

Frogmore Infant School

Pupil mental health and wellbeing provision

Our vision

To create a school where all children and staff feel safe, supported, and valued, and where mental health and wellbeing are central to everything we do. We nurture resilience, emotional awareness, and positive relationships through a consistent, whole-school approach. By fostering a caring and inclusive environment, we empower children to develop confidence, empathy, and the skills to thrive, while ensuring staff are supported, equipped, and confident in promoting wellbeing for themselves and the pupils in their care.

What is mental health?

Everyone has mental health, just like we all have physical health. Mental health is a state of mental wellbeing that enables us to:

- Cope with the stresses of life
- Realise our abilities
- Learn and work well
- Contribute to our communities

Ordinarily available provision

At Frogmore Infant School, we recognise that positive mental health and emotional wellbeing are fundamental to children's development and learning. We are committed to creating a safe, supportive, and inclusive environment in which all children feel valued, respected, and able to express themselves.

We aim to promote the mental health and wellbeing of all pupils by developing their ability to recognise, understand, and manage their emotions in a positive and age-appropriate way. Through a nurturing ethos, high-quality teaching, and supportive relationships, we encourage children to develop resilience, confidence, and a strong sense of self-worth.

Our approach ensures that children are supported to:

- recognise and name a range of emotions;
- understand that feelings are a normal part of everyday life;
- develop appropriate strategies to manage worries, frustration, or upset;
- build positive relationships based on kindness, empathy, and respect;
- understand the importance of talking to trusted adults when they need help.

Mental health and wellbeing are embedded within the wider culture of the school and supported through the curriculum, pastoral care systems, and daily classroom practice. Staff work proactively to create an environment where children feel safe to share their thoughts and feelings, and where early support can be provided when needed.

By prioritising emotional wellbeing alongside academic development, we aim to ensure that all children are equipped with the skills, confidence, and support necessary to thrive both in school and beyond.

By the end of Year 2 children will:

Understanding feelings	<ul style="list-style-type: none"> • Be able to recognise and name emotions in self and others • Know that feelings change and are normal • Be able to recognise physical signs of emotions
Managing feelings	<ul style="list-style-type: none"> • Be able to use strategies (e.g. breathing and calming techniques) to manage feelings • Be able to use safe ways to express anger • Know when and how to ask for help
Friendship and kindness	<ul style="list-style-type: none"> • Be polite • Be able to think about the feelings of others • Know the difference between kind and unkind behaviour and how it makes you feel • Know how to be a good friend
Physical health	<ul style="list-style-type: none"> • Know about routines and habits for maintaining good physical and mental health • Know why sleep and rest are important for growing and keeping healthy

Mental health and wellbeing are taught through our planned curriculum, particularly within PSHE (Personal, Social, Health and Economic Education) and RSE (Relationships and Sex Education). Through these lessons, children are supported to recognise and name their feelings, understand that emotions are a normal part of everyday life, and learn simple strategies to manage worries or strong feelings.

The curriculum also focuses on developing positive relationships, kindness, empathy, and respect for others, helping children to build healthy friendships and feel a sense of belonging within the school community. Circle time, discussion, stories, and practical activities provide opportunities for children to talk about their experiences and learn how to ask for help when needed.

Mental health and wellbeing are further reinforced through daily classroom routines, positive behaviour approaches, and pastoral support, ensuring that emotional wellbeing is embedded across all aspects of school life.

Targeted support

We recognise that mental health is everyone’s responsibility. We all have a duty to safeguarding children as explained in Keeping Children Safe in education, This includes:

- Preventing the impairment of children’s mental and physical health or development

- Taking action to enable all children to have the best outcomes.

We identify pupils' social, emotional and wellbeing needs through a combination of observations, assessments, and discussions with pupils, parents, and staff. Targeted interventions are planned to address these needs. The impact of these interventions is closely monitored through ongoing observations, pupil feedback, and regular review meetings, allowing us to adapt support and ensure every pupil makes progress in their resilience, confidence, and social-emotional development.

