Parents and carers, children and young people, local authority, health, early years, schools, further education, voluntary and community sector providers and commissioners working together to raise understanding and improve outcomes for children and young people with additional and Special Educational Needs and Disability (SEND)

Emotional and mental health
Understanding needs and what to do

Part of the Cambridgeshire
Local Offer
‘One front door to information on
‘education, health and care provision’
Contents

Introduction
Our vision
Broad categories of needs
What are social, emotional and mental health needs?
What does the data tell us?
0-5 years: First concerns – universal provision
0-5 years: Additional needs – targeted provision
0-5 years: Complex and severe needs – specialist provision
Inclusion in schools and settings
5-16 years: First concerns – universal provision
5-16 years: Additional needs – targeted provision
5-16 years: Complex and severe needs – specialist provision
16-25 years: Identifying and supporting needs
16-25 years: planning ahead
Transfer to adult services
Assessment
Special Educational Needs
Wider Support
Transitions
Training and support for professionals
Parent carer programmes
And finally
Glossary

We appreciate your comments about what is good about this resource and what could be improved. Please contact the Special Educational Needs and Disability Strategic Development Manager, Teresa Grady at teresa.grady@cambridgeshire.gov.uk

A working guide. Latest update 6.12.16
Introduction

A Local Offer

The Social, Emotional Wellbeing and Mental Health Needs offer is part of the wider Cambridgeshire Local Offer (www.cambridgeshire.gov.uk/send). It sets out information on provision for vulnerable groups including those with Special Educational Needs and Disability (SEND) 0-25 years.

We are committed to providing easy access to information for parents, carers and professionals who may not be specialist in this field. All Local Authorities are required to produce their Local Offer. A Local Offer has two main purposes:

- To provide clear, comprehensive and accessible information about the support and opportunities that are available

- To make provision more responsive to local needs and aspirations by directly involving children and young people with SEN, parents, carers and service providers in its development and review.

We have included the services with whom the child and family may come in contact in health; the local authority; early years settings; schools; Further Education (FE); training; employment and the voluntary and community sector. This is to ensure children and young people and their families can experience a ‘joined up’ approach placing them at the centre of planning and decision making.

We describe how needs are first identified and how they can be supported by providers of universal services. Further information is included on access and eligibility to specialist provision; assessments; wider support for the family and transition into adulthood.

The Social, Emotional Wellbeing and Mental Health Needs offer is being developed with support from young people; parents and carers and partners across services. It remains open to development in response to changing needs and dialogue with all interested parties.

A working guide. Latest update 6.12.16
Our vision

The outcomes that we want for all children and young people are set out in the Special Educational Needs and Disability (SEND) Commissioning Strategy. They are:

- Being happy, confident and healthy.
- Having friends and a peer group
- Being ready for and doing well at school
- Having a job and able to pursue interests
- Being as independent as possible, and supported to have choices
- Being safe

‘We want children and young people with special educational needs and disability (SEND) to achieve well in their early years, at school and in college; find employment, lead happy and fulfilling lives; and have choice and control over their support.’

Our commissioning approach is focused around three important features. These are:

- **personalisation** (the child and the family being equal partners in all that we plan and do),
- **integration** (the local authority services, health, social care, educational settings and the voluntary and community sector working effectively together), and
- **localism** (ensuring that high quality provision is designed and delivered locally).

Other strategies that are closely linked are:

- Emotional Well-being and Mental Health Strategy
- Think Family – [www.cambridgeshire.gov.uk/thinkfamily](http://www.cambridgeshire.gov.uk/thinkfamily)
- Accelerating Achievement Strategy
- Transforming Lives (Adult Social Care)
- Building Family Resilience (Looked After Children Strategy)

These documents can all be found on [www.cambridgeshire.gov.uk/families](http://www.cambridgeshire.gov.uk/families)
How can parents, carers and young people get involved with strategic planning of provision?

If you would like to ‘have your say’ and become more involved in reviewing and developing provision for children and young people with additional and special educational needs and disability (including speech, language and communication needs), please see information on forthcoming events and workshops for parent carers on our Local Offer events page. We include reports from these events and what has happened as a result on the Developing the local offer page. You can also leave comments and queries on the Local Offer webpages at localoffer@cambridgeshire.gov.uk

Governance

Provision for Social, Emotional Wellbeing and Mental Health Needs is always under review and being developed. The governance of this is through the Children and Families Joint Commissioning Board and the SEND Performance and Commissioning Board.

The accuracy of the information on Social, Emotional Wellbeing and Mental Health Needs provision published in this resource; and the timely response to comments from parents; carers; young people; partners from health; early years; schools; further education; employment and the voluntary and community sector is managed through the Local Offer Working Group. Membership of this group includes representatives from Pinpoint parent carer forum; Health Designated Clinical Officer (DCO); Local Authority Special Educational Needs (SEND) Specialist Services; SEND Strategy and Commissioning; SEND Information Advice and Support Service (SENDIASS); and the Children, Families and Adults Information Team.
Broad categories of needs

Children and young people with additional and special educational needs and disability are all individuals with their own set of strengths and difficulties. They do not fit into boxes. It can be useful, nevertheless, in terms of identifying the type of support that will best meet their needs to talk about four broad categories of need. Below are the four categories of needs referred to in the Special Educational Needs and Disability (SEND) Code of Practice 0-25 (2015):

**Communication and Interaction**
- Including:
  - Speech Language and Communication;
  - Autistic Spectrum

**Cognition and Learning**
- Including:
  - Moderate Learning Difficulties;
  - Severe Learning Difficulties;
  - Profound and Multiple Difficulties;
  - Specific Learning Difficulties such as dyslexia; dyscalculia; developmental co-ordination disorder

**Social Emotional and Mental Health**
- Including:
  - Withdrawal and isolation; Challenging disruptive or disturbing behaviour;
  - Mental health needs such as anxiety, depression, self-harming, eating disorders;
  - Attention Deficit Disorder (ADD);
  - Attention Deficit Hyperactivity Disorder (ADHD);
  - Attachment disorder

**Sensory**
- Including:
  - Vision impairment
  - Hearing impairment

It is important to note that children may have needs in more than one area.
What are social, emotional wellbeing and mental health needs?

By social, emotional wellbeing and mental health difficulties we mean where children and young people have difficulty in managing their relationships with other people, are withdrawn, or if they behave in ways that may hinder their and other children’s learning, or that have an impact on their health and wellbeing. Needs may range from mild to severe. They may be short-term, intermittent periods or longer term – and for a few, possibly lifelong.

