

# Brookland Junior School

## Emotional Wellbeing and Mental Health Policy



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## **Statement of intent**

This policy outlines the framework for Brookland Junior School to meet its duty in providing and ensuring a high quality of education to all of its pupils, including pupils with social, emotional and mental health (SEMH) difficulties, and to do everything it can to meet the needs of pupils with SEMH difficulties.

Through successful implementation of this policy, the school aims to:

- Promote a positive outlook regarding SEMH difficulties.
- Eliminate prejudice towards SEMH difficulties.
- Promote equal opportunities.
- Ensure all cases of pupils with SEMH difficulties are identified and appropriately supported.

Brookland Junior School will work with the Barnet LA and the Barnet HUB where the following principles are concerned:

- The involvement of children, parents and young people in decision-making
- The early identification of children's and young peoples' needs
- Collaboration between education, health and social care services to provide support when required by the pupil
- Greater choice and control for children, young people and parents over their support

## 1. Legal framework

1.1. This policy has due regard to all relevant legislation and statutory guidance including, but not limited to, the following:

- Children and Families Act 2014
- Health and Social Care Act 2012
- Equality Act 2010
- Education Act 2002
- Mental Capacity Act 2005
- Children Act 1989

1.2. This policy has been created with regard to the following DfE guidance:

- DfE (2024) 'Keeping children safe in education'
- DfE (2018) 'Mental health and behaviour in schools'
- DfE (2016) 'Counselling in schools: a blueprint for the future'
- DfE (2015) 'Special educational needs and disabilities code of practice: 0 to 25'

1.3. This policy also has due regard to the school's policies including, but not limited to, the following:

- Child Protection and Safeguarding Policy
- SEND Policy
- Behaviour Policy
- Supporting Pupils with Medical Conditions Policy
- Staff Code of Conduct
- Administering Medication Policy

## 2. Definitions

2.1. **Anxiety:** For the purpose of this policy, anxiety refers to feeling fearful or panicky, breathless, tense, fidgety, sick, irritable, tearful or having difficulty sleeping. Anxiety can significantly affect a pupil's ability to develop, learn or sustain and maintain friendships. Specialists reference a number of diagnostic categories:

- **Generalised anxiety disorder (GAD):** a long-term condition which causes people to feel anxious about a wide range of situations and issues, rather than one specific event.
- **Panic disorder:** a condition in which people have recurring and regular panic attacks, often for no obvious reason.
- **Obsessive-compulsive disorder (OCD):** a mental health condition where a person has obsessive thoughts (unwanted, unpleasant

thoughts, images or urges that repeatedly enter their mind, causing them anxiety) and compulsions (repetitive behaviour or mental acts that they feel they must carry out to try to prevent an obsession coming true).

- **Specific phobias:** the excessive fear of an object or a situation, to the extent that it causes an anxious response, such as a panic attack (e.g. school phobia).
- **Separation anxiety disorder (SAD):** involves worrying about being away from home or about being far away from parents, at a level that is much more than normal for a child's age.
- **Social phobia:** an intense fear of social or performance situations.
- **Agoraphobia:** refers to a fear of being in situations where escape might be difficult, or help wouldn't be available if things go wrong.

2.2. **Depression:** For the purpose of this policy, depression refers to feeling excessively low or sad. Depression can significantly affect a pupil's ability to develop, learn or maintain and sustain friendships. Depression can often lead to other issues such as behavioural problems. Generally, a diagnosis of depression will refer to one of the following:

- **Major depressive disorder (MDD):** a person who will show a number of depressive symptoms to the extent that they impair work, social or personal functioning.
- **Dysthymic disorder (DD):** is less severe than MDD, but characterised by a person experiencing a daily depressed mood for at least two years.

2.3. **Hyperkinetic disorders:** For the purpose of this policy, hyperkinetic disorders refer to a pupil who is excessively easily distracted, impulsive or inattentive. If a child is diagnosed with a hyperkinetic disorder, it will be one of the following:

- **Attention deficit hyperactivity disorder (ADHD):** has three characteristic types of behaviour; inattention, hyperactivity and impulsivity. While some children show the signs of all three characteristics, which is then called 'combined type ADHD', other children diagnosed show signs of only inattention, hyperactivity or impulsiveness.
- **Hyperkinetic disorder:** a more restrictive diagnosis but is broadly similar to a severe combined type ADHD, in that signs of inattention, hyperactivity and impulsiveness must all be present. The core symptoms must also have been present from before the age of seven, and must be evident in two or more settings, e.g. at school and home.

