss and explore them, while other young people die suddenly from suicide apparently out of the blue.

## Online support

Prevention of young suicide UK - PAPYRUS: [www.papyrus-uk.org](http://www.papyrus-uk.org)

On the edge: ChildLine spotlight report on suicide: [www.nspcc.org.uk/preventing-abuse/research-and-resources/on-the-edge-childline-spotlight/](http://www.nspcc.org.uk/preventing-abuse/research-and-resources/on-the-edge-childline-spotlight/)

## Books

Keith Hawton and Karen Rodham (2006) *By Their Own Young Hand: Deliberate Self-harm and Suicidal Ideas in Adolescents*. London: Jessica Kingsley Publishers

Terri A.Erbacher, Jonathan B. Singer and Scott Poland (2015) *Suicide in Schools: A Practitioner's Guide to Multi-level Prevention, Assessment, Intervention, and Postvention*. New York: Routledge

## Eating problems

Food, weight and shape may be used as a way of coping with, or communicating about, difficult thoughts, feelings and behaviours that a young person experiences day to day. Some young people develop eating disorders such as anorexia (where food intake is restricted), binge eating disorder and bulimia nervosa (a cycle of bingeing and purging). Other young people, particularly those of primary or preschool age, may develop problematic behaviours around food including refusing to eat in certain situations or with certain people. This can be a way of communicating messages the child does not have the words to convey.

## Online support

Beat - the eating disorders charity: [www.b-eat.co.uk/about-eating-disorders](http://www.b-eat.co.uk/about-eating-disorders)

Eating Difficulties in Younger Children and when to worry: [www.inourhands.com/eating-difficulties-in-younger-children](http://www.inourhands.com/eating-difficulties-in-younger-children)

## **Books**

Bryan Lask and Lucy Watson (2014) *Can I tell you about Eating Disorders?: A Guide for Friends, Family and Professionals*. London: Jessica Kingsley Publishers

Pooky Knightsmith (2015) *Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies*. London: Jessica Kingsley Publishers

Pooky Knightsmith (2012) *Eating Disorders Pocketbook*. Teachers' Pocketbooks

## Appendix 2: Eight Principles to Promote Emotional Health and Wellbeing in Schools and Colleges



Public Health England

Promoting children and young people's emotional health and wellbeing.

### Appendix 3: What makes a good CAMHS referral?<sup>2</sup>

If the referral is urgent, it should be initiated by phone so that CAMHS can advise of best next steps.

Before making the referral, have a clear outcome in mind, what do you want CAMHS to do? You might be looking for advice, strategies, support or a diagnosis for instance.

You must also be able to provide evidence to CAMHS about what intervention and support has been offered to the pupil by the school and the impact of this. CAMHS will always ask 'What have you tried?' so be prepared to supply relevant evidence, reports and records.

#### General considerations

- Have you met with the parent(s)/carer(s) and the referred child/children?
- Has the referral to CMHS been discussed with a parent / carer and the referred pupil?
- Has the pupil given consent for the referral?
- Has a parent / carer given consent for the referral?
- What are the parent/carer pupil's attitudes to the referral?

#### Basic information

- Is there a child protection plan in place?
- Is the child looked after?
- name and date of birth of referred child/children
- address and telephone number
- who has parental responsibility?
- surnames if different to child's
- GP details
- What is the ethnicity of the pupil / family.
- Will an interpreter be needed?
- Are there other agencies involved?

#### Reason for referral

- What are the specific difficulties that you want CAMHS to address?
- How long has this been a problem and why is the family seeking help now?
- Is the problem situation-specific or more generalised?
- Your understanding of the problem/issues involved.

#### Further helpful information

- Who else is living at home and details of separated parents if appropriate?
- Name of school
- Who else has been or is professionally involved and in what capacity?
- Has there been any previous contact with our department?
- Has there been any previous contact with social services?
- Details of any known protective factors

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<sup>2</sup> Adapted from Surrey and Border NHS Trust

- Any relevant history i.e. family, life events and/or developmental factors
- Are there any recent changes in the pupil's or family's life?
- Are there any known risks, to self, to others or to professionals?
- Is there a history of developmental delay e.g. speech and language delay
- Are there any symptoms of ADHD/ASD and if so have you talked to the Educational psychologist?

## Appendix 4: Guidance and advice documents

[Mental health and behaviour in schools](#) - departmental advice for school staff. Department for Education (2014)

[Counselling in schools: a blueprint for the future](#) - departmental advice for school staff and counsellors. Department for Education (2015)

[Teacher Guidance: Preparing to teach about mental health and emotional wellbeing](#) (2015). PSHE Association. Funded by the Department for Education (2015)

[Keeping children safe in education](#) - statutory guidance for schools and colleges. Department for Education (2014)

[Supporting pupils at school with medical conditions](#) - statutory guidance for governing bodies of maintained schools and proprietors of academies in England. Department for Education (2014)

[Healthy child programme from 5 to 19 years old](#) is a recommended framework of universal and progressive services for children and young people to promote optimal health and wellbeing. Department of Health (2009)

[Future in mind - promoting, protecting and improving our children and young people's mental health and wellbeing](#) - a report produced by the Children and Young People's Mental Health and Wellbeing Taskforce to examine how to improve mental health services for children and young people. Department of Health (2015)

[NICE guidance on social and emotional wellbeing in primary education](#)

[NICE guidance on social and emotional wellbeing in secondary education](#)

[What works in promoting social and emotional wellbeing and responding to mental health problems in schools?](#) Advice for schools and framework document written by Professor Katherine Weare. National Children's Bureau (2015)

## **Appendix 5: Talking to children when they make mental health disclosures**

The advice below is from students themselves, in their own words, together with some additional ideas to help you in initial conversations with students when they disclose mental health concerns. This advice should be considered alongside relevant school policies on pastoral care and child protection and discussed with relevant colleagues as appropriate.

