



**Park Brow
Primary School**

Happy - Respect - Pride - Caring - Potential

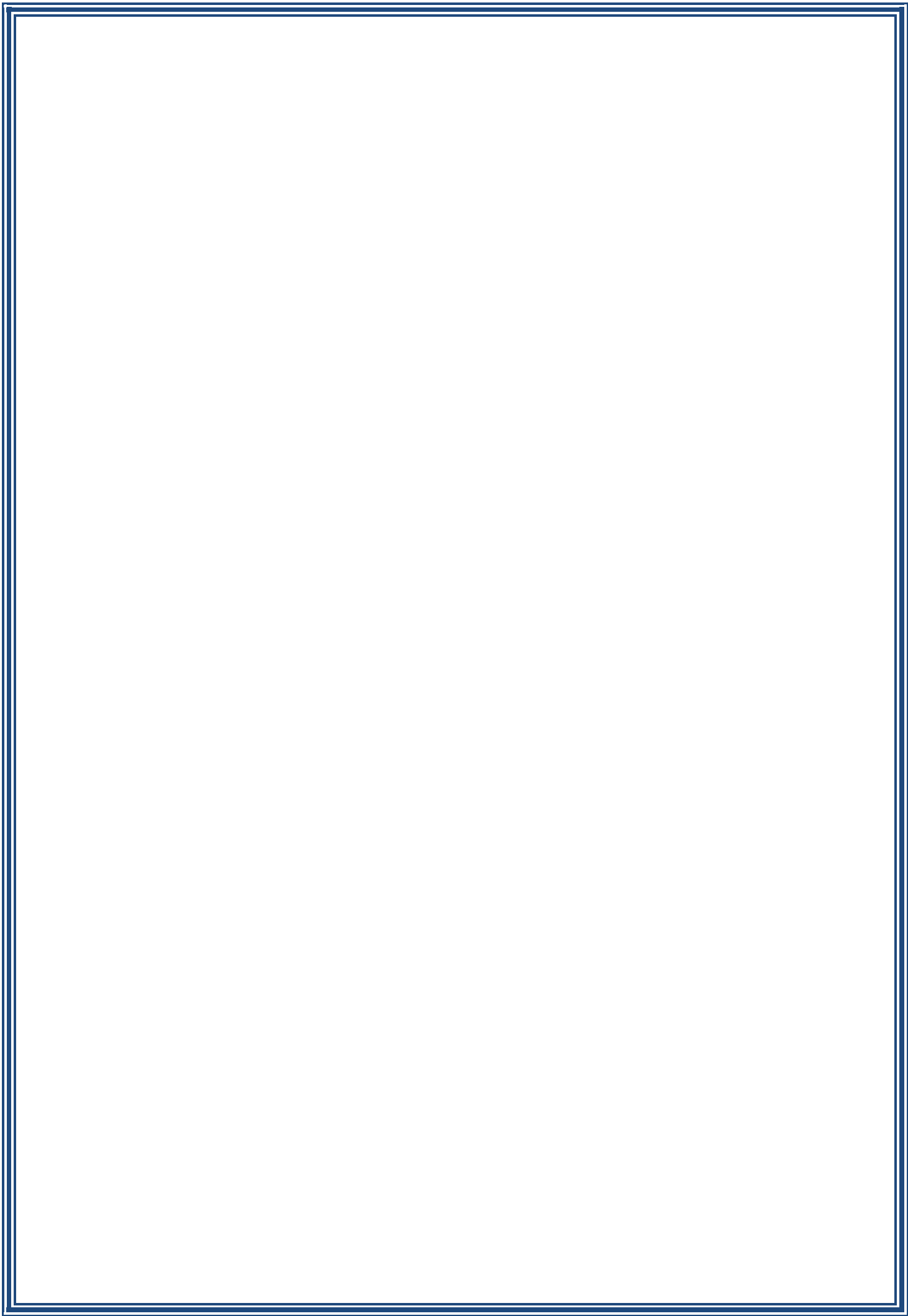


Park Brow Community Primary School

Social, Emotional and Mental Health (SEMH) Policy

Academic Year 2026-2027

Policy information	Details
School	Park Brow Community Primary School, Broad Lane, Southdene, Kirkby, Merseyside, L32 6QH
Headteacher	Miss C Swinburn
Senior Mental Health / SEMH and Behaviour Lead	Mrs T Forsyth
Designated Safeguarding Lead	Miss A Burke
Deputy DSL / Early Help Lead	Miss L Casey
SENDCO	Mrs N Ballenger
Approval body	Governing Body
Approval date	
Review date	September 2027, or sooner following statutory change or a serious incident
Version	Park Brow 2026-2027



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1. Statement of intent and scope

Park Brow Community Primary School is committed to being a safe, inclusive and nurturing community in which every pupil is known, valued and able to learn. Social, emotional and mental health is everyone's responsibility. The school promotes wellbeing, prevents difficulties where possible, identifies needs early and provides proportionate support without stigma or discrimination.

