



## **Pastoral Care and Welfare Policy**

### **Part 2: Managing Mental Health Concerns**

<b>Member of Staff Responsible</b>	<b>Deputy Head - Pastoral</b>
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<b>Approved By Governors</b>	<b>n/a</b>
<b>Distribution:</b>	<b>All</b>

#### **Introduction**

Sometimes a boy seems to develop a loss of confidence or seems to become unhappy, anxious or withdrawn. He may begin to behave differently or he may exhibit a form of behaviour which precludes him from taking a full part in school life or inhibits his learning and/or social interactions. The school may consider that a boy may be suffering from an emotional or mental health difficulty. Such difficulties can range from anxiety, emotional fragility, withdrawal, depression, problems with normal bodily functions (eating, using the lavatory), excessive shyness, a loss of confidence and fearfulness to more serious disorders (anxiety disorders, eating disorders and personality disorders, for instance). The purpose of this policy is to outline what the school can do to help and where experts may be required, or a formal diagnosis sought.

It is the school's duty of care to ensure each boy's needs are met to the best of our ability. The school will seek to engage parental support for its actions where at all possible and would always expect parents to take the lead in supporting a recommended course of action for their son. There are occasions when the school will act without parental consent, such as where there are grounds for a safeguarding concern relating to home (see the Safeguarding Policy) or where a boy is continually absent from school.

#### **Who can identify a mental health difficulty?**

Only medical professionals can make a formal diagnosis of a mental health condition. However, boys or their carers can inform the school of a suspected mental health difficulty. A carer does not necessarily need to have expertise in diagnosing a particular condition but can describe symptoms of concern.

Teachers within schools are well placed to observe a boy day-to-day and to identify behaviour that suggests the boy may be suffering from a mental health problem, or be at risk of developing one. Teachers are not professional psychologists and so teachers are not under a duty to identify mental health difficulties.

## **What services can the school offer a boy experiencing emotional or mental health difficulties?**

### **1. Pastoral support**

Every teacher owes a duty of care to each boy. This duty is '*in loco parentis*' (that is, in the place of the parent). Broadly, this means the school has to do what is reasonably practicable to ensure they care for their boys, as any reasonable parent would do. This duty is reflected in a structured pastoral system within the school that upholds key values related to well-being.

The boy's Form Tutor is the initial point of contact for the boy. This means that if a boy is experiencing mental health difficulties *of any kind*, then he can speak to his Form Tutor and, depending on the seriousness of the mental health difficulty, the tutor will offer them support and guidance, or refer them to the Year Head, who will work with the Form Tutor to put a support plan in place and seek to engage the parents in this.

This may operate in the other direction, with teachers making the Form Tutor aware (or the form tutor becoming aware directly), and then this is followed up with the boy.

A note is made on the school's management information system My Concern. The system is for confidential use of staff for recording concerns.

If a concern develops further, the Year Head will refer to the Deputy Head or Head of Lower School/Middle School who will pursue the further courses of action (see (2) and (3) below).

See Pastoral Care and Welfare Policy Part I for more information.

### **2. ELSA programme**

In order to introduce some additional emotional support for some boys to enhance the already established pastoral care system, Rokeby has introduced ELSAs.

ELSAs are Emotional Literacy Support Assistants. They are existing staff who have had special training from educational psychologists to support the emotional development of children and young people in school. They provide one-to-one support to address areas such as: friendship difficulties, bereavement, anger management and self-esteem, amongst others.

ELSAs help some children and young people learn to understand their emotions and respect the feelings of those around them. They provide the time and space for pupils to think about their personal circumstances and how they manage them.

Most ELSA programmes will last for a number of weeks, helping the pupil to learn some specific new skills or coping strategies.

### **3. Early Help Assessment**

Children and families experience a range of needs at different times in their lives. However, while all children and young people require access to high-quality universal services, some of them also have additional needs which may relate to their development, education, health, social welfare or other areas. These needs will in many cases be cross-cutting and might be associated with:

- disruptive or anti-social behaviour

- overt parental conflict or lack of parental support/boundaries
- involvement in, or risk of, offending
- poor attendance or exclusion from school
- special educational needs
- disabilities
- poor nutrition or inadequate clothing
- ill health
- substance misuse
- anxiety or depression caused by experiencing domestic violence
- housing issues
- young carers who exhibit additional needs which are as a direct result of their caring responsibilities, e.g. truancy/lateness, ill health, housing issues.

At Rokeby School it is unlikely that our boys will experience more than one of these problems to a significant degree and it may not always become known to us.

Where the school becomes aware of a boy experiencing these concerns, the matter will be followed up by the Deputy Head - Pastoral or Head of Lower School (as appropriate) and the Early Help Assessment will be deployed with the agreement of the parents. An initial assessment may be made using the appropriate reference criteria\*, internally, before the parents are contacted to ascertain whether it is a worthwhile course of action. The Headmaster will be informed and will support the process.

Threshold for action: The school will not implement the process unless a boy exhibits ongoing problems associated with the list above and steps 1-3 above have been followed first.

*\* For details see the LSCB Multi-Agency Threshold Document.*

#### **4. Counselling**

The British Association for Counselling and Psychotherapy (BACP) define school-based counselling as: 'a professional activity delivered by qualified practitioners in schools. Counsellors offer troubled and/or distressed children and young people an opportunity to talk about their difficulties, within a relationship of agreed confidentiality.'