The main areas of need are:

- Anxiety
- Depression
- Hyperkinetic Disorders (including Attention Deficit Hyperactivity Disorder)
- Eating Disorders
- Substance misuse
- Deliberate Self Harm
- Post-traumatic stress

Conduct Disorders
(e.g. defiance, aggression, anti-social behaviour, stealing and fire-setting)

Overt behaviour problems often pose the greatest concern for practitioners and parents, because of the level of disruption that can be created in the home, school and community. These problems may manifest themselves as verbal or physical aggression, defiance or antisocial behaviour. In the clinical field, depending on the severity and intensity of the behaviours they may be categorised as Oppositional Defiant Disorder (a pattern of behavioural problems characterised chiefly by tantrums and defiance which are largely confined to family, school and peer group) or Conduct Disorder (a persistent pattern of antisocial behaviour which extends into the community and involves serious violation of rules). 34

Around 4-14% of the child and adolescent population may experience behaviour problems. Many children with attention deficit hyperactivity disorder (ADHD) will also exhibit behaviour problems. Such problems are the most common reason for referral to
mental health services for boys, and the earlier the problems start, the more serious the outcome. There is, however, evidence to support the effectiveness of early intervention.

**Anxiety**

Anxiety problems can significantly affect a child’s ability to develop, to learn or to maintain and sustain friendships, but they tend not to impact on their environment. Children and young people may feel anxious for a number of reasons – for example because of worries about things that are happening at home or school, or because of a traumatic event. Symptoms of anxiety include feeling fearful or panicky, breathless, tense, fidgety, sick, irritable, tearful or having difficulty sleeping. If they become persistent or exaggerated, then specialist help and support will be required.

Clinical professionals make reference to 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 panic attack (e.g. school phobia);
- separation anxiety disorder (SAD) – worry about being away from home or about being far away from parents, at a level that is much more than normal for the child’s age;
- social phobia – intense fear of social or performance situations; and
- agoraphobia – a fear of being in situations where escape might be difficult, or help wouldn’t be available if things go wrong.
While the majority of referrals to specialist services are made for difficulties and behaviours which are more immediately apparent and more disruptive (externalising difficulties), there are increasing levels of concern about the problems facing more withdrawn and anxious children, given the likelihood of poor outcomes in later life.

**Depression**

Feeling low or sad is a common feeling for children and adults, and a normal reaction to experiences that are stressful or upsetting. When these feelings dominate and interfere with a person’s life, it can become an illness. According to the Royal College of Psychiatrists, depression affects 2% of children under 12 years old, and 5% of teenagers.

Depression can significantly affect a child’s ability to develop, to learn or to maintain and sustain friendships, but tends not to impact on their environment. There is some degree of overlap between depression and other problems. For example, around 10% to 17% of children who are depressed are also likely to exhibit behaviour problems.

Clinicians making a diagnosis of depression will generally use the categories major depressive disorder (MDD – where the person will show a number of depressive symptoms to the extent that they impair work, social or personal functioning) or dysthymic disorder (DD – less severe than MDD but characterised by a daily depressed mood for at least two years).

**Hyperkinetic disorders**

(e.g. disturbance of activity and attention)

Although many children are inattentive, easily distracted or impulsive, in some children these behaviours are exaggerated and persistent, compared with other children of a similar age and stage of development. When these behaviours interfere with a child’s family and social functioning and with progress at school, they become a matter for professional concern.

Attention Deficit Hyperactivity Disorder (ADHD) is a diagnosis used by clinicians. It involves three characteristic types of behaviour – inattention, hyperactivity and impulsivity. Whereas some children show signs of all three types of behaviour (this is called ‘combined type’ ADHD), other children diagnosed show signs only of inattention or hyperactivity/impulsiveness.

A working guide. Latest update 6.12.16
Hyperkinetic disorder is another diagnosis used by clinicians. It is a more restrictive diagnosis but is broadly similar to severe combined type ADHD, in that signs of inattention, hyperactivity and impulsiveness must all be present. These core symptoms must also have been present before the age of seven, and must be evident in two or more settings.

**Attachment Disorders**

Attachment is the affectionate bond children have with special people in their lives that lead them to feel pleasure when they interact with them and be comforted by their nearness during times of stress. Researchers generally agree that there are four main factors that influence attachment security: opportunity to establish a close relationship with a primary caregiver; the quality of caregiving; the child’s characteristics and the family context. Secure attachment is an important protective factor for mental health later in childhood, while attachment insecurity is widely recognised as a risk factor for the development of behaviour problems.

**Eating Disorders**

The most common eating disorders are anorexia nervosa and bulimia nervosa. Eating disorders can emerge when worries about weight begin to dominate a person’s life. Someone with anorexia nervosa worries persistently about being fat and eats very little. They lose a lot of weight and if female, their periods may stop. Someone with bulimia nervosa also worries persistently about weight. They alternate between eating very little, and then binging. They vomit or take laxatives to control their weight. Both of these eating disorders affect girls and boys but are more common in girls.

**Substance Misuse**

Substance misuse can result in physical or emotional harm. It can lead to problems in relationships, at home and at work. In the clinical field, a distinction is made between substance abuse (where use leads to personal harm) and substance dependence (where there is a compulsive pattern of use that takes precedence over other activities). It is important to distinguish between young people who are experimenting with substance and fall into problems, and young people who are at high risk of long-term
dependency. This first group will benefit from a brief, recovery oriented programme focusing in cognitions and behaviour to prevent them to move into more serious use. The second group will require ongoing support and assessment, with careful consideration of other concurrent mental health issues.

**Deliberate self-harm**

Common examples of deliberate self-harm include 'overdosing' (self-poisoning), hitting, cutting or burning oneself, pulling hair or picking skin, or self-strangulation. The clinical definition includes attempted suicide, though some argue that self-harm only includes actions, which are not intended to be fatal. It can also include taking illegal drugs and excessive amounts of alcohol. It can be a coping mechanism, a way of inflicting punishment on oneself and a way of validating the self or influencing others.

**Post-traumatic stress**

If a child experiences or witnesses something deeply shocking or disturbing they may have a traumatic stress reaction. This is a normal way of dealing with shocking events and it may affect the way the child thinks, feels and behaves. If these symptoms and behaviours persist, and the child is unable to come to terms with what has happened, then clinicians may make a diagnosis of posttraumatic stress disorder (PTSD).
What does the data tell us?

To help understand the provision needed for children and young people of Cambridgeshire with social, emotional and mental health difficulties, partners in the local authority, health and parent representatives jointly looked at information available from the school census data; Chi Mat; LAIT; RAISEon line. They have studied 1) trends and 2) compared the outcomes for children and young people with national and statistical neighbours.

**Snapshot January 2015 –Statements and Education, Health and Care Plans**
(Data – School Census Jan 2015)

**Summary** - In January 2015 there were 439 pupils in Cambridgeshire with SEMH, 3.4% of pupils with special educational needs. This represents 15% of pupils with Statements of Special Educational Need (SSEN) or Education, Health and Care Plans (EHCP). Over the last 4 years, the number and proportion of pupils with SEMH has increased and then fell this year, the number of pupils with statements and plans has increased at a slower rate over the same period.