This policy applies to all pupils aged 2-11, staff, governors, volunteers and visitors. It should be read alongside the safeguarding and child protection, SEND, behaviour, anti-bullying, attendance, equality, RSHE/PSHE, online safety, supporting pupils with medical conditions, medication, suspension and permanent exclusion, complaints, data protection and staff wellbeing policies.

Park Brow aims to:

- Develop pupils' emotional literacy, resilience, self-regulation, relationships and help-seeking skills through a whole-school approach, including myHappyMind and age-appropriate RSHE/PSHE;
- Identify emerging needs early through trusted relationships, pupil voice, family partnership and analysis of attendance, behaviour, safeguarding, attainment and health information;
- Use an assess-plan-do-review graduated response and make reasonable adjustments where disability or SEND may be involved;
- Provide timely, evidence-informed support and clear routes to Early Help, the Mental Health Support Team (MHST), Knowsley Open Gateway Service (KOGS), CYPMHS/CAMHS and crisis services;
- Ensure mental health concerns are never used to delay or replace safeguarding action;
- Support staff wellbeing and equip staff to recognise concerns, respond calmly, record accurately and refer promptly;
- Involve pupils and parents in decisions, subject to safeguarding, capacity, confidentiality and information-sharing duties;
- Monitor access, impact and equality so that support improves participation, attendance, learning, safety and wellbeing.

Important: School staff do not diagnose mental health conditions. Diagnosis and clinical treatment are undertaken by appropriately qualified health professionals. School support can begin without a diagnosis.

2. Legal and statutory framework

This policy has due regard to current English law and statutory guidance. The governing body and headteacher will ensure that any later amendment in force takes precedence over this policy.

Legislation	Relevance to this policy
Children Act 1989 and Children Act 2004	Safeguarding, welfare, children in need, multi-agency cooperation and the child's welfare.
Education Act 1996, including section 19	Access to suitable education, including where illness or health needs prevent attendance.
Education Act 2002, section 175	Duty on maintained schools and local authorities to safeguard and promote welfare.
Equality Act 2010 and Public Sector Equality Duty	No unlawful discrimination; anticipatory reasonable adjustments for disabled pupils; equality monitoring.
Children and Families Act 2014	SEND duties, participation of children and parents, joint working and EHC plans.
Health and Social Care Act 2012	Health-service responsibilities and integrated working.
Human Rights Act 1998	Respect for dignity, family life, expression, education and non-discrimination.

Legislation	Relevance to this policy
Data Protection Act 2018 and UK GDPR	Lawful, fair, proportionate and secure processing of sensitive personal data.
Mental Capacity Act 2005	Relevant to young people aged 16+ and informs good practice around decision-making; Gillick competence applies where relevant to younger children.
Domestic Abuse Act 2021	Recognition of children as victims where they see, hear or experience the effects of domestic abuse.
Online Safety Act 2023	Supports the school's understanding of online risks while school filtering, monitoring and safeguarding duties continue to apply.
Relationships Education, RSE and Health Education Regulations 2019	Compulsory Relationships Education and Health Education requirements.

Statutory and government guidance

- Keeping Children Safe in Education 2026 (in force from 1 September 2026).
- Working Together to Safeguard Children 2026.
- SEND Code of Practice: 0 to 25 years (January 2015, as amended).
- Relationships Education, Relationships and Sex Education and Health Education statutory guidance for introduction on 1 September 2026.
- Working Together to Improve School Attendance (statutory guidance).
- Suspension and Permanent Exclusion from maintained schools, academies and pupil referral units in England (current statutory guidance).
- Supporting Pupils at School with Medical Conditions (statutory guidance).
- Prevent Duty Guidance for England and Wales (current version).

Non-statutory advice and frameworks

- Mental Health and Behaviour in Schools (DfE).
- Promoting and Supporting Mental Health and Wellbeing in Schools and Colleges, including the eight principles of a whole-school approach.
- Counselling in Schools: a blueprint for the future.
- Support for Pupils Where a Mental Health Issue is Affecting Attendance.
- Searching, Screening and Confiscation and Behaviour in Schools guidance, where relevant.