2.4. **Attachment disorders:** For the purpose of this policy, attachment disorders refer to the excessive upset experienced when a child is separated from a special person in their life, like a parent. Researchers generally agree that there are four main factors that influence attachment problems, these are:

- Opportunity to establish a close relationship with a primary caregiver.
- The quality of caregiving.
- The child's characteristics.
- Family context.

- 2.5. **Eating disorders:** For the purpose of this policy, eating disorders are defined as a serious mental illness which affects an individual's relationship with food. Eating disorders often emerge when worries about weight begin to dominate a person's life.
- 2.6. **Substance misuse:** For the purpose of this policy, substance misuse is defined as the usage of harmful substances.
- 2.7. **Deliberate self-harm:** For the purpose of this policy, deliberate self-harm is defined as a person intentionally inflicting physical pain upon themselves.
- 2.8. **Post-traumatic stress:** For the purpose of this policy, post-traumatic stress is defined as recurring trauma due to experiencing or witnessing something deeply shocking or disturbing. If symptoms persist, a person can develop post-traumatic stress disorder (PTSD).

### 3. Roles and responsibilities

3.1. The Governing Body is responsible for:

- Fully engaging pupils with SEMH difficulties and their parents when drawing up policies that affect them.
- Identifying, assessing and organising provision for all pupils with SEMH difficulties, whether or not they have an education, health and care (EHC) plan.
- Endeavouring to secure the special educational provision called for by a pupil's SEMH difficulties.
- Designating an appropriate member of staff to be the special educational needs coordinator (SENCO) and have responsibility for coordinating provisions for pupils with SEMH difficulties alongside the Wellbeing Lead
- Taking necessary steps to ensure that pupils with SEMH difficulties are not discriminated against, harassed or victimised.
- Ensuring arrangements are in place to support pupils at school with SEMH difficulties.
- Appointing an individual governor or sub-committee to oversee the school's arrangements for SEMH.

3.2. The Head Teacher is responsible for:

- Ensuring that those teaching or working with pupils with SEMH difficulties are aware of their needs and have arrangements in place to meet them.
- Ensuring that teachers monitor and review pupils' progress during the course of the academic year.
- Ensuring that the SENCO and Wellbeing Leader has sufficient time and resources to carry out their functions, in a similar way to other important strategic roles within the school.
- Regularly and carefully reviewing the quality of teaching for pupils at risk of underachievement, as a core part of the school's performance management arrangements.
- Ensuring that staff members understand the strategies to identify and support pupils with SEMH difficulties.

- Ensuring that procedures and policies for the day-to-day running of the school do not directly or indirectly discriminate against pupils with SEMH difficulties.
- Establishing and maintaining a culture of high expectations and include young people with SEMH difficulties in all opportunities that are available to other pupils.
- Consulting health and social care professionals, pupils and parents to ensure the needs of pupils with SEMH difficulties are effectively supported.
- Keeping parents and relevant teaching staff up-to-date with any changes or concerns involving the pupil.
- Ensuring staff members have a good understanding of the mental health support services that are available in their local area, both through the NHS and voluntary sector organisations.

### 3.3. The SENCO and Wellbeing Leader are responsible for:

- Collaborating with the governing board and headteacher, as part of the school's leadership team, to determine the strategic development of SEMH policies and provisions in the school.
- Undertaking day-to-day responsibilities for the successful operation of the SEMH Policy.
- Advising on the deployment of the school's budget and other resources in order to effectively meet the needs of pupils with SEMH difficulties.
- Liaising with parents of pupils with SEMH difficulties.
- Liaising with other schools, educational psychologists, health and social care professionals, and independent or voluntary bodies.
- Being a key point of contact with external agencies.
- Liaising with the potential future providers of education to ensure that the pupil and their parents are informed about options and a smooth transition is planned.
- Providing professional guidance to colleagues and working closely with staff members, parents and other agencies, including SEMH charities.
- Supporting the class teachers in the further assessment of a pupil's particular strengths and areas for improvement, and advising on effective implementation of support.

### 3.4. The teaching staff are responsible for:

- Being aware of the signs of SEMH difficulties.
- Planning and reviewing support for their pupils with SEMH difficulties in collaboration with parents, the SENCO and Wellbeing Leader and, where appropriate, the pupils themselves.
- Setting high expectations for every pupil and aiming to teach them the full curriculum, whatever their prior attainment.
- Planning lessons to address potential areas of difficulty to ensure that there are no barriers to every pupil achieving, and that every pupil with SEMH difficulties will be able to study the full national curriculum.