We know that some groups of children are more at risk of developing mental health difficulties. See **Appendix 1: 'Pupils Most at Risk of Mental Health Difficulties'**. Our **Safeguarding Policy** states that all staff should be aware that mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation.

We use an early identification checklist to support us to identify pupils that may be at risk of developing mental health difficulties: **See Appendix 2: Mental Health Risk Identification Proforma**. Please note that this is not a diagnostic tool.

Appendix 3: Mental Health Support and Referral Pathway details our four stages of support, actions we will take and how we will monitor progress.

Leadership

Our staffing structure includes a trained **Senior Mental Health Lead (SMHL)** who provides strategic oversight for the wellbeing of pupils and staff. The SMHL ensures a whole-school approach is embedded in policy, practice, and curriculum. They provide training and guidance for staff, coordinate targeted pupil interventions, monitor the impact of initiatives, and work closely with families and external services to ensure timely support. This role underpins a culture where the wellbeing of the whole school community is prioritised and valued.

A governor with responsibility for mental health is appointed annually to champion wellbeing. They hold the school to account, ensuring that policies, interventions, and resources are effective, and that the emotional and social wellbeing of pupils and staff remains a strategic priority.

Key supporting documents:

Anti-Bullying Policy
Behaviour Policy
Child Protection Policy
Online Safety Policy
Safeguarding Policy
School Strategic Plan
Special Education Needs and Disabilities Policy
Whole school approach to mental health and wellbeing

Appendix 1: 'Pupils Most at Risk of Mental Health Difficulties'

Based on national safeguarding and early intervention guidance from the Department for Education and NHS England.

Pupils with SEND

- Pupils with Social, Emotional and Mental Health (SEMH) needs
- Pupils with Autism Spectrum Condition (ASC)
- Pupils with ADHD
- Pupils with speech, language and communication needs (SLCN)
- Pupils with learning difficulties or global developmental delay
- Pupils with sensory processing differences

Children with SEND are significantly more likely to experience anxiety, low self-esteem, and emotional dysregulation.

Looked After & Previously Looked After Children

- Children in care (LAC)
- Previously looked after children (PLAC)
- Children adopted from care

Increased likelihood of attachment difficulties and trauma-related responses.

Pupils with Adverse Childhood Experiences (ACEs)

- Exposure to domestic abuse
- Parental substance misuse
- Parental mental health difficulties
- Bereavement
- Family breakdown
- Neglect or abuse

Pupils Experiencing Socio-Economic Disadvantage

- Pupils eligible for Pupil Premium
- Persistent financial hardship
- Housing instability or temporary accommodation
- Food insecurity

Economic stress can increase anxiety, emotional distress, and social exclusion.

Pupils with Attendance Concerns

- Persistent absence
- Emotionally Based School Avoidance (EBSA)
- Regular late arrival linked to distress

Pupils with Physical Health Needs

- Chronic illness
- Frequent hospitalisation

- Physical disabilities
- Neurodevelopmental conditions

Ongoing medical needs can impact social integration and emotional wellbeing.

Pupils with Emerging Behavioural Concerns

- Persistent dysregulation
- Frequent exclusions (including internal exclusions)
- Aggressive or withdrawn behaviour
- Sudden change in presentation

Pupils Experiencing Social Vulnerability

- Social isolation
- Friendship breakdown
- Bullying (victim or perpetrator)
- Identity-based discrimination

Young carers

- Children providing emotional or practical care for family members

Important Reminder

Belonging to a “risk group” does **not** mean a child will develop a mental health difficulty.

