Kenilworth Nursery School
&
Whitnash Nursery School

Mental Health
&
Well-Being Policy
26/27

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Committee Responsible: Governing Board, Chair Alison Paveley

Lead Responsibility: Executive Headteacher, Rachel Barber

Mental Health and Wellbeing Policy

Children aged 1–4 years | Kenilworth Nursery School and Whitnash Nursery School | Updated October 2026

Mental health and wellbeing is important because

We promote positive mental health and emotional wellbeing for children, families and staff. For our children aged 1–4, emotional security develops through warm, responsive relationships, predictable care, play and adults who help them co-regulate. These foundations support communication, relationships, exploration and learning.

Our approach recognises each child's development, communication, culture, health, disability and family circumstances. Crying, separation anxiety, behaviour and needing close adult support can be ordinary parts of development. They are not, on their own, evidence of a mental health disorder. We act on persistent, severe or changing difficulties and any safeguarding concern without waiting for a diagnosis.

Staff observe, support and seek appropriate advice; they do not diagnose mental health conditions or attribute behaviour automatically to trauma or parenting. Social, emotional and mental health difficulties can be an area of special educational need, but not every child experiencing distress has SEND.

Purpose of the policy

- Promote emotional security and responsive care for all children aged 1–4.
- Identify concerns early and respond proportionately with families and relevant professionals.
- Provide developmentally appropriate support, including co-regulation and communication adjustments.
- Make safeguarding responsibilities, confidentiality and referral routes clear.
- Support staff training, supervision and wellbeing, and review the impact of our provision.

Legal and statutory framework

This policy supports our duties under the Childcare Act 2006 and the EYFS statutory framework for group and school-based providers effective from 1 September 2026; the Education Act 2002 safeguarding duties; the Children Acts 1989 and 2004 as amended; Keeping Children Safe in Education 2026; and Working Together to Safeguard Children 2026. We follow the current statutory information-sharing guidance and Warwickshire safeguarding procedures.

We also apply the Equality Act 2010, including reasonable adjustments and the Public Sector Equality Duty; the Children and Families Act 2014 and SEND Code of Practice 0–25; UK GDPR and the Data Protection Act 2018 as amended; and employment health and safety duties. Appendix 3 distinguishes statutory requirements from supporting guidance. A separate

mental health policy is our chosen way to coordinate practice; not every practice described here is a separate legal requirement.

Definition of mental health and wellbeing

For our age range, wellbeing means feeling safe, connected and supported, being able to explore and play, communicate needs and experience a range of feelings with help from familiar adults. Wellbeing does not mean always being happy, quiet or compliant. Young children need adults to help them regulate; independence develops gradually and unevenly.

Links to other policies

Read this alongside our Child Protection and Safeguarding, Behaviour and Wellbeing, SEND, Equality and Accessibility, Key Person and Settling In, Intimate Care, Health and Safety, Safer Sleep, Attendance, Data Protection and Privacy, Complaints and Staff Supervision arrangements. Safeguarding procedures take priority whenever there is a concern about harm.

A whole school approach to promoting positive mental health

- Assign each child a key person, tell parents who this is and arrange a familiar adult to provide continuity during absences.
- Use predictable routines, sensitive transitions, familiar comfort items and a carefully planned settling-in process. Respond to distress rather than leaving a child to cry without support.
- Provide warm interactions, freely chosen play, outdoor movement, quiet spaces, rest and developmentally appropriate expectations.
- Adapt noise, lighting, space, communication and routines to individual needs; make reasonable adjustments for disabled children.
- Help families contribute their knowledge, home language, culture and preferred comfort strategies. Challenge discrimination and hurtful behaviour sensitively.
- Coordinate early support and specialist advice, sharing relevant information lawfully and reviewing what helps.

Meeting the needs of different ages

These examples guide provision rather than set fixed milestones.

Developmental stage and individual needs take priority over age bands.