3. Definitions and guiding principles

Term	Meaning in this policy
Mental health	A state of wellbeing that affects how a person feels, thinks, relates, copes and learns. Everyone has mental health, which can change over time.
SEMH	A broad SEND area covering social, emotional and mental health needs. Presentation may be internalised, externalised, situational, persistent or fluctuating.
Wellbeing need	A concern that may be supported through universal or early help approaches and does not necessarily indicate a disorder or SEND.
Mental health condition	A condition diagnosed by an appropriately qualified clinician. A diagnosis is not required for school support or reasonable adjustment.

Term	Meaning in this policy
Trauma-informed practice	Practice that recognises the possible effects of adversity while avoiding assumptions, labels or lowering expectations.
Co-regulation	An adult helping a child become safe and regulated before expecting reflection, problem-solving or consequence.
Neurodiversity	Natural variation in how brains process information. Distress or behaviour must not automatically be attributed to autism, ADHD or another profile; physical, environmental, relational, safeguarding and mental health explanations must all be considered.

- The child's safety and best interests are central.
- Behaviour is communication, but it may still require boundaries, repair and proportionate consequences.
- High expectations and compassion work together.
- Pupil voice is actively sought in a developmentally appropriate way.
- Support is least intrusive, proportionate, culturally responsive and reviewed for impact.
- No single score, checklist or disclosure is used in isolation to diagnose or dismiss need.

4. Roles and responsibilities

Role	Core responsibilities
Governing Body	Approve and review this policy; assure compliance, resources, equality, safeguarding and staff wellbeing; receive anonymised impact information; identify a link governor.
Headteacher - Miss C Swinburn	Set culture and expectations; ensure capacity, training and resources; oversee inclusion, safeguarding and compliance; authorise high-level decisions.
SEMH/Behaviour Lead - Mrs T Forsyth	Lead the whole-school strategy; coordinate graduated support and interventions; advise staff; engage families and agencies; monitor outcomes; and maintain the provision overview.
DSL - Ms A Burke / Deputy DSL and Early Help Lead - Miss L Casey	Lead safeguarding decisions, risk assessment, referrals, information sharing and Early Help; ensure mental health concerns with safeguarding features receive immediate action.
SENDCO - Mrs Ballenger	Coordinate SEND identification and assess-plan-do-review; advise on reasonable adjustments, SEN Support and EHC needs; liaise with specialists and teachers.
Attendance lead/officer - Miss Mossman	Identify attendance patterns, coordinate supportive plans and statutory processes, and work with SEMH, safeguarding, SEND Leads to support families.
Teachers and support staff	Create predictable inclusive classrooms; notice change; listen; record and report concerns; implement plans; communicate with the agreed lead; never diagnose or promise secrecy.
All staff and volunteers	Read required safeguarding guidance, follow the staff code, report concerns immediately and maintain appropriate confidentiality.
Pupils	Use trusted adults and agreed routes for help; contribute to plans and reviews where able; show respect for others' privacy and wellbeing.
Parents/carers	Share relevant information, participate in plans and seek urgent/clinical help when advised; inform school of changes affecting safety or attendance.

5. Whole-school culture and prevention

Park Brow implements the eight principles of a whole-school approach through:

Principle	Park Brow practice
Leadership and management	Named SEMH lead, DSL, SENDCO and governor oversight; policy alignment; planned resourcing and termly review.
Ethos and environment	Warm, predictable routines; inclusive language; safe spaces; anti-bullying practice; relational and restorative responses.
Curriculum	Age-appropriate RSHE/PSHE, myHappyMind, emotional literacy, online safety, healthy relationships, resilience and help seeking.
Pupil voice	Check-ins, trusted adults, pupil views in plans and reviews, accessible ways to communicate including drawing, symbols or supported conversation.
Staff development and wellbeing	Induction, annual updates, supervision/debrief after significant incidents, workload awareness and external confidential support.
Identifying need and monitoring impact	Triangulation of observation, pupil/family views and school data; assess-plan-do-review; outcome measures proportionate to need.
Parents and carers	Accessible communication, co-produced plans, signposting, workshops/resources and respect for family context.
Targeted support and referral	Evidence-informed interventions, MHST consultation, Early Help/TAF, KOGS and specialist referral when thresholds are met.

6. Staff wellbeing and professional support

Staff wellbeing supports safe, consistent care for pupils. It does not remove professional safeguarding responsibilities. Park Brow will promote a culture in which staff can ask for help early without stigma.

- Regular line-management check-ins and reasonable access to the Headteacher, SEMH Lead or another agreed senior colleague;
- Post-incident debrief focused on welfare, learning and restorative follow-up, separate from any formal investigation;
- Clear allocation of roles so no individual carries a complex case alone;
- Access to occupational health, the school's employee assistance arrangements where commissioned, a trade union/professional association, GP/NHS services, and Education Support (08000 562 561)
- Workload and wellbeing consideration when allocating interventions, supervision or high-need pupil support.
- Confidentiality explained honestly: information is shared when needed for safety, safeguarding, management or legal duties.