**School Year** - The number of pupils with SEMH in each year group increases from nursery school through primary school and secondary with a peak in years 9 through 11.
Birth Month – Unlike other types of SEND need, birth month does not appear to affect the likelihood of pupils having SEMH. The number of pupils with SEMH born in each month is similar across the year.

Other key points

79% of pupils with SEMH are male.
14% of pupils with SEMH also have a secondary SEND need.
In 2015 there were 1498 pupils with School Action plus or SEN Support who had a primary need of Social, Emotional and Mental Health.
0-5 years
First concerns - universal support

From time to time young children may appear withdrawn or isolated, or show persistent challenging, disruptive or disturbing behaviour in comparison to their peers. Parents/carers have told us that sometimes they feel concerned that their child is not developing in the same way as their peers or that there is a change in the way that they behave that is unexplained.

When should there be concerns?

Behaviour becomes an issue when it starts to affect the parent or carer, the wider family and the child’s well-being. All young children can take time to learn to control their emotions and communicate their feelings. Many will respond over time to positive relationships and strategies put in place by parent carers. Children with additional needs will need more support to develop and learn expected ways to behave.

Children who are developing early language will often use their behaviour as a quicker more effective means of communication. This may include hitting, slapping, pushing, biting, screaming and running away. Most children will display elements of these behaviours at various times. It is only if there becomes a sustained pattern that you would become concerned.

Examples of persistent behaviour in young children that families might find problematic are:

- frequent screaming and tantrums
- kicking and hitting parent carers and siblings
- breaking things
- biting people and objects
- not sleeping
- feeding problems
- smearing faeces, urinating in odd places
Who can parents talk to about concerns and what will they do?

If parents have concerns about their child’s behaviour they can talk to any of the professionals in the local area with whom they are in contact such as the child’s:

- Health visitor
- GP
- Child minder or playgroup worker (Early Years Provider)
- Children’s Centre worker
- Teacher in their nursery school
- Parent support groups
- Other local voluntary and community support groups

Health Visitors; children centre workers; early years practitioners and teachers in nursery classes, provide for all children. This is called universal provision. All providers of universal provision are required to make reasonable adaptations to ensure their provision is accessible. To do this they will listen, and respond, to parents’ concerns and aspirations. They will observe the child over time and, with the family, make plans to address and overcome the child’s difficulties.

They can support and advise the parents in a variety of areas such as those below or signpost to others who can:

- Managing positive behaviours
- Sleep patterns
- Attachment
- Building self-esteem and confidence
- Social communication
- Building resilience
- Toileting

Sometimes underlying issues such as inadequate housing, family difficulties, bullying or bereavement can be the trigger for changes in a child’s behaviour. The needs will be addressed through appropriate ways for the individual family. The Local Offer can be used to signpost to the right type of support and advice.

Similarly underlying learning difficulties will be considered. It may be, for example, that the child has a hearing difficulty or speech and language difficulty. They may appear withdrawn in their early years setting because they are struggling to understand what is happening around them. It is important that appropriate support for their learning needs is put in place
as early as possible as research shows that the sooner learning needs can be addressed the less they will impact on later life.

Two very important checks that health visitors, children centre workers; early years practitioners and teachers in nursery classes will refer to are:

- **The Two Year Old Health Check and Record**
- **The Early Years Foundation Stage Profile**

These checks will indicate if the child is developing and learning in-line with their peers. If it is possible that there are underlying issues such as a hearing impairment, the parent will be advised to take their child for tests.

The two checks are now referred to as the Integrated 2 Year Old Review in Cambridgeshire. Integrating health and education reviews gives a more complete picture of the child through drawing together the detailed knowledge of how the child is learning and developing day to day at their educational setting with the expertise of the child’s health visitor at the health review, along with parents’ views and concerns about their child’s progress. The checks are carried out separately but the findings are looked at together and a package of any follow up support required for family can be delivered by multiple agencies, depending on the needs identified.

The **Two Year Old Health Check and Record** and the **Early Years Foundation Stage Profile** describe the next ‘step’ to be reached by the child and what actions need to be taken by all to help the child to get there. The actions required will vary from child to child depending on their particular social, emotional and mental health needs. The impact of these actions will be monitored.

A useful document for more information is the Early Support booklet Information about Behaviour [www.ncb.org.uk/earlysupport](http://www.ncb.org.uk/earlysupport)
Guidance and resources

<table>
<thead>
<tr>
<th>Guidance and tools for the early years</th>
<th>How to find</th>
</tr>
</thead>
</table>

If difficulties persist, despite high quality universal provision, the Health Visitor; children’s centre worker; Early Years practitioners or teacher in nursery classes may suggest that the child requires some **targeted provision** to address additional needs.
0-5 years
Additional needs – targeted provision

Sometimes a young child may not seem to show the same social or emotional development as their peers despite high quality universal provision (the type of provision that is available for all children) from the health visitor; early years setting or nursery teacher or others with whom they are in contact. Parents and carers can talk to their health visitor, early years practitioner or nursery teacher about additional, actions (targeted provision) that they might be able to offer.

It is important that the actions (targeted provision) address a specific outcome for the child; are time-limited; and that ‘before’ and after’ measurements are taken to check that the actions have been effective and that the child is making progress.

Practitioners in early years settings and parent carers are well placed to observe the child in different situations and notice what they are good at, what they find difficult and what support works best.

In most cases, carefully targeted provision over a period of time will enable a child to ‘catch-up’ with their peers. Their progress should be monitored to ensure progress is sustained.

Parents and carers should also be informed about

- local support groups
- ways to help their child at home
0-5 years
Complex and severe needs – specialist provision

A small number of young children with more complex, severe and enduring social, emotional and mental health needs will require highly specialist support. These children are likely to have Special Educational Needs and/or Disability (SEND).

Specialist provision is determined by the child’s individual needs. It may be delivered one to one or as part of a group with children with similar needs. It is not necessarily continuous. There may be breaks in which the impact is reviewed before another period of support.

The adaptations and support expected at universal level will continue when children receive specialist support.

Early years settings and nurseries can offer some types of specialist action (provision) It is important that actions address a specific outcome for the child; are time-limited; and that ‘before’ and after’ measurements are taken to check that the actions have been effective and that the child is making progress.

Further specialist advice and support is available from health services and the local authority for those children who meet the thresholds. Please use the link provided to find out more about the provision; eligibility and contact details.

- Local Authority SEND Specialist Services
- Family Nurse Partnership Workers
- National Health Service (NHS) Community Paediatric Service

In some cases, where the thresholds are met community paediatricians will provide a medical assessment for children identified in school age as having a significant learning difficulty to explore whether there is a medical or genetic reason for their difficulties. They do not usually offer ongoing advice and support.

A working guide. Latest update 6.12.16
Support in the home

Children and families with the highest level of need may be eligible for support in the home. The family of a child with social, emotional and mental health needs and other complex needs, may be offered home visits from the Local Authority SEND Specialist Services.