Schools are not legally obliged to offer school-based counselling. Therefore, there is no automatic right of a boy to access counselling for mental health problems via a school.

Counselling services can still be accessed through voluntary sector community based services, private practices, GPs and Children and Young People's Mental Health Services ('CYPMHS'\* - see below).

At Rokeby, the school will ask parents to consider engaging the support of a counsellor if appropriate. The school's recommended counsellor is currently Crissy Duff.

Counselling is confidential unless there are safeguarding concerns. Child protection concerns and the welfare of children and young people can at times take precedence over confidentiality. The counsellor should explain confidentiality and its limitations to the boy or young person at the start of a counselling relationship. If appropriate counsellors should, wherever possible, seek the boy or young person's agreement before making a referral to other agencies and individuals.

If a counsellor has welfare concerns they may speak to the Deputy Head - Pastoral. The decision to share information should be one that is made with care.

*\* CYPMHS is sometimes referred to as CAMHS (Child and Adolescent Mental Health Services), but the two are slightly different. CAMHS is the name for the NHS services that assess and treat young people with emotional, behavioural or mental health difficulties. CYPMHS includes all the mental health services that might be available to help a child or young person as well as CAMHS.*

## **Other agencies and options for support**

### **Children and Young People's Mental Health Services (CYPMHS)**

If the school believes that a boy would benefit from a more clinical approach and treatment for mental health difficulties then they can refer the boy to [CYPMHS](#) and would seek to engage the parents in giving consent for this referral. More normally, the school would advise the parents to seek the guidance of their GP on suitable next steps and the GP might refer the boy to CYPMHS. It is hoped that parents share this process with the school so that the school can help to provide necessary information and support.

Specialist CYPMHS services are available to children and young people who have severe, complex and enduring emotional/behavioural/mental health difficulties. Specialist CYPMHS services are, for example, not appropriate for children/young people who are experiencing a reaction to a significant life event (e.g. a normal bereavement or a normal reaction to parental separation).

CYPMHS are specialist children and young people's mental health services and can offer a variety of trained mental health professionals such as:

- Social Workers
- Occupational Therapists
- Psychologists
- Psychotherapists
- Counsellors
- Family Therapists
- Primary Mental Health Worker
- Outreach Workers

### **Can mental health difficulties be considered a disability?**

Some children suffering with mental health problems can be considered disabled under the [Equality Act 2010](#). All schools are under an obligation not to discriminate against children on the grounds of disability.

Under the Act, disability includes a mental impairment. The mental impairment must have a substantial and long-term adverse effect on the person's ability to carry out normal day-to-day activities.

Long-term means that the symptoms have lasted, or are expected to last, for 12 months but this need not be consecutive. Transient symptoms may not fall within the Act.

The following are examples of mental health symptoms that can be regarded as a mental impairment under the Act:

- Anxiety
- Low mood
- Panic attacks
- Phobias
- Eating disorders
- Bipolar affective disorders
- Obsessive compulsive disorders
- Personality disorders
- Post-traumatic stress disorder
- Some self-harming behaviour
- Depression
- Schizophrenia
- Autistic spectrum disorders
- ADHD
- Dyslexia and dyspraxia
- Learning disabilities

Examples of what would not count as a mental impairment under the Act include:

- Some shyness and timidity
- Inability to speak in front of an audience as a result of nervousness
- Inability to concentrate on a task requiring application over several hours

If a boy falls within the definition of disability above then the school has particular obligations. The school is under a duty to make reasonable adjustments to put disabled boys on a more equal footing with boys without disabilities. If an adjustment is reasonable, then it should be made and there can be no justification for why it is not made. An adjustment may be considered unreasonable if it is very expensive (such as school-based counselling).

The duty to make reasonable adjustments is also anticipatory. This means that the school will give thought in advance to what a disabled boy might require and what adjustments might be needed to prevent disabled students from being disadvantaged.

Rokeby operates a challenging all-round curriculum, which is not suited to all boys because of their particular needs or their personality. It may be that the school's educational provision is exacerbating a boy's mental health difficulty. If realistic reasonable adjustments cannot be made, then it may well be better for the family to find an alternative school with the help and support of Rokeby.

### **Can mental health difficulties be considered as a Special Educational Need?**

A boy has special educational needs (SEN) if they have learning difficulties or disabilities that make it harder for them to learn than most other children of about the same age. These special needs do

include social, emotional or mental health difficulties such as relating to peers/adults or behaving properly in an early years setting.

Rokeby School has a Learning Support Coordinator ('LSCo') who is responsible for co-ordinating help for boys with special educational needs. Boys and parents can talk over their concerns with the LSCo and work with them. The LSCo takes day-to-day responsibility for the provision made for boys with SEN, working closely with staff, parents and carers, and other agencies and should develop a strategy for the boy (see Learning Support Policy).

If a boy has particularly complex requirements for education, health and social care support and cannot benefit from resources, assessments or interventions ordinarily available at the school they may need an Education, Health and Care Plan ('EHCP').

The EHCP is a legally binding document that can set out the nature of the boy's needs, additional provision they will need and agreed outcomes about how it will be met. This may include naming a new specialist school to meet their needs\*. The health section of the document can identify in depth the mental health problems the boy is experiencing and how they can be supported to alleviate it as much as possible. Parents and the school can identify key individuals for the local authority to consult when drafting the document such as mental health workers and CYPMHS specialists.

*\*Rokeby is not a special school and therefore may not be the most appropriate setting for a boy with certain SEND needs.*