Appendix 2: Mental Health Risk Identification (Early Identification – Not a Diagnostic Tool)

Name	
Class	
DOB	
Date	
Completed by	

Emotional Indicators

Frequently sad, withdrawn, or tearful	
Excessive worries or fears	
Strong emotional reactions disproportionate to situation	
Persistent low mood (2+ weeks)	
Negative self-talk	
Extreme sensitivity to criticism	
Difficulty recovering from setbacks	

Behavioural Indicators

Increased aggression	
Frequent outbursts/meltdowns	
Sudden change in behaviour	
Defiance beyond developmental norms	
Unsafe/risk-taking behaviours	
Anxiety-linked repetitive behaviours	
Refusal to participate	

Social Indicators

Difficulty making/keeping friends	
Social withdrawal	
Over-dependence on adults	
Reluctance to join group activities	
Ongoing peer conflict	
Excessive reassurance seeking	

Learning & Engagement

Drop in attainment or concentration	
Avoidance of activities	
Appears distracted / disengaged	
School refusal/distress at drop-off	
Frequent complaints of feeling unable to cope	

Physical / Somatic Indicators

Unexplained headaches/stomach aches	
Changes in appetite	
Persistent tiredness	
Sleep concerns reported	
Developmental regression	

Environmental / Risk Factors	
Bereavement	
Parental separation	
Safeguarding concerns	
Domestic conflict exposure	
Trauma / ACEs	
Persistent absence/lateness	
Identified SEND needs	

Level of concern		
Stage 1	Stages 2-3	Stage 4/immediate
Universal (Monitor in class)	Emerging (Discuss with SENCO / Begin targeted support)	Significant (Consider external referral – GP / CAMHS / MHST)
Brief Summary of Observations (Include frequency, duration, triggers, and impact on learning/relationships)		
Actions agreed:		
What?	Who?	When?
Monitor by:		

Appendix 3: Mental Health Support and Referral Pathway

		Indicators	Provision/actions	Monitoring
Stage 1	Universal support (quality first practice)	Experience a range of emotions and generally cope with everyday challenges	<ul style="list-style-type: none"> • Build strong key adult relationships • Use emotion coaching language • Maintain predictable routines • Teach emotional literacy (e.g. feelings vocabulary) • Monitor attendance and engagement 	Record observations factually Monitor for 2–4 weeks Informally discuss with SMHL/SENCO <input type="checkbox"/> If concerns reduce → Continue universal support <input type="checkbox"/> If concerns persist → Move to Stage 2
Stage 2	Emerging Concerns (Early Intervention)	Multiple checklist indicators present Difficulties lasting 2–4 weeks Impact on learning, relationships, and/or attendance	<ul style="list-style-type: none"> • Complete Mental Health Concern Proforma • Discuss with SMHL/SENCO • Parent/carer meeting • Agree short-term support plan (6–8 weeks) • Set review date 	Track impact <input type="checkbox"/> If improved → Step down to monitor <input type="checkbox"/> If limited progress → Move to Stage 3
Stage 3	Targeted School-Led Support	Persistent symptoms (4+ weeks) Escalation in severity Increasing school refusal or dysregulation Significant impact on functioning	<ul style="list-style-type: none"> • SEN Support plan (Assess–Plan–Do–Review) • Involve SENCO formally • Strong parent/carer involvement Consider:	Track impact <input type="checkbox"/> If significant risk, safeguarding concerns, or deterioration → Immediate DSL involvement

Immediate- safeguarding pathway- overrides all stages
 If a pupil:
 - Discloses abuse - Expresses self-harm thoughts - Exhibits extreme distress
 - Poses a risk to themselves or others
 Follow safeguarding policy immediately
 Inform DSL
 Consider same-day external referral

			<ul style="list-style-type: none"> • Educational Psychologist consultation • Behaviour support services • School nurse involvement • Early Help Assessment 	<input type="checkbox"/> If specialist assessment required → Move to Stage 4	
Stage 4	Specialist Referral	Consider referral when: <ul style="list-style-type: none"> • Symptoms are severe, persistent, or complex • Risk of harm to self or others • School-based interventions show limited impact • Significant trauma indicators 	Possible Referral Routes: <ul style="list-style-type: none"> • GP referral to CAMHS • Mental Health Support Team (MHST) • Community paediatrics • Early Help / Family Support • Safeguarding referral (if threshold met) School role: <ul style="list-style-type: none"> • Provide evidence of interventions tried • Share behaviour logs and impact data • Continue in-school support while awaiting assessment 		