Evidence-based actions (provision)

To find out more about evidence-based actions (targeted and specialist) that early years settings can offer please see:

- The local authority resource booklet 'Improving Outcomes for Children with Additional Needs'
Inclusion in schools

Schools are expected to provide an inclusive environment for all children. They must make adaptations to ensure children and young people find their schools accessible. The Department of Education (DfE) ‘The Equality Act: Advice and Guidance for Schools’ clearly sets out these requirements.

With additional actions (provision) in place in mainstream schools tailored to the needs of individual children and young people and with outside advice from health and local authority services provided as and when needed, it is expected that most children and young people with social, emotional and mental health difficulties will have their needs appropriately met in their local mainstream school. Other than in exceptional circumstance this is usually the preferred option for the child or young person.

Duty to make provision

The Department of Education (DfE) advice, ‘Mental health and behaviour in schools’, June 2014 clarifies the responsibilities of the school, outlining what they can do and how to support a child or young person whose behaviour may relate to an unmet mental health need. The principles behind the document are that:

- Young people should attend school wherever possible
- Good planning between professionals enables young people to participate in education, and return to school wherever possible
- Schools should make every reasonable adjustment to enable a young person to be in school
- Good attendance results in better attainment in the long term.

A working guide. Latest update 6.12.16
The local authority documents **Access to Education for Primary School Pupils with Medical Needs Protocol** and **Pathway for Secondary Aged Young People with Medical and Mental Health Needs** set out how Cambridgeshire schools, health, and other professionals can support a child with emotional, social, mental health or medical needs to access an appropriate education. These documents are available at: [http://www.cambridgeshire.gov.uk/info/20059/schools_and_learning/282/education_system/8](http://www.cambridgeshire.gov.uk/info/20059/schools_and_learning/282/education_system/8)

If schools and settings have any questions or concerns relating to practice issues please contact:

- Karen Beaton, Behaviour & Attendance Manager - Tel: 01223 715 577
- Carol Way, Inclusion Manager (Secondary School aged Pupils) Tel: 01480 376 302
- Marian Cullen, SEND Specialist Services Manager (Primary aged Pupils) Tel: 01480 379 722

If the query relates to a young person with an EHCP then please contact Michelle Docking START Manager Tel: 01480 372 600

In the minority of cases where the child or young person’s needs are significant and there are other highly complex needs, alternative placements may be offered. These include Enhanced Resource Centres (ERC) attached to schools, SEND Services Access and Inclusion Provision (Primary) placements, Pupil Referral Unit (secondary) Special School, hospital provision.

For contact details, eligibility and offer please use the links below.

- [Enhanced Resource Centres](http://www.cambridgeshire.gov.uk/info/20059/schools_and_learning/282/education_system/8)
- [Special Schools](http://www.cambridgeshire.gov.uk/info/20059/schools_and_learning/282/education_system/8)

Details of local schools can be found on: [www.cambridgeshire.gov.uk/familiesdirectory](http://www.cambridgeshire.gov.uk/familiesdirectory)
5-16 years
First concerns - universal provision

It is not unusual for children and young people to have periods where they may appear withdrawn or isolated, or show challenging or disruptive behaviour. But if behaviours are sustained or there is a change in the way that they behave that is unexplained parents tell us that they need to know what support options are available.

When should there be concerns?

Behaviour difficulties do not necessarily mean that a child or young person of school age has social, emotional or mental health problem or a special educational need. Persistent disruptive or withdrawn behaviours can, however, be an indication of an underlying problem. Examples of persistent behaviour in children and young people that raise concern are:

- problems of mood (anxiety or depression)
- problems of conduct (frequent opposition, aggression)
- withdrawal
- self-harming
- drug and alcohol abuse
- breaking or damaging things
- poor concentration
- hyperactivity
- not sleeping
- difficulties associated with eating

Who can parents or a young person talk to and what will they do?

If a young person or a parent carer of a school-age child has concerns about their social, emotional and mental health needs they should talk to the class teacher or subject teacher. Other professionals they could approach include their information to follow GP; school nurse; or a local parent support group.

Parents know their children best, and it is important that all professionals listen and understand when parents express concerns about their child’s development. They should also listen to and address any concerns raised by the children and young people themselves.

All those who work with children and young people need to be alert to emerging difficulties and respond early by identifying and removing barriers to learning and development.
They can support and advice parents and carers in a variety of areas, such as listed below, and signpost to additional help in the community:

- Managing positive behaviours
- Depression and anxiety
- Sleep patterns
- Attachment
- Building self-esteem and confidence
- Social communication
- Building resilience
- Toileting
- Drug and alcohol abuse
- Self harm
- Difficulties associated with eating

Parents and carers will be invited to give permission for information about their child to be shared between health and education professionals so that a common understanding and approach to their needs is adopted.

Schools are well-placed to observe children day-to-day and identify early signs of possible social, emotional and mental health needs. Schools are required to track the learning and development of all children/young people. Careful tracking will show if the child is developing and learning in line with their peers. Some important stages that schools will measure against are:

- Early Years Foundation Stage Profile
- Phonics Screening Check (Year 1)
- Key Stage 1 Assessments (Year 2)
- Key Stage 2 SATS (Year 6)
- GCSE and other qualifications at Key Stage 4. (Year 11)

Between these stages, schools will carefully monitor if the child is on track by looking at:

- Termly whole school tracking of attainment in subjects.
- Termly attendance data
- Fixed term exclusions
- Life skills such as participation, self-esteem; independence

A working guide. Latest update 6.12.16
Sometimes underlying issues such as inadequate housing, family difficulties, bullying or bereavement can be the trigger for changes in a child or young person’s behaviour. Their needs will be addressed through appropriate ways for the individual family. The Local Offer can be used to signpost to the right type of support and advice.

Similarly underlying learning difficulties will be considered. It may be, for example, that the child or young person has a hearing difficulty or literacy difficulty. They may appear disruptive in their school or community in an attempt to distract from their difficulties. It is important that appropriate support for learning needs are put in place as early as possible as research shows that the sooner learning needs can be addressed the less they will impact on later life.

**Universal provision in schools**

The provision that is available to all children in schools and other educational settings is called **universal provision**. All staff in schools and settings are required to create a teaching and learning environment that enables positive behaviour from all pupils. Schools are required to create a teaching and learning environment that enables all children to access learning, participate fully in the life of the school and community and develop the wider skills needed to for adult life.

They are expected to have an appropriate level of expertise in managing and supporting social, emotional and wellbeing and removing barriers to learning. This will require making adaptation to teaching and learning. The adaptations required will vary from child to child and over time, depending on their particular needs. Each school or setting must have a behaviour policy and publish information on their website about how it is put into practice.