### **Focus on listening**

*"She listened, and I mean REALLY listened. She didn't interrupt me or ask me to explain myself or anything, she just let me talk and talk and talk. I had been unsure about talking to anyone but I knew quite quickly that I'd chosen the right person to talk to and that it would be a turning point."*

If a student has come to you, it's because they trust you and feel a need to share their difficulties with someone. Let them talk. Ask occasional open questions if you need to in order to encourage them to keep exploring their feelings and opening up to you. Just letting them pour out what they're thinking will make a huge difference and marks a huge first step in recovery. Up until now they may not have admitted even to themselves that there is a problem.

### **Don't talk too much**

*"Sometimes it's hard to explain what's going on in my head - it doesn't make a lot of sense and I've kind of gotten used to keeping myself to myself. But just 'cos I'm struggling to find the right words doesn't mean you should help me. Just keep quiet, I'll get there in the end."*

The student should be talking at least three quarters of the time. If that's not the case then you need to redress the balance. You are here to listen, not to talk. Sometimes the conversation may lapse into silence. Try not to give in to the urge to fill the gap, but rather wait until the student does so. This can often lead to them exploring their feelings more deeply. Of course, you should interject occasionally, perhaps with questions to the student to explore certain topics they've touched on more deeply, or to show that you understand and are supportive. Don't feel an urge to over-analyse the situation or try to offer answers. This all comes later. For now your role is simply one of supportive listener. So make sure you're listening!

### **Don't pretend to understand**

*"I think that all teachers got taught on some course somewhere to say 'I understand how that must feel' the moment you open up. YOU DON'T - don't even pretend to, it's not helpful, it's insulting."*

The concept of a mental health difficulty such as an eating disorder or obsessive compulsive disorder (OCD) can seem completely alien if you've never experienced these difficulties first hand. You may find yourself wondering why on earth someone would do these things to themselves, but don't explore those feelings with the sufferer. Instead listen hard to what they're saying and encourage them to

talk and you'll slowly start to understand what steps they might be ready to take in order to start making some changes.

### **Don't be afraid to make eye contact**

*"She was so disgusted by what I told her that she couldn't bear to look at me."*

It's important to try to maintain a natural level of eye contact (even if you have to think very hard about doing so and it doesn't feel natural to you at all). If you make too much eye contact, the student may interpret this as you staring at them. They may think that you are horrified about what they are saying or think they are a 'freak'. On the other hand, if you don't make eye contact at all then a student may interpret this as you being disgusted by them - to the extent that you can't bring yourself to look at them. Making an effort to maintain natural eye contact will convey a very positive message to the student.

### **Offer support**

*"I was worried how she'd react, but my Mum just listened then said 'How can I support you?' - no one had asked me that before and it made me realise that she cared. Between us we thought of some really practical things she could do to help me stop self-harming."*

Never leave this kind of conversation without agreeing next steps. These will be informed by your conversations with appropriate colleagues and the schools' policies on such issues. Whatever happens, you should have some form of next steps to carry out after the conversation because this will help the student to realise that you're working with them to move things forward.

### **Acknowledge how hard it is to discuss these issues**

*"Talking about my bingeing for the first time was the hardest thing I ever did. When I was done talking, my teacher looked me in the eye and said 'That must have been really tough' - he was right, it was, but it meant so much that he realised what a big deal it was for me."*

It can take a young person weeks or even months to admit they have a problem to themselves, let alone share that with anyone else. If a student chooses to confide in you, you should feel proud and privileged that they have such a high level of trust in you. Acknowledging both how brave they have been, and how glad you are they chose to speak to you, conveys positive messages of support to the student.

### **Don't assume that an apparently negative response is actually a negative response**

*"The anorexic voice in my head was telling me to push help away so I was saying no. But there was a tiny part of me that wanted to get better. I just couldn't say it out loud or else I'd have to punish myself."*

Despite the fact that a student has confided in you, and may even have expressed a desire to get on top of their illness, that doesn't mean they'll readily accept help. The illness may ensure they resist any form of help for as long as they possibly can. Don't be offended or upset if your offers of help are met with anger, indifference or insolence, it's the illness talking, not the student.

### **Never break your promises**

*"Whatever you say you'll do you have to do or else the trust we've built in you will be smashed to smithereens. And never lie. Just be honest. If you're going to tell someone just be upfront about it, we can handle that, what we can't handle is having our trust broken."*

Above all else, a student wants to know they can trust you. That means if they want you to keep their issues confidential and you can't then you must be honest. Explain that, whilst you can't keep it a secret, you can ensure that it is handled within the school's policy of confidentiality and that only those who need to know about it in order to help will know about the situation. You can also be honest about the fact you don't have all the answers or aren't exactly sure what will happen next. Consider yourself the student's ally rather than their saviour and think about which next steps you can take together, always ensuring you follow relevant policies and consult appropriate colleagues.



## Appendix 6 - Stamford Park Primary School Wellbeing provision

**External agency specialist support - Level 3**  
Counselling sessions  
CAHMS (Child and Adolescent Mental Health Service ) referral  
Mental Health Support team referral  
Mental Health support team therapeutic sessions.  
Educational Psychologist referral

**In school specialist support - Level 2**  
Lego therapy sessions  
Social stories  
ELSA (emotional literacy support assistant) Sessions

**In school support - Level 1**  
**Targeted support for children with identified needs**  
Individualised behaviour strategies, which can include:  
Individualised check ins  
Supportive objects  
Increased parental contact  
Personalised learning timetables