7. Identification and assessment

Staff remain alert to changes from a child's usual presentation, persistence, severity, context and impact. Possible indicators include anxiety, low mood, withdrawal, unexplained physical complaints, changes in sleep/eating reported to school, loss of interest, reduced self-care, friendship difficulty, repeated

dysregulation, aggression, risk-taking, school avoidance, decline in attainment, unusual beliefs or sensory experiences, self-harm, suicidal talk, or a sudden unexplained improvement after severe distress.

The response is:

1. Notice and listen: respond calmly, use open questions, do not interrogate, minimise or promise secrecy.
2. Make safe: address immediate physical, medical or safeguarding risk; seek the DSL immediately when required.
3. Record: use the school's approved safeguarding/pastoral system, recording facts, the child's words where significant, context, action and time.
4. Consult: SEMH Lead, DSL, SENDCO, attendance lead and/or class teacher according to need.
5. Assess: gather pupil and parent views, strengths, triggers, protective factors, developmental and SEND needs, attendance, learning and relevant professional advice.
6. Plan and act: agree outcomes, responsible adults, adjustments, intervention, review date and escalation triggers.
7. Review: evaluate change, fidelity, pupil experience and unintended effects; continue, adapt, step up or step down.

Differential understanding: Staff consider mental health, neurodevelopmental differences, communication needs, learning difficulty, physical health, medication, sleep, bereavement, trauma, bullying, discrimination, family stress and safeguarding. One explanation must not eclipse another.

8. Vulnerable groups and protected characteristics

Some pupils may face increased exposure to adversity or barriers to help. The school remains vigilant without assuming that membership of a group means a pupil has a mental health difficulty.

- Children in need, children subject to child protection processes, looked-after and previously looked-after children;
- Pupils with SEND, disabilities, communication needs or neurodevelopmental differences;
- Young carers, children affected by parental mental ill-health, substance misuse, imprisonment, bereavement, domestic abuse or homelessness;
- Children affected by poverty, food insecurity, migration, racism, discrimination, bullying, child-on-child abuse, exploitation or online harm;
- Pupils questioning identity or experiencing prejudice related to a protected characteristic;
- Pupils with persistent or severe absence, medical needs, previous suspension, alternative provision or multiple transitions.

The Designated Teacher works with social workers and the Virtual School Head for looked-after children. Advice may also be sought for previously looked-after children. Decisions about discipline, attendance and provision consider context, SEND, disability, safeguarding and reasonable adjustments while protecting the rights and safety of all pupils.

9. SEND, neurodiversity and reasonable adjustments

SEMH is one of the four broad areas of need in the SEND Code of Practice. Not every mental health concern is SEND; not every behaviour is a mental health concern. Persistent difficulties may amount to a disability under the Equality Act 2010 even without an EHC plan or formal diagnosis.

- Teachers remain responsible and accountable for the progress and development of pupils, including when support is delivered by another adult.
- The SENCO coordinates assess-plan-do-review and records SEN Support where special educational provision is required.

- Reasonable adjustments are anticipatory and individual. Examples include predictable routines, reduced language load, visual support, movement or sensory regulation, a named adult, adapted transitions, safe exit/re-entry arrangements and alternative ways to communicate.
- Adjustments are not blanket exemptions from expectations. They are designed to enable access, safety and learning and are reviewed for effectiveness.
- Where needs remain significant despite relevant support, the school will consider specialist advice and, where appropriate, an EHC needs assessment request.

10. Park Brow graduated SEMH response

Level	Presentation	School response	Review / escalation
1 - Universal: Getting advice	All pupils; ordinary fluctuations or low-level concerns.	Inclusive teaching, relationships, RSHE/PSHE, class check-ins, regulation strategies, anti-bullying and parent information.	Class team monitors. Discuss with SEMH Lead if concern persists or impact increases.
2 - Early / targeted: Getting help	Emerging or repeated concerns affecting learning, relationships, behaviour or attendance.	Pupil/parent views; brief assessment; named adult; time-limited intervention such as ELSA, nurture breakfast/lunch, listening support, attendance/SEMH group, therapeutic activity or MHST consultation; classroom adjustments.	Written outcome and review normally within 6-8 weeks, sooner if risk. Consider SEN Support/Early Help.
3 - Enhanced / multi-agency: Getting more help	Complex, persistent or escalating need; multiple domains; limited response to Level 2.	Coordinated plan; SEMH Lead/DSL/SENDSCO oversight; Early Help Assessment and TAF where appropriate; MHST/KOGS/CYPMHS or other specialist referral; risk assessment/safety plan; attendance and reintegration planning.	Frequent review agreed by risk and need. Escalate if deterioration, new safeguarding concern or specialist threshold met.
4 - Urgent / crisis: Getting risk support	Immediate danger, suicidal intent/plan, serious self-harm, psychosis-like presentation with risk, severe aggression, missing child, medical emergency or inability to maintain safety.	Continuous appropriate supervision; remove immediate hazards if safe; DSL/Headteacher response; 999/A&E for immediate danger or urgent medical need; NHS 111 mental health option / Mersey Care children's crisis team 01744 415 640; inform parent unless doing so increases risk; safeguarding referral as required.	Same-day multi-agency decision, documented safety plan and return-to-school/recovery plan. Never leave the child alone while urgent risk remains.