Age range	What adult support may look like
1–2 years	Close, responsive care; familiar adults; comforting touch when welcomed; shared attention and imitation; gestures and simple words; individually planned sleep, feeding and intimate care. Notice cues before distress escalates. Complete spotlights to track milestones and share these with parents.
2–3 years	Stay alongside during strong feelings; use short phrases, visual routines and limited choices; support turn-taking and early peer play. Expect frequent adult help with separation, waiting and frustration. Coordinate the age-two progress check and spotlights with families.

Age range	What adult support may look like
3–4 years	Model feeling words, use stories and play, support friendships and simple problem-solving, and prepare for change. Offer choices and gradually practise coping strategies when calm, while continuing adult support whenever needed.

Roles and responsibilities

Governors oversee implementation, inclusion and safeguarding and ensure sufficient resources and outcomes. The headteacher coordinates this policy, staffing, training and referral arrangements. The designated safeguarding lead (DSL) or deputy leads (DDSL) responses where wellbeing concerns relate to risk of harm. The SENCO coordinates the graduated approach and specialist educational support. These roles may be held by different people.

Keyworkers support consistent practice and build relationships, listen to families, record relevant observations and review support. Every member of staff must act on concerns promptly and know the DSL and deputy contact arrangements for their site; these are displayed and included in induction. Staff do not wait for a scheduled meeting to report safeguarding concerns.

Qualified external professionals may provide consultation or therapeutic support where available. Leaders confirm qualifications, safeguarding checks, supervision, consent and information-sharing arrangements. This policy does not assume that a particular therapist or service is currently commissioned.

How we recognise children's wellbeing and emerging needs

We begin with conversations with families, settling-in information and everyday observation of play, relationships and care routines. We attend to facial expressions, gestures, body movement, communication, sensory responses and changes from the child's usual presentation. We consider pain, illness, sleep, hunger, hearing, communication and environmental demands as well as emotional experiences.

Possible concerns include prolonged difficulty being comforted, persistent withdrawal, a marked change in play or interaction, loss of previously established skills, repeated intense distress, or significant changes in sleep, eating or toileting. These signs have many possible explanations. Their context, frequency, duration, intensity and effect on participation guide our response. Physical symptoms or developmental regression may require health advice.

We do not require speech, eye contact, affectionate touch or participation in a group activity as proof of wellbeing. We respect neurodivergent communication, sensory preferences and cultural differences. Early Learning Goals for the end of Reception are not expectations for children aged 1–4; observation using the OP&L milestones and the age-two progress check inform timely support without unnecessary testing or paperwork.

What does support look like

Transition support

We agree settling-in plans with families, including setting visits and home visits, short supported separations and a gradual increase in sessions according to the child's needs. We use family photographs, comfort or transitional items and simple visual or object cues, with safe storage and consent arrangements. We plan extra support for room transitions, key-person changes and transition to school, sharing relevant information securely.

Everyday activities and co-regulation

Adults stay emotionally available, use a calm voice and appropriate language, acknowledge feelings and offer support. During intense distress, adults will reduce demands and stimulation, protect everyone's safety and help the child recover before discussing alternatives. A quiet space is supported and voluntary, not punitive isolation. We do not withdraw basic care, food, comfort or toilet access as a sanction.

Experiences include turn taking games, songs, sensory and outdoor play, shared stories, role play and caring routines. Feeling pictures, puppets or social stories are used when meaningful for the individual child. We model gentle boundaries and repair after conflict, without forcing apologies, physical affection, eye contact or public emotional disclosure. Any physical intervention follows the current legal framework, with required recording, reporting and review.

Whole school practice

Leaders consider staffing continuity, calm handovers, accessible environments and opportunities for families to talk. We support children's dignity, bodily autonomy and help-seeking in ways they can understand. Age-appropriate protective behaviours work complements adult safeguarding responsibilities; children are never responsible for preventing abuse.