There are two key elements that enable schools to reliably identify children at risk of mental health problems:

- **effective use of data** so that changes in pupils’ patterns of attainment, attendance or behaviour are noticed and can be acted upon; and

A working guide. Latest update 6.12.16
• **an effective pastoral system** so that at least one member of staff (e.g. a form tutor or class teacher) knows every pupil well and can spot where bad or unusual behaviour may have a root cause that needs addressing. Where this is the case, the pastoral system or school policies should provide the structure through which staff can escalate the issue and take decisions about what to do next.

They will first consider if there are any underlying causes for the behaviours. It is important to understand why a child or young person is behaving in a way different to their peers. Underlying learning needs will be considered as well as social and emotional well-being. They will check, for example for: hearing impairment; literacy difficulties e.g. Dyslexia or other learning difficulties. They will ensure that appropriate actions are taken to address these learning needs.

High quality teaching is expected in all schools. High quality teaching is important for all children and young people but it is essential for those with additional social, emotional and mental health needs.

High quality teaching can be recognised by:
- Highly focused lesson design with sharp objectives;
- High demands of pupil involvement and engagement with their learning; High levels of interaction for all children/young people;
- Appropriate use of teacher questioning, modelling and explaining;
- An emphasis on learning through dialogue, with regular opportunities for children/young people to talk both individually and in groups;
- An expectation that children/young people will accept responsibility for their own learning and work independently;
- Regular use of encouragement and authentic praise to engage and motivate children/young people.

**School Behaviour Policy**

All schools are required to have a Behaviour Policy and a named person (likely to be the Special Educational Needs Coordinator / Inclusion lead) responsible for children or young people with special educational needs and/or disability including those who have social, emotional and mental health needs.
Class and subject teachers are required to create a teaching and learning environment that enables all children to access learning, participate fully in the life of the school and community and develop the wider skills needed to for adult life. They are expected to have an appropriate level of expertise to support children with additional social, emotional and mental health needs and remove barriers to learning. This will require making adaptation to teaching and learning. The adaptations required will vary from child to child and over time, depending on their particular needs.

Information on how individual schools identify and meet the needs of children and young people with social, emotional and mental health needs, can be found on their website. Each school must publish this information. It is known as the School’s Information Report.

The local authority have worked with schools to create a tool-kit to help them prepare and test the quality of their Schools Information Report. View the local offer tool-kit for schools

Guidance and resources for school-age children

There are a wide range of excellent resources available to schools and other partners to develop understanding, knowledge and skills that will best support children and young people with social, emotional and mental health needs. Below are some useful websites and links that should inform practice in schools.

<table>
<thead>
<tr>
<th>Guidance and resources for schools</th>
<th>How to find out more</th>
</tr>
</thead>
</table>

A working guide. Latest update 6.12.16
• tools to identify pupils for likely to need extra support
• where/how to access community support
• how and when to refer to Child and Adolescent Mental Health Services (CAMHS)

Restorative Approaches in Schools

‘Restorative Approaches’ to behaviour or relationship management are growing in popularity throughout the UK. ‘Restorative Approaches’ are swiftly building a strong evidence base nationally related to increased attendance and attainment, decreased exclusions and improved Ofsted inspection reports.

The restorative process is structured around key restorative questions:

• What's happened?
• What were you thinking/feeling at the time?
• What have your thoughts been since?
• Who has been affected and how?
• What needs to be done to make things right?

Restorative Approaches offers a dynamic and innovative way of dealing with conflict with young people. A restorative approach promotes understanding and holds all members of any community accountable for the effects of their behaviour, rather than assigning blame and dispensing punishments which often leave situations unresolved.
Top tips for workforce in schools and other settings
Each child or young person with social, emotional and health difficulties has different strengths and needs. Here are some useful links:

Jean Gross Checklists and Resources for SENCOs and Teachers

Charlie Taylor Checklist

If difficulties persist despite high quality teaching and suitable adaptations to remove barriers to learning being consistently in place (as above), the school may suggest that the child or young person requires some Targeted Provision.

Social, Emotional and Mental Health Needs
Prompts for SENCOs and support staff in Early Years settings, schools and colleges
If you are concerned about a child or young person’s emotional well-being or behaviour or a parent/carer or young person comes to you with concerns about their child:

1. Consider underlying learning needs and put appropriate actions in place support the child or young person
   a. Literacy or numeracy.
   b. Language and communication.
   c. Sensory or physical needs e.g. hearing

2. Carry out a Strengths and Difficulties Questionnaire. (SDQ)

3. Ensure that there is consistent good practice in place in the teaching and learning and around the school or setting that encourages positive behaviour

4. ‘Assess; Plan; Do and Review’ with parents/carers and measure the impact of personalised short term interventions such as Personal, Social and Health Education (PSHE) or Social And Emotional Learning (SEAL) programmes
Social Emotional and Mental Health Needs

Prompts for Health and Local Authority professionals working in the community

If you are concerned about a child or young person’s emotional well-being or behaviour or a parent/carer or young person comes to you with concerns about their child:

1. Consider underlying learning needs and put appropriate actions in place support the child or young person
   a. Literacy or numeracy.
   b. Language and communication.
   c. Sensory or physical needs e.g. hearing

2. Carry out a Strengths and Difficulties Questionnaire. (SDQ)

3. Ensure that there is consistent good practice between home, the setting, school or college.

4. ‘Assess; Plan; Do and Review’ with parents/carers and measure the impact of personalised short term interventions such family support and group work.

5. If despite support being in place the child or young persons social, emotional wellbeing and mental health needs are hindering their ability to enjoy and achieve in school or at home, ask parents permission to begin a Family Common Assessment (CAF).

5-16 years
Additional needs – targeted provision

Sometimes a child of school-age does continues to present signs of social, emotional or mental health needs despite high quality universal provision from the school or setting or health service (the type of provision that is available for all children). If a parent or carer is concerned about their child’s behaviours and well-being they can talk to the child’s class or subject teacher, school nurse or GP surgery about additional, actions (targeted provision) that they might be able to offer or are aware is available in the local area.

These children may not have Special Educational Needs (SEN) but, for a range of reasons, are not showing the same social and emotional skills and well-being as their peers. They will then consider, carefully targeted ‘catch-up’ actions. Provision is usually over limited period of time, but may be revisited in stepped stages.

The adaptations and support expected at universal level will continue when children receive targeted provision

A working guide. Latest update 6.12.16
It is important that the actions (targeted provision) address a specific outcome for the child or young person; are time-limited; and that ‘before’ and after’ measurements are taken to check that the actions have been effective and that the child is making progress.

Practitioners in schools and parent carers are well placed to observe the child in different situations and notice what they are good at, what they find difficult and what support works best.