Internal interventions

Park Brow's offer may include class-based regulation support; daily or scheduled check-ins; ELSA; nurture breakfast and lunch provision; SEMH/behaviour lunch support; attendance focus work; Listening Ear; Hope Therapy Dogs; drawing or therapeutic activities delivered by trained staff; MHST work; and individual behaviour, wellbeing, risk or safety plans. Availability, suitability and consent are considered case by case. Intervention is not a substitute for clinical treatment or safeguarding action.

11. Safeguarding, self-harm and suicide concerns

Mental health concerns can be an indicator that a child has suffered or is at risk of abuse, neglect, exploitation or other harm. Any safeguarding concern is acted on immediately under the Child Protection and Safeguarding Policy and KCSIE 2026.

If a pupil discloses self-harm or suicidal thoughts

8. Stay calm, listen and take the child seriously.
9. Ask clear, direct, age-appropriate questions needed to establish immediate safety. Asking about suicide does not create suicidal thoughts. Do not conduct a clinical assessment.
10. Do not promise confidentiality. Explain that information will be shared with adults who can help.
11. Do not leave the child alone where there may be immediate risk. Secure medication, sharps or other hazards only if it is safe to do so.
12. Contact Mrs Forsyth, DSL/deputy DSL immediately and record the child's words and actions promptly.
13. Call 999 or attend A&E for immediate danger, serious injury, overdose, loss of consciousness or urgent medical need. For urgent mental health crisis use NHS 111 and select the mental health option, or Mersey Care Children and Young People Crisis Response Team on 01744 415 640.
14. Parents/carers are contacted without delay. The DSL may delay or modify contact if this would place the child at greater risk and will take safeguarding advice.
15. Agree a written, child-centred safety plan based on professional advice: warning signs, coping actions, trusted adults, environmental safety, emergency contacts, supervision, school-day arrangements and review.
16. Plan sensitive re-entry and support following crisis, hospital attendance or absence. Information is shared only with staff who need it to keep the child safe.

Safeguarding threshold: Auditory experiences, unusual beliefs or marked changes in presentation require calm, non-leading exploration and prompt consultation. If voices or beliefs direct harm, the child cannot maintain safety, or presentation is acute, use the urgent pathway. Do not argue with, endorse or diagnose the experience.

12. Attendance, behaviour, suspension and alternative provision

SEMH may affect attendance or behaviour. Park Brow will combine high expectations with support, follow statutory attendance guidance and avoid informal or unlawful exclusion.

- Attendance concerns trigger early conversation with the child and family, reasonable adjustments, a clear attendance support plan and coordinated input from SEMH, SEND, safeguarding and health professionals.
- A part-time timetable is exceptional, temporary, agreed with the parent, regularly reviewed, recorded correctly and used only where it is in the child's best interests as part of a plan toward full-time education. It must not be used to manage behaviour or avoid suspension procedures.
- Behaviour responses consider whether SEND, disability, mental health, trauma, communication or safeguarding factors contributed. Appropriate reasonable adjustments and support are considered before and after sanctions.
- Suspension or permanent exclusion decisions are made only by the Headteacher in line with current statutory guidance and the school policy. Contributing factors are considered, but the safety and rights of the whole community are also protected.
- Where alternative provision is considered, the school checks safeguarding, suitability, quality, curriculum, attendance, transport, review and reintegration arrangements. The school remains responsible for safeguarding and oversight of pupils on roll.
- Where illness means a child cannot access suitable education, the school works with the local authority regarding its Education Act 1996 section 19 duties.

13. Working with parents and carers

Parents and carers are partners. The school will listen without blame, explain concerns and thresholds, share what the school can provide, identify what requires external assessment, and agree how progress will be reviewed.