Teaching children about emotions and wellbeing

Personal, social and emotional development is a prime area of the EYFS. We weave learning about feelings, relationships and personal care into play and routines. For a one-year-old this may mean a familiar adult noticing tiredness and providing comfort; for an older child it may include naming frustration and trying a solution together. We support communication through home languages, gestures, objects, signs or augmentative and alternative communication where needed.

Staff training and awareness

Induction and ongoing training cover attachment, co-regulation, infant and early childhood development, safeguarding, communication, SEND, sensory needs and working with families. All staff read KCSIE 2026 Part One in full and receive safeguarding training and updates required by current guidance. Staff know that diagnosis and clinical treatment belong to appropriately trained health professionals.

Adversity and protective experiences

Bereavement, domestic abuse, parental illness, poverty, discrimination, displacement or other stressors may affect emotional security, but their impact is individual. A parent's mental health condition, a child being adopted or living in care, or a disability does not by itself establish harm or predict poor outcomes. Staff avoid labelling families, using ACE scores to diagnose children, or assuming a difficult behaviour proves trauma. Trusted relationships, practical help and inclusive experiences can strengthen protection and recovery.

Verbal and non-verbal concerns

If a child communicates something worrying, staff stay calm, listen and use simple, non-leading responses. They do not investigate, repeatedly question, promise secrecy or ask the child to repeat the account to several adults. Staff record the child's exact words where possible and clearly distinguish observed facts from interpretation, concerns are recorded on CPOMs following the safeguarding policy. Non-verbal communication, injury, play themes or changes in behaviour may

also raise concern; they are considered in context and reported, not treated as proof of a particular event.

Any concern that a child has suffered or may be at risk of harm is reported to the DSL or deputy immediately and managed through child protection procedures. Any staff member can make a referral; inability to contact a lead must not delay protection. Immediate danger or a serious medical emergency requires 999 and appropriate first aid. Repeated head-banging, biting or other actions causing injury require immediate safety measures and assessment; staff do not automatically interpret them as intentional self-harm.

Confidentiality and information sharing

Keep dated, factual records of concerns, actions, advice, decisions and review outcomes securely, with access restricted to those who need it. Staff follow the school retention schedule and current safeguarding information-sharing duties and guidance. Data protection law does not prevent necessary, lawful sharing to safeguard a child.

We explain normal referrals and seek informed parental agreement where appropriate. Consent is not always needed for safeguarding sharing and must not delay it where another lawful basis applies. Parents are normally involved, unless this would increase risk, prejudice an investigation or conflict with professional safeguarding advice. Record decisions to share or not share and the reasons.

Assessment interventions and support

- Notice and respond: the key person comforts the child, adapts provision and records meaningful observations. Discuss emerging concerns with the family and lead teacher; escalate safety concerns immediately.
- Assess and plan: the SENCO and relevant staff consider development, communication, health and context with the family. Agree a small number of practical outcomes, support strategies, responsible adults and a review date.
- Do: provide consistent support through everyday play and care, with targeted work only where appropriate. Use professional advice and reasonable adjustments; do not wait for a diagnosis or an EHC plan to offer support.
- Review: agree a proportionate interval, normally within four to six weeks for a new targeted plan and sooner where needed. Review comfort, engagement, relationships and participation, as well as family feedback. Amend, step up or gradually reduce support.

This is an assess–plan–do–review approach, not a diagnostic screening programme. Refer promptly if difficulties are severe, persistent, impair participation, or suggest unmet health needs. Urgent and safeguarding concerns bypass routine review timescales. Maintain interim support while awaiting a service and follow up referrals rather than treating referral as the end of our responsibility.

Specialist services

For ages 1–4, the health visitor and GP are usual first contacts for health, development and family wellbeing advice. Depending on need, the SENCO may seek speech and language, paediatric, early years SEND or Early Years Inclusion Service (EYIS) support. CAMHS can advise on appropriate pathways, but acceptance criteria and age limits vary; staff do not promise access to an under-five therapeutic service. For family support or safeguarding, follow Warwickshire's Family Connect route in Appendix 2.