- Being responsible and accountable for the progress and development of the pupils in their class.
- Being aware of the needs, outcomes sought and support provided to any pupils with SEMH difficulties.
- Keeping the relevant figures of authority up-to-date with any changes in behaviour, academic developments and causes of concern. The relevant figures of authority include: SENCO, Head Teacher, Deputy Head Teacher, Assistant Head Teacher and Wellbeing Leader.

## 4. Identifying signs

- 4.1. Staff members will be aware of factors that put pupils at risk of SEMH difficulties; such as low self-esteem, physical illnesses, academic difficulties, and family problems.
- 4.2. Staff members will be aware that risks are cumulative and that exposure to multiple risk factors can increase the risk of SEMH difficulties.
- 4.3. Staff members will promote resilience to help encourage positive SEMH.
- 4.4. Staff members will understand that familial loss or separation, significant changes in a pupil's life or traumatic events are likely to cause SEMH difficulties.
- 4.5. Staff members will understand what indicators they should be aware of that may point to SEMH difficulties, such as behavioural problems, distancing from other pupils or changes in attitude.
- 4.6. Staff members will understand that SEMH difficulties may lead to a pupil developing special educational needs and disabilities (SEND), which could further result in a pupil requiring an EHC.
- 4.7. Brookland Junior School will ensure that poor behaviour is managed in line with the school's Behaviour Policy.
- 4.8. Staff members and the Wellbeing Leader will observe, identify and monitor the behaviour of pupils potentially with SEMH difficulties; however, only medical professionals will make a diagnosis of a mental health condition.
- 4.9. Pupils' data will be used effectively so that patterns of attainment, attendance or behaviour are noticed and can be acted upon if necessary.
- 4.10. An effective pastoral system will be in place so that class teachers know their pupils well and can spot where bad or unusual behaviour may need investigating and addressing.
- 4.11. Staff members will be mindful that some groups of children are more vulnerable to mental health difficulties than others. These include, but are not limited to, Looked After Children (LAC), pupils with SEND, Young Carers and children from disadvantaged backgrounds ( Taking into account PP and FSM children).
- 4.12. Staff members will be aware of the signs that may indicate if a pupil is struggling with their SEMH. The signs of SEMH difficulties may include, but are not limited to, the following list:

- Anxiety
- Low mood
- Being withdrawn
- Avoiding risks
- Unable to make choices
- Low self-worth
- Isolating themselves
- Refusing to accept praise
- Failure to engage
- Poor personal presentation
- Lethargy/apathy
- Daydreaming
- Unable to make and maintain friendships
- Speech anxiety/reluctance to speak
- Task avoidance
- Challenging behaviour
- Restlessness/over-activity
- Non-compliance
- Mood swings
- Impulsivity
- Physical aggression
- Verbal aggression
- Perceived injustices
- Disproportionate reactions to situations
- Difficulties with change/transitions
- Absconding
- Eating issues
- Lack of empathy
- Lack of personal boundaries
- Poor awareness of personal space

## 5. Safeguarding

- 5.1. All staff are aware that SEMH issues can, in some cases, be an indicator that a pupil has suffered or is at risk of suffering abuse, neglect or exploitation.
- 5.2. If a staff member has a SEMH concern about a pupil that is also a safeguarding concern, they take immediate action in line with the **Child Protection and Safeguarding Policy**.

## **6. Assessment**

- 6.1. Brookland Junior School is committed to striving for early identification in regards to SEMH difficulties.
- 6.2. A strengths and difficulties questionnaire (SDQ) will be utilised when a pupil is suspected to have SEMH difficulties. An SDQ can assist staff members in creating an overview of the pupil's mental health and making a judgement about whether the pupil is likely to be suffering from any SEMH difficulties.
- 6.3. Staff members will understand that persistent mental health difficulties can lead to a pupil developing SEND. If this occurs, the Headteacher and Wellbeing Leader will ensure correct provisions are taken into account to provide the best learning conditions for the pupil, such as providing school counselling. Both the pupil and their parents will be involved in any decision-making concerning what support the pupil needs.
- 6.4. Where possible, the school will aim to be aware of any support programmes GPs are offering to pupils who are diagnosed with SEMH difficulties, especially when these may impact the pupil's behaviour and attainment at school.
- 6.5. Where appropriate, the headteacher will ask parents to give consent to their child's GP to share relevant information regarding SEMH with the school.
- 6.6. Staff members will discuss concerns regarding SEMH difficulties with the parents of pupils who have SEMH difficulties.
- 6.7. Staff members will consider all previous assessments and progress over time, and then refer the pupil to the appropriate services.
- 6.8. Staff members will take any concerns expressed by parents, other pupils, colleagues and the pupil in question seriously.
- 6.9. The assessment, intervention and support processes available from the LA will be in line with the local offer.
- 6.10. All assessments will be in line with the provisions outlined in the school's Special Educational Needs and Inclusions Policy.