- Consent is sought for targeted intervention and routine referral where appropriate. Lack of consent does not prevent safeguarding action or lawful information sharing necessary to protect a child.
- Communication is accessible and sensitive to language, disability, literacy, culture and family circumstances.
- Parents receive clear advice on urgent help and are encouraged to contact their GP where health assessment is needed.
- Where services decline a referral, school continues reasonable support, seeks consultation/signposting and reviews whether new evidence or changed risk requires re-referral.
- If parent and pupil wishes differ, the school considers age, understanding, competence, safety, parental responsibility, professional advice and legal duties.

14. Information sharing, consent and records

- Records are factual, timely, dated, attributed and stored securely on approved systems. Significant pupil words are recorded accurately.
- Special category data is processed under an appropriate lawful basis and condition. Only necessary and proportionate information is shared.
- Safeguarding information is shared without consent where there is a lawful basis and doing so is necessary to protect a child or others. Fear of breaching data protection must not prevent justified safeguarding sharing.
- Staff do not keep private case files, use personal devices/accounts or discuss identifiable information outside professional need-to-know arrangements.
- Records transfer securely at transition in accordance with safeguarding, SEND and records-management requirements.

15. Medication and medical conditions

Medication is managed under the Supporting Pupils with Medical Conditions and Administering Medication policies. Individual Healthcare Plans are developed where appropriate with the child, parent, school and healthcare professionals. Staff administer medication only when trained and authorised. Medication changes or side effects that affect presentation are reported through agreed routes; school staff do not advise stopping or changing prescribed medication.

16. Transition and multi-agency working

- Enhanced transition is planned for entry, year-group moves, return from absence or hospital, move to secondary school and change of placement.
- With appropriate consent or lawful basis, relevant plans and successful strategies are shared securely with the receiving setting.
- The school contributes to Early Help Assessments, Team Around the Family, child protection processes, EHC planning, Personal Education Plans and professional meetings.
- The child and family are told who is coordinating the plan, what each service is responsible for and how to raise concerns.
- If professional disagreement creates risk or delay, staff use local escalation and safeguarding resolution procedures.

17. Training, quality assurance and impact

All staff receive induction and annual updates proportionate to role. Training includes signs of difficulty, safeguarding overlap, listening and recording, self-harm/suicide response, trauma-aware and neurodiversity-affirming practice, de-escalation, reasonable adjustments, referral routes, confidentiality

and staff wellbeing. Role-specific training is provided for DSLs, the SEMH Lead, SENCO and intervention staff.

The SEMH Lead and SLT monitor, in anonymised and proportionate form:

- access to universal and targeted provision by year group and protected/vulnerable group;
- attendance, behaviour, suspensions, safeguarding patterns, learning engagement and pupil/parent voice;
- intervention starting points, intended outcomes, fidelity, review and step-up/step-down decisions;
- waiting times, referral outcomes and gaps in local provision;
- staff confidence, training completion and wellbeing themes;
- unintended consequences, including stigma, missed curriculum time or over-reliance on removal from class.

Success is not defined only as absence of incidents. Measures may include improved felt safety, communication, regulation, participation, relationships, attendance, learning engagement and timely access to appropriate help.

18. Complaints, monitoring and review

Concerns should normally be raised with the class teacher or relevant lead, then the Headteacher, using the school's Complaints Policy. Safeguarding concerns must be reported immediately through safeguarding routes and are not delayed by the complaints process. SEND disagreement routes and local authority processes apply where relevant.

This policy is reviewed annually by the SEMH Lead, Headteacher, DSL, SENDCO and Governing Body, and sooner after significant statutory change, a serious incident, a safeguarding learning review, or evidence that arrangements are ineffective. Changes are communicated to staff, pupils and parents in an accessible way.

Appendix A - Park Brow internal support structure

Need / route	First contact	Coordinating role	Examples of response
Everyday wellbeing / classroom need	Class teacher or key person	Class teacher, supported by phase leader	Predictable routine, check-in, emotional literacy, co-regulation, reasonable classroom adjustments, parent conversation.
Emerging SEMH concern	Class teacher / Mrs Forsyth	SEMH/Behaviour Lead	Assessment, named adult, ELSA/DESTY/nurture or other time-limited support, outcome and review.
SEND or neurodevelopmental concern	Class teacher / Mrs Aplin	SEND CO	Assess-plan-do-review, SEN Support, specialist advice, reasonable adjustments and possible EHC needs assessment.
Safeguarding / self-harm / suicide / abuse concern	Any staff member immediately to Ms Burke or Miss Casey	DSL / deputy DSL	Immediate safety, safeguarding record and referral, parent contact where safe, risk/safety plan and multi-agency response.
Attendance linked to SEMH	Class teacher / Miss Mossman	Attendance lead with SEMH, SEND and DSL	Early conversation, support plan, adjustments, home-school communication, Early Help and statutory attendance action where needed.
Family needs / multiple agencies	Miss Casey / DSL team	Early Help Lead	Early Help Assessment, TAF, Family Hub and service coordination.
Staff wellbeing	Line manager / Headteacher	Headteacher or nominated manager	Check-in, workload/action plan, occupational health/EAP where available, Education Support and GP/NHS signposting.