Involving parents and carers

We listen without blame and recognise parents' knowledge of their child. We offer private conversations, accessible information, interpreting where needed, and practical strategies that fit family circumstances. Plans identify agreed actions, how we will communicate and when we will review progress. A family's difficulty attending an appointment or taking up support is explored sensitively; it is not automatically evidence of neglect. Escalate concerns where the child's needs or safety remain unmet.

If a parent is unwell or admitted to hospital, establish who can safely care for and collect the child, clarify authorised contacts and consider the child's emotional and practical needs. Parental illness alone does not automatically require a safeguarding referral. Where there is a concern about safety, neglect or inadequate care arrangements, consult the DSL promptly and refer or seek statutory advice as appropriate. Offer help to access support for the parent as well as the child.

Involving children

Children's views are heard through play, gestures, expressions, choices, speech and other communication. Adults offer meaningful choices and respond to signs of discomfort or refusal. They support children to ask familiar adults for help without expecting them to explain complex feelings or take responsibility for their own treatment. Plans reflect what the child enjoys and finds reassuring.

How we support staff wellbeing

We recognise the emotional demands of early years work. Leaders assess work-related stress risks, consult staff and act on workload, staffing, role clarity, relationships and support. Where required, disability-related reasonable adjustments are agreed. Wellbeing activities supplement practical management of workplace risks; they do not replace it.

Appropriate supervision is provided for staff who have contact with children and families. Our planned termly supervision is supplemented by timely access when needs arise and includes children's welfare, sensitive concerns, coaching and solutions. Safeguarding reports must be made immediately, not held until supervision. Leaders offer debriefing after difficult incidents and access to occupational health or other professional support where appropriate.

Staff can approach their line manager, headteacher or governor contact where the concern relates to the headteacher. Leaders give staff the current employee assistance provider details (SAS) through induction and staff communications and check them at least annually. Staff may also seek advice from their GP, union or professional association.

We retain our commitment to manageable workloads, wellbeing conversations and protected time. Routine emails should not require responses after 5pm or on non-working days. Urgent safeguarding communication uses the designated arrangements.

Supporting and training staff

Leaders identify training needs through supervision, observation and review, and make time for staff to reflect on their responses to children. Additional training or professional consultation is arranged where children's needs require it. Staff know the limits of their role, the current referral pathways and how to obtain help if they feel unable to maintain safe, responsive care.

Monitoring and evaluation

The leadership team reviews implementation and reports anonymised themes to governors. Evidence includes settling-in experiences, participation in play and routines, support-plan reviews, reasonable adjustments, referral follow-up, family feedback and staff supervision and workload findings. We consider patterns of unequal access or exclusion without publishing information that identifies children or families. We do not use diagnostic targets or expect all children to be calm all the time.

The headteacher reviews this policy annually, with staff and family input where appropriate, and sooner after changes to law, guidance, services or significant incidents. The governing board records approval. Leaders check DSL arrangements and local referral contacts each term and before use.

Appendix 1

Risks and protective factors for children aged 1–4

Use these examples to understand the child's context, not to score families or predict a diagnosis. A possible vulnerability does not prove harm; absence of a listed factor does not mean a child is safe.

Context	Possible pressures	Protective support
Child	Pain or illness; communication barriers; sensory overload; disrupted sleep; developmental or additional needs that are not understood.	A familiar, responsive adult; accessible communication; rest and care; achievable play opportunities; health and developmental advice.
Family	Bereavement; domestic abuse; housing or financial insecurity; isolation; illness or other stresses affecting available care.	Safe, dependable care; practical help; respectful family partnerships; appropriate health, family and safeguarding support.
Nursery	Frequent adult changes; overwhelming routines; inaccessible environments; hurtful interactions; expectations beyond the child's development.	Key-person continuity; co-regulation; safe, predictable routines; inclusive play; reasonable adjustments; prompt responses to concerns.
Community	Discrimination; displacement; limited access to services or safe places to play; frightening events.	Welcoming community links; outdoor play; accessible services; valued identity and culture; help to overcome practical barriers.

Examples of individual outcomes

- With a familiar adult and agreed comfort item, the child increasingly settles enough to explore preferred play; record what helps and how much support is needed.
- The child has an effective way to request help or a break, using their own communication method.
- Adapted transitions and sensory support reduce distress and increase participation in a routine identified with the family.

Appendix 2

Information and support

Use the current safeguarding contact sheet alongside this appendix. Confirm availability and eligibility when seeking support. Contact details checked on 15 October 2026.

Immediate safety and safeguarding

Immediate danger or a serious medical emergency: call 999 and follow the school's emergency procedures. For child safeguarding advice and referrals, contact Warwickshire Family Connect on 01926 414144 and choose the professional option. Out of hours safeguarding emergencies: Emergency Duty Team, 01926 886922. Do not delay an urgent telephone contact while preparing written records.

Professional referral guidance: https://www.warwickshire.gov.uk/childrens-social-care/child-safeguarding-procedures-professionals/3

Early support and health

Contact the child's health visitor or GP for developmental, health or family wellbeing concerns. Family Connect also provides access to family support advice; use the current Warwickshire Early Support arrangements. SENCOs coordinate relevant early years SEND and communication advice.

Warwickshire Family Connect: https://www.warwickshire.gov.uk/familyconnect

Early Support: https://www.warwickshire.gov.uk/children-families/early-help-warwickshire/2

Professional mental health advice

Coventry and Warwickshire CAMHS Navigation Hub: 0300 200 2021. Professionals can seek advice about the appropriate pathway; referral acceptance and age criteria depend on the service. Check current details at https://cwrise.com/primary-mental-health-team-contact-us/. This is not an emergency contact.

Staff and family wellbeing support

Ask the school office or line manager for the current employee assistance and occupational health arrangements. Families can ask their GP or health visitor about adult wellbeing and parent–infant support. Nursery staff should offer accessible information and practical help without assuming a particular service is available.

Appendix 3

Legislation statutory guidance and supporting resources

Current position checked on 15 October 2026. Follow subsequent changes where they take effect; leaders review this policy accordingly.

Legal and statutory requirements

- Childcare Act 2006 and associated EYFS regulations and orders; EYFS statutory framework for group and school-based providers, dated 13 July 2026, effective 1 September 2026. https://www.gov.uk/government/publications/early-years-foundation-stage-framework--2
- Education Act 2002, including maintained school safeguarding duties; Children Act 1989 and Children Act 2004 as amended, including the applicable information-sharing duty.
- Keeping Children Safe in Education 2026, in force from 1 September 2026. https://www.gov.uk/government/publications/keeping-children-safe-in-education--2
- Working Together to Safeguard Children 2026. https://www.gov.uk/government/publications/working-together-to-safeguard-children--2
- Information sharing to safeguard children and young people, statutory guidance updated September 2026; relevant information-sharing duty effective 30 September 2026. https://www.gov.uk/government/publications/information-sharing-to-safeguard-children-and-young-people
- Equality Act 2010; Children and Families Act 2014; SEND Code of Practice 0–25 years, statutory guidance.

https://www.gov.uk/government/publications/send-code-of-practice-0-to-2

- UK GDPR and Data Protection Act 2018 as amended, including by the Data (Use and Access) Act 2025; Health and Safety at Work etc. Act 1974 and Management of Health and Safety at Work Regulations 1999.

Supporting guidance and local procedures

Development Matters is non-statutory curriculum guidance; it supports professional judgement and is not a diagnostic checklist.

https://www.gov.uk/government/publications/development-matters--2

Warwickshire Family Connect and current safeguarding procedures provide the local contact and referral arrangements listed in Appendix 2. HSE guidance supports the duty to assess and manage workplace stress:

https://www.hse.gov.uk/stress/risk-assessment.htm