The school, with help and support from parents, will use checklists or screening tools to find out more about the needs of the child or young person. The following are recommended:

- The Strengths and Difficulties Questionnaire (SDQ)
- The Social Communication Descriptors
- Sensory Audit
- Pupil well-being ICT tracking systems such as PASS (or a schools’ own ‘in-house’ system)
- Boxall File. For use with Nurture Group interventions

The checklists or screening tools indicate the best actions to put in place to support the child or young person at home and in school. They also indicate if more targeted or specialist advice provision is needed. With parents and the young person’s agreement this information will be shared with those that support them. Many schools use the information from the checklist to create a learning profile. These include aspirations, strengths and needs and written in conjunction with the child, young person and parent. Parents should be able to discuss the things they could try at home to support their child.

Only medical professionals should make a formal diagnosis of a mental health condition. Schools, however, are well-placed to observe children day-to-day and identify those whose behaviour suggests that they may be suffering from a mental health problem or be at risk of developing one. This may include withdrawn pupils whose needs may otherwise go unrecognised.

If the parent or carer is already in contact with a professional in the local community such as a GP, Locality Team Family Worker or Family Nurse Partnership Worker that person may suggest that they allow them to share information with the school or setting (or shares it themselves) so that an all-round picture can be captured and appropriate learning support arranged.

A working guide. Latest update 6.12.16
In most cases, carefully targeted provision over a period of time will enable a child to ‘catch-up’ with their peers. Their progress should be monitored to ensure progress is sustained.

Parents and carers should also be informed about

- local support groups
- ways to help their child at home

Some schools have school based counsellors or learning mentors who can offer support and advice as soon as children or young people show early signs of being at risk of developing social emotional or mental health difficulties.

Some of the evidence based programmes that schools use to meet the need of individual pupils are listed below:

<table>
<thead>
<tr>
<th>Programmes</th>
<th>Links to further information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurture Groups</td>
<td>The Nurture Group Network describe Nurture Groups as “an in-school, teacher-led psychosocial intervention of groups of less than 12 students that effectively replace missing or distorted early nurturing experiences for both children and young adults; they achieve this by immersing students in an accepting and warm environment which helps develop positive relationships with both teachers and peers. <a href="http://www.nurturegroups.org">www.nurturegroups.org</a></td>
</tr>
<tr>
<td>SEAL</td>
<td>Social and Emotional Aspects of Learning (SEAL) formed part of previous Primary Curriculums in recent years. However the National Strategies guidance documents are very well written and provide some <a href="http://webarchive.nationalarchives.gov.uk/20130401151715/http://www.education.gov.uk/publications/eOrderingDownload/DFES0110200MIG2122.pdf">http://webarchive.nationalarchives.gov.uk/20130401151715/http://www.education.gov.uk/publications/eOrderingDownload/DFES0110200MIG2122.pdf</a></td>
</tr>
</tbody>
</table>
excellent resources for schools, which still link into today's PSHE curriculum.

**Social Skills Groups**
Social skills groups are small groups led by an adult who teaches the children how to interact appropriately with others their age. They can help children learn conversational, friendship and problem-solving skills. They can also be useful in teaching children to control their emotions and understand other people’s perspectives.

SEND Specialist Services can offer guidance, modelling and leadership of Social Skills groups. For further information, follow the link to your local team at www.cambridgeshire.gov.uk/send

Consultation and advice is available from the Local Authority to schools from **SEND Services** and the **Child and Adolescent Mental Health Service (CAMHS)** to develop targeted programmes.
5-16 years
Complex and severe needs – specialist provision

A small number of children with more severe, complex and probably life enduring social, emotional and mental health needs will require additional highly specialist actions (provision). These children are likely to have Special Educational Needs and Disability (SEND).

Specialist action (provision) is determined by the child’s individual needs. It may be delivered one to one or as part of a group with children with similar needs. It is not necessarily continuous. There may be breaks in which the impact is reviewed before another period of support.

The adaptations and support expected at universal level will continue when children receive specialist support.

Schools can offer some types of specialist action (provision). Sometimes schools cluster together to share knowledge, expertise and delivery of specialist programmes.

The school will first check that high quality universal provision is consistently in place. They will then consider what further actions to put in place (specialist provision). Specialist provision is usually given over a limited period of time, but may be revisited in stepped stages.

It is important that actions address a specific outcome for the child; are time-limited; and that ‘before’ and after’ measurements are taken to check that the actions have been effective and that the child is making progress.

Evidence-based actions (provision)

To find out more about evidence-based actions (targeted and specialist) that settings can offer please see:

- The local authority resource booklet ‘Improving Outcomes for Children with Additional Needs’

A working guide. Latest update 6.12.16
Further advice and support with specialist actions (provision) is available from health services and the local authority for those children who meet the thresholds. Please use the link provided to find out more about the provision; eligibility and contact details.

- **Local Authority SEND Specialist Services**

Information on Local Authority services can be found at [www.cambridgeshire.gov.uk/send](http://www.cambridgeshire.gov.uk/send)

- **Cambridgeshire CAMHs National Health Service (NHS)**

Information on CAMHs in Cambridgeshire can be found at: [www.cpft.nhs.uk/training/childrens-services-welcome](http://www.cpft.nhs.uk/training/childrens-services-welcome)

In most cases, children and young people in receipt of specialist provision that is delivered with efficacy (in the way it was designed to be delivered) and reviewed and updated regularly, will make accelerated progress. Their progress should be monitored by schools to ensure it is sustained. For a minority of children and young people who do not make expected progress, further assessments may be necessary to fully understand the complexity of their needs. Please see the section on assessment for more information.

**The Marlborough Programme**

Groups of families with children at risk of exclusion meet in schools with professionals who can offer access to psychological help. The aims are to:

- Challenge and reduce behaviour that puts the child at risk of exclusion
- Develop the child’s social and emotional skills
- Enable parents to improve their relationships with their child and the school
- Engage parents reluctant to be involved with mental health professionals
- Exchange skills and knowledge between mental health and education professionals
- Develop mini communities capable of sustaining improvement
- Raise children’s achievement

Typically there are six to eight families in a group and they take place once a week in school for two hours. The children’s progress is monitored daily against behavioural targets and every six weeks overall progress is measured against goals such as improved attendance, behaviour and independent learning. As well as close attention to family relationships the groups target problematic behaviour in the classroom and work with teachers and class peers each week.

A working guide. Latest update 6.12.16
16-25 years  
Identifying and supporting needs

There are many pressures on young people growing up and preparing for adulthood. Most young adults may experience short periods of relative loneliness; isolation or struggle to control emotions at some point. For a few young adults the difficulties are more marked and sustained. They may become increasingly withdrawn from their peers and the community or show persistent challenging, disruptive or disturbing behaviour in comparison to their peers. It is important that their needs are acknowledged early and appropriate support offered.

Social, Emotional Wellbeing and Mental Health Needs can emerge at any stage, for a variety of reasons. Sometimes, young people need additional support relating to exam pressure, leaving home, leaving care or transitioning to adulthood.

When should there be concerns?