Communication and oversight

The Inclusion Team meet or communicate regularly to identify overlap, avoid duplication and agree one coordinated plan. Safeguarding information remains appropriately restricted. The Headteacher retains overall accountability and governors provide strategic assurance rather than case management.

Appendix B - Knowsley services directory

Access criteria and contact arrangements can change. Staff must use the current official service page at the point of referral. In an emergency call 999 or attend A&E.

Service	What it offers	Access / contact	Official information
Knowsley Mental Health Support Team (MHST)	Mild-to-moderate anxiety, low mood or behavioural/emotional difficulty; whole-school advice and staff training.	Speak to Park Brow's allocated practitioner; team 01925 664 120. Parental consent is required for consultation/referral.	merseycare.nhs.uk/our-services/knowsley/mental-health-support-team-schools-knowsley
Knowsley Open Gateway Service (KOGS)	Multi-agency advice and navigation so children, young people and families reach suitable emotional wellbeing/mental health support.	Use the current KOGS/Knowsley Local Offer access route. School may consult through agreed local pathways.	merseycare.nhs.uk/kogs and knowsleyinfo.co.uk

Service	What it offers	Access / contact	Official information
Mersey Care Children and Young People's Mental Health Service (CYPMHS/CAMHS) - Knowsley	Assessment, treatment and signposting for under-18s with emotional, behavioural or mental health difficulty affecting school, family or social life.	Professional referrals through the CAMHS Assessment and Response Team; Knowsley referrals information: 0151 351 8610.	merseycare.nhs.uk/cypmh-knowsley
Mersey Care Children and Young People Crisis Response Team	Urgent mental health crisis for under-18s registered with a GP in Knowsley, Halton, St Helens or Warrington.	24/7: 01744 415 640; NHS 111 mental health option. Immediate danger/medical emergency: 999 or A&E.	merseycare.nhs.uk/child-adolescent-crisis-team
Knowsley Early Help	Assessment and coordinated support where a child/family has additional or multiple needs; Team Around the Family.	Early Help coordinators: 0151 443 2670. Follow current local EHA and threshold procedures.	knowsley.gov.uk/children-young-people-and-families/child-protection-and-safeguarding/early-help
Knowsley Family Information Service / SEND Local Offer	Information about SEND, childcare, Early Help, health, wellbeing and family support.	0151 443 5633 option 4; FIS@knowsley.gov.uk.	knowsley.gov.uk and knowsleyinfo.co.uk
Knowsley Educational Psychology Service	Consultation and psychological advice relating to learning, inclusion, development, wellbeing and complex needs.	Access through school/SENDCO and current Knowsley referral/commissioning arrangements.	knowsley.gov.uk / Knowsley Educational Psychology Service
Knowsley Family Hubs and Start for Life	Integrated family, parenting, early years, health visiting and perinatal wellbeing support.	familyhubs@knowsley.gov.uk ; use the current Family Hub directory for locality details.	knowsley.gov.uk
School Health / GP / NHS services	Physical health, sleep, medication, developmental or mental health assessment and onward referral.	Parent contacts GP; school nursing access through current Knowsley pathway. NHS 111 for urgent advice.	nhs.uk and Knowsley Local Offer
Knowsley Children's Social Care / safeguarding partnership	Child in need, child protection, exploitation, abuse or neglect concerns.	Use Park Brow safeguarding policy and current Knowsley referral route/threshold document. Emergency: police/999.	knowsleyscp.org.uk and knowsley.gov.uk

Appendix C - National support directory

Service	Who it supports	Contact
Emergency services / NHS	Immediate danger, serious injury, overdose or medical emergency; urgent health advice.	999 / A&E. NHS 111 and select the mental health option where available.
Childline	Children and young people wanting confidential support.	0800 1111; childline.org.uk (phone and online support).
YoungMinds Parents Helpline	Parents/carers worried about a child or young person's mental health.	0808 802 5544, Monday-Friday; webchat and advice at youngminds.org.uk .
PAPYRUS HopeLine 24/7	Young people with thoughts of suicide and anyone concerned about a young person.	0300 102 2470; text HOPE to 88247; papyrus-uk.org .