## **7. Intervention and support**

- 7.1. Strategies to promote positive mental health are in place at Brookland Junior School.
- 7.2. The curriculum for PSHE will focus on promoting pupils' resilience, confidence and ability to learn.
- 7.3. School will follow and be supported by the Resilience Schools Programme (Barnet).
- 7.4. Positive classroom management and working in small groups will be implemented to promote positive behaviour, social development and high self-esteem.
- 7.5. School-based counselling will be offered to pupils who require it.
- 7.6. The relevant services will be utilised where appropriate.
- 7.7. A child psychologist will be available via referral, for example through CASMHS (CAHMS in schools and CAHMS NHS), where a pupil requires such services.

- 7.8. The school will aim to develop and maintain a pupil's social skills, through using social skills training for example.
- 7.9. Where appropriate, parents will have a direct involvement in any intervention regarding their child.
- 7.10. Where appropriate, the school will support parents in the management and development of their child.
- 7.11. Mentoring will be used to encourage and support pupils suffering with SEMH difficulties. Mentors will act as a confidant with the aim of easing the worries of their mentee.
- 7.12. The mentor will be a member of staff, for example a member of Senior Management, class teacher, teaching assistant, or meal time supervisor.
- 7.13. The mentee should report to their mentor about social anxieties, academic concerns, future aspirations and anything else that is appropriate.
- 7.14. The meetings will be informal and the mentor should report any significant concerns they may have to the pupil's teacher and Head Teacher.
- 7.15. Mentees will be expected to meet with their mentor at least every other week.
- 7.16. Mentors will report back to the Wellbeing Lead.
- 7.17. When in-school intervention is not appropriate, referrals and commissioning will take the place of in-school interventions. The school will continue to support the pupil as best it can.
- 7.18. Serious cases of SEMH difficulties will be referred to local Child and Adolescent Mental Health Services (CAMHS).
- 7.19. The school will implement the following process to ensure referring pupils to CAMHS is effective:
  - Use a clear process for identifying children in need of further support
  - Document evidence of their SEMH difficulties
  - Encourage the pupil and their parents to speak to the child's GP
  - Work with local specialist CAMHS to make the referral process as quick and efficient as possible
  - Understand the criteria that will be used by specialist CAMHS in determining whether a particular pupil needs their services
  - Have a close working relationship with the local CAMHS specialist
  - Consult CAMHS about the most effective things the school can do to support children whose needs aren't so severe that they require specialist CAMHS
- 7.20. The school will commission individual health and support services directly for pupils who require additional help.
- 7.21. The services commissioned will be suitably accredited and will be able to demonstrate that they will improve outcomes for pupils.
- 7.22. The school will implement the following interventions:

- In addition to talking therapy, support will be provided through non-directive play therapy, via the School Counsellor.
- Parents will be involved in interventions where appropriate. The interventions will be structured in a way to address behavioural issues through education and training programmes. Parent training programmes, for example, Barnet Parenting Workshops, will be combined with the pupil's intervention to promote problem-solving skills and positive social behaviours.
- Small group sessions will take place and focus on developing cognitive skills and positive social behaviour.
- Well-established nurture groups will be in place to address emerging SEMH difficulties.
- Specific classroom management techniques for supporting pupils will be in place.

## **8. Children with more complex problems**

8.1. For pupils with more complex problems, additional in-school support will include:

- Supporting the pupil's teacher, to help them manage the pupil's behaviour.
- Additional educational one-to-one support for the pupil.
- One-to-one therapeutic work with the pupil, delivered by mental health specialists.
- An individual healthcare plan. All schools must comply with the statutory duty of caring for pupils with medical needs.
- Professional mental health recommendations regarding medication may be sought.
- Family support and/or therapy will also be considered upon the recommendation of mental health professionals.

## **9. Monitoring and review**

- 9.1. The policy is reviewed every 4 years basis by the Wellbeing Leader in conjunction with the Governing Body; any changes made to this policy will be communicated to all members of staff.
- 9.2. All members of staff are required to familiarise themselves with this policy as part of their induction programme.
- 9.3. The next scheduled review date for this policy is November 2028.