Young people starting Further Education (FE); employment or training, or who are preparing for a placement at one of these, are individuals with different strengths and needs. They will develop the new skills they need at different rates. The following, however, should be considered as warning signs if difficulties persist despite good transition and induction support.

Examples of behaviour that might indicate underlying difficulties include:

• Decrease in enjoyment and time spent with friends and family
• Significant decrease in education or work performance
• Strong resistance to attending school, college or work
• Problems with memory, attention or concentration
• Big changes in energy levels, eating or sleeping patterns
• Physical symptoms (stomach aches, headaches, backaches)
• Feelings of hopelessness, sadness, anxiety, crying often
• Frequent aggression, disobedience or lashing out verbally
• Excessive neglect of personal appearance or hygiene
• Substance abuse
• Dangerous or illegal thrill-seeking behaviour
• Is overly suspicious of others
• Sees or hears things that others do not
Who can a young adult or parent carer talk to if they want advice and support?

If you are worried about your child or young person (at whatever age), you will want to talk to them about getting help or any action they will want to take. Equally you may want to get advice for yourself to help you think through the situation. A starting point may be to talk to your doctor about physical or emotional and mental health concerns.

Services offering help, advice and support

A professional can refer a young person to Cambridgeshire Child and Adolescent Mental Health Services (CAMHS) up to the age of 17 (or 18 if the young person has a learning disability. http://www.cpft.nhs.uk/professionals/referrals-to-cambridgeshire-community-camhs.htm

CPFT (Cambridgeshire and Peterborough NHS Foundation Trust)
CPFT provides mental health services, community services, learning disability services and social care services across Cambridgeshire and Peterborough along with children’s community services in Peterborough.

The Trust has launched the Psychological Wellbeing Service (IAPT) to help those who are suffering from stress, anxiety and depression. People can now self-refer to the service.
0300 300 0055. 9am to 5pm, Monday to Friday, excluding Bank Holidays.
www.cpft.nhs.uk

YoungMinds
Offer free, confidential online and telephone support, including information and advice, to any adult worried about the emotional problems, behaviour or mental health of a child or young person up to the age of 25
If you are a concerned parent please call their dedicated helpline Monday to Friday between 9:30am-4pm. Helpline advisers are on 0808 802 5544 (free for mobiles and landlines).
www.youngminds.org.uk/for_parents/parent_helpline

Helplines
Lifeline 0808 808 2121 7pm to 11pm, 365 days a year.
PAPYRUS HOPEline
A working guide. Latest update 6.12.16
0800 068 4141 Monday to Fridays 10am-5pm Weekends — 7pm-10pm, and 2pm-5pm

**CHILDLINE 0800 1111**

**NSPCC 0808 800 5000**

**Mind info line** 0300 123 3393 Monday to Friday, 9.00am to 6.00pm. Email: info@mind.org.uk

**Centre 33 - counselling**

Centre 33 offers free and confidential counselling in the centre of Cambridge, CentreE in Ely, The Bargroves Centre in St. Neots, HYC Huntingdon Youth Centre in Huntingdon and the Queen Mary Centre in Wisbech.

Please see appointment times and opening times under ‘Counselling’ at the Centre 33 website or by calling 01223 316 488. [www.centre33.org.uk/our-services](http://www.centre33.org.uk/our-services)

If a young adult has concerns about their, thoughts, behaviours or well-being they can talk to any of the professionals with whom they are already in contact e.g.

- GP
- Tutor at Further Education College
- Voluntary and community support groups
- Manager at the young adult’s place of work or apprenticeship

**Further Education Institutions**

The government has produced general guidance for Further Education institutions and all those who work with young adults 16-25 with Special Educational Needs and disability and their families should have regard to.

**Planning ahead**

Useful guidance and resources are available for young people 16 years and over with additional and special educational needs to help make decisions and plan ahead.

A working guide. Latest update 6.12.16
Moving On
The Local Authority has produced a list of post-16 courses available to children with SEND. Moving On – Options for school leavers with additional needs. The booklet is available on www.cambridgeshire.gov.uk/preparingforadulthood

The Papworth Trust
The Papworth Trust has useful information for teenagers, adults and their families with additional needs. For more information visit: www.papworthtrust.org.uk

Transfer to adult services
Most children with social, emotional and mental health difficulties, will have their needs addressed appropriately in their younger years and will not need continuing support from adult services. Early intervention is essential. It has been proven that if the right support is received at the right time this will have the best impact on achievements in adult life. For young people, however, with the most significant and enduring needs the following teams will become involved:

Preparing for Adulthood Additional Needs team
The local authority Preparation for Adulthood Additional Needs team will become involved when the young person is in Year 9 (14 years) if they have a level of enduring special educational needs and disability that will require support in adulthood. Referrals may be made to the Learning Disability Service.

Information on the team, the support they can provide and eligibility can be found on the local offer web pages.

Learning Disabilities Partnership Young Adults Team (18 years plus)
The Learning Disability Partnership Young Adults Team (LPDYA) is a countywide team, which supports people with a learning disability to lead as full and independent a life as possible. The team is part of the wider Learning Disability Partnership that brings together social care and health professionals in integrated teams. http://www.cambridgeshire.gov.uk/site/custom_scripts/fid/fid_details.aspx?ID=138704

Adult Social Care
Support may be available from Adult Social Care if eligibility criteria are met. For further information, please visit www.cambridgeshire.gov.uk/careandsupport

A working guide. Latest update 6.12.16
What to do in an emergency

Immediate concerns

If professionals have immediate concerns regarding a child or young person’s emotional well-being or mental health and are concerned about the safety of the child or young person or of those around them they should contact the GP for an emergency appointment and for further advice. GPs can refer to Community CAMHS for an urgent assessment.

What to do in an emergency

What should be done is the child or young persons’ mental health is of immediate concern – if it is an emergency?

Immediate concerns

Anyone: a young person, parent or professional with immediate concerns regarding a child or young person’s mental health, should telephone the Cambridgeshire Community CAMHS Single Point of Access on 01480 428115, which will advise on next steps that may include:

- advice over the telephone on the management of the current concern
- Same-day assessment by the on-call CAMHS clinician and/or the on-call CAMHS psychiatrist
- Advice on making a referral to CAMHS
- Advice on other, more appropriate, services
- If the child or young person is already a patient of Cambridgeshire Community CAMHS, their CAMHS clinician can be contacted directly.

The Cambridgeshire GP out-of-hours service can be contacted on 0330 123 9131. This is the call centre for the primary care centres in:

- Hinchinbrooke Hospital, Huntingdon
- Chesterton Medical Centre, Cambridge
- Doddington Hospital, Doddington
- North Brink Practice, Wisbech
- The Princess of Wales Hospital, Ely

If there is an immediate risk to a child or young person’s safety due to a mental health problem, s/he can be taken to the local A&E department where it will be decided whether a specialist mental health assessment is required. If needed, this can be provided in A&E
Assessment

An Integrated Approach

When the right support and strategies are put in place early many children and young people’s difficulty with behaviours may be resolved fairly quickly.

Parents are encouraged to share any concerns about their child’s needs with the professionals with whom they are in contact e.g. the Health Visitor, GP, child’s early years setting or school. With the parent, they can identify and address emerging needs and put in appropriate support to overcome difficulties without waiting for a formal diagnosis.

Community Paediatric Service

In some cases, where the thresholds are met community paediatricians will provide a medical assessment for children identified in school age as having a significant learning difficulty to explore whether there is a medical or genetic reason for their difficulties. They do not usually offer ongoing advice and support.


Child and Adolescent Mental Health Services

In some cases, where the thresholds are met CAMHS will become involved depending on thresholds and criteria.

For more information about services and eligibility criteria visit www.cpft.nhs.uk
Assessment where needs are significant and complex (but not an immediate threat to the child or young person’s safety or that of others)

In the age-linked sections in this resource (0-5 years; 5-16 years; 16-25 years) we have described how professionals working in universal services such as schools, early years settings and Further Education are expected to use early screening and assessment tools to identify needs. The use of screening and assessment tools should always be accompanied by actions to address the identified needs. Parents, carers, children and young people need to be fully involved in the process. Pre and post measures should be taken so that progress can be measured and next steps planned.

It is only when the child or young person’s has not responded as expected to consistent high-quality actions (targeted and specialist) provided in schools, early years settings or Further Education and their needs remain severe, that they are likely to require further more specialist assessment. In these cases, the professionals and parent carers should discuss involving one of more of the following services.

- The Community Child and Adolescent Mental Health Service (CAMHS)
- Adult Mental Health
- Substance Abuse Workers
- Family Intervention Service
- Access and Inclusion (A&I) teachers
- Community Paediatric Service
- Acute Hospital Care

Further information on the roles of the above specialists and the level at which they are likely to become involved can be found on the Cambridgeshire Family Information Directory at www.cambridgeshire.gov.uk/families.

If you would like assistance in accessing this information please contact the Family and Childcare Helpline on 0345 045 1360.
Assessing additional, complex needs

If the needs of the child and family are seen to be significant and there are other unmet complex needs, an Early Help Assessment (EHA) is the appropriate route to bring together the support of various services around the child and family.

What is an Early Help Assessment (EHA)?

An Early Help Assessment (EHA) is a way of gathering information to assess the needs and plan responses for children and young people and their families. Any professional with whom the family is in contact such as the GP, Health Visitor; early years setting or school staff may initiate an Early Help Assessment. The Think Family approach underpins this way of working. It ensures that any professionals involved work, in a joined-up way, with the child and family at the centre. A ‘lead professional’ is identified. For these children and young people, it is likely to include input from one or more of the following: the local authority family workers from locality teams, SEND Specialist Services Team and the NHS Community Paediatrician.

Think Family

The Think Family approach is being embedded across all local authority Children and Family services and Health services for those who work with children, young people and their families. If the needs of the child and family are seen to be significant and there are other unmet complex needs, an Early Help Assessment (EHA) is the appropriate route to bring together the support of various services around the child and family.
**Early Support 0-5 years.**

In the most significant, complex cases and probably life enduring cases in the 0-5 age range the Early Help Assessment may immediately progress to assessment and support through the **Early Support 0-5 years programme.** Children and families with the highest level of need, will be supported by a team of specialist who will work with the whole family to assess and meet need over time. This may include home visits from the Local Authority **SEND Specialist Services Team**

For more information on Early Support 0-5 years please see
[www.cambridgeshire.gov.uk/early-support](http://www.cambridgeshire.gov.uk/early-support)

**Specialist in-patient services**

Children and young people with severe and enduring mental health problems who have a need for particular interventions may require placement at one of the following in-patient units:

**The Darwin Centre for young people** - is a specialist adolescent inpatient unit for the assessment and treatment of young people aged from 13 to 18 who are suffering from serious mental health illness.

**The Croft Child and Family Unit** - provides intensive in-patient and day-patient mental health services for children under 13 alongside an integrated educational programme

**The Phoenix Centre** - is a specialist in-patient and day-patient unit for the treatment of young people aged 13-18 years old suffering from complex eating disorders

Further details can be found at: [www.cpft.nhs.uk](http://www.cpft.nhs.uk)
Addressing bullying

We believe that all children and young people have the right to live in an atmosphere that is free from victimisation and fear and that they all have the right to be treated with dignity and respect. Schools and settings should reflect a culture that values diversity and positive relationships and promotes mutual respect.

Bullying can have devastating effects on children and young people and their families. There is concrete evidence of the negative impact of bullying on pupil’s physical and mental and emotional health and wellbeing. Those who are bullied often show signs of distress by altering their behaviour, withdrawing into themselves, missing school and sometime inflicting self-harm. Self-esteem, motivation, educational achievement and life chances can be adversely affected. In the most tragic cases, some young people take their own lives.

In acknowledging that bullying is a problem that needs to be addressed, an Anti-bullying Steering Group has been established to develop a strategic approach to anti-bullying for Cambridgeshire schools and settings. The Group has a clear purpose, accountabilities and function. By sharing the strategic approach as widely as possible and reviewing it regularly, we will work with our partners to establish a culture where bullying is not acceptable. Our initial focus will be on schools and then take it beyond schools to safeguard children in other educational settings and in their local communities.

The Anti-Bullying Strategy Group have worked with children, young people, parents, schools, settings and professionals from the Local Authority, Health and independent charities and organisations and will be launching a website which will host useful information for all, with the main purpose of prevention and responding to incidents of bullying. It will also host a School Review Tool which will help teachers and Senior Leaders in school to check that they are doing all that they can to effectively prevent and respond to incidents of bullying.

Bullying is a subjective experience that can take many forms. The Cambridgeshire Anti Bullying Steering Group recognises bullying as:

‘behaviour by an individual or group, repeated over time, that intentionally harms another individual or group either physically or emotionally. It involves an imbalance of power, which makes it hard for those being bullied to defend themselves ’

A working guide. Latest update 6.12.16
Forms of Bullying
Bullying behaviour can represent itself in a number of different forms both face to face or in cyberspace:

Physical
being punched, pushed or hurt; made to give up money or belongings; having property, clothes or belongings damaged; being forced to do something you don’t want to do.

Verbal
being teased in a nasty way; called gay (whether or not it’s true); insulted about your race, religion or culture; called names in other ways or having offensive, derogatory comments directed at you.

Indirect
being left out, ignored or excluded from groups; being the subject of malicious gossip or rumours or relational aggression.

Electronic / ‘cyberbullying’
via text message, instant messenger services and social network sites, email, images or videos posted on the internet or sent on mobile phones.

Types of Bullying
The group recognises that although anyone can be bullied for almost any reason or difference, some children and