Service	Who it supports	Contact
Samaritans	Anyone needing confidential emotional support.	116 123, free, 24/7; samaritans.org.
Shout	Confidential text support for people struggling to cope.	Text SHOUT to 85258; giveusashout.org.
NSPCC Helpline	Adults worried about a child.	0808 800 5000; nspcc.org.uk.
Education Support	All education staff: confidential emotional support.	08000 562 561, free, 24/7; educationsupport.org.uk.
Mind / MindEd for Families	Mental health information; family learning and guidance.	mind.org.uk; mindedforfamilies.org.uk.
Hub of Hope	Search tool for local mental health support.	hubofhope.co.uk. Not a replacement for emergency services.

Appendix D - Signs, risk and protective factors

Domain	Possible risk factors	Protective factors to strengthen
Child	Developmental or learning difficulty; physical illness; communication need; low self-worth; previous self-harm; impulsivity.	Secure relationships; communication and problem-solving skills; identity and belonging; success; sleep, activity and routines; help-seeking.
Family	Conflict or domestic abuse; loss/separation; parental ill-health or substance misuse; inconsistent care; poverty; homelessness; abuse or neglect.	At least one reliable caring adult; warmth; predictable boundaries; support for learning; wider family/community network; timely practical help.
School	Bullying/discrimination; friendship breakdown; unmet SEND; poor belonging; repeated sanction without assessment; difficult transition.	Trusted adults; inclusive teaching; pupil voice; anti-bullying; reasonable adjustments; positive friendships; safe reporting; early help and multi-agency working.
Community / online	Exploitation; violence; discrimination; harmful online content/contact; disaster or community trauma.	Safe activities and places; positive peers and role models; digital literacy; community services; prompt safeguarding response.

Warning signs requiring prompt consultation

- talk about death, suicide, hopelessness, being trapped, unbearable pain or being a burden;
- searching for methods, rehearsing, writing notes, giving away valued possessions or saying goodbye;
- self-harm, unexplained injuries, overdose or significant risk-taking;
- withdrawal, severe agitation, rage, shame, sudden marked mood change or unexpected calm after crisis;
- voices or beliefs directing harm, severe confusion or inability to maintain safety;
- rapid decline in attendance, functioning, eating, sleep, self-care or engagement.

These signs are not a diagnostic checklist. Staff consider context and act according to risk; any immediate concern follows Appendix E.

Appendix E - Immediate concern flowchart

Step	Action
1. Stay and listen	Remain calm; use simple, open language; take the child seriously; do not promise secrecy.
2. Is there immediate danger or urgent medical need?	YES: keep under appropriate supervision, call 999 / go to A&E, alert DSL and parent unless unsafe. NO or unsure: proceed immediately to DSL.
3. DSL risk and safeguarding decision	Consider abuse/neglect/exploitation, access to means, intent/plan, injuries, protective adults and professional advice. Do not use a checklist as a substitute for judgment.
4. Urgent mental health support if needed	NHS 111 mental health option or Mersey Care CYP Crisis Response Team 01744 415 640. Follow advice and record names, times and decisions.
5. Parent/carer and multi-agency action	Contact parent promptly unless this may increase risk. Make safeguarding/social care referral where threshold is met.
6. Safety and recovery plan	Agree supervision, environmental safety, trusted adults, coping actions, attendance/re-entry, information sharing and review date.
7. Record and review	Record factually on the approved system. Review the next school day or sooner according to risk; escalate any deterioration.

Appendix F - Reference list

Department for Education. Keeping Children Safe in Education 2026. [Official source](#)

HM Government. Working Together to Safeguard Children 2026. [Official source](#)

Department for Education / Department of Health. SEND Code of Practice: 0 to 25 years. [Official source](#)

Department for Education. Relationships Education, RSE and Health Education - guidance for introduction 1 September 2026. [Official source](#)

Department for Education. Promoting and supporting mental health and wellbeing in schools and colleges. [Official source](#)

Department for Education. Mental health and behaviour in schools. [Official source](#)

Department for Education. Working together to improve school attendance. [Official source](#)

Department for Education. Supporting pupils at school with medical conditions. [Official source](#)

Knowsley Council. Early Help. [Official source](#)

Knowsley Council. Family Information Service and SEND Local Offer. [Official source](#)

Mersey Care NHS Foundation Trust. Children and Young People's Mental Health Service - Knowsley. [Official source](#)

Mersey Care NHS Foundation Trust. Mental Health Support Team in Knowsley schools. [Official source](#)

Park Brow Community Primary School. Safeguarding and contact information. [Official source](#)

Source policy adapted: The Beacon School, Social, Emotional and Mental Health (SEMH) Policy, version 2, March 2026. The Park Brow policy has been substantively updated and should be approved as a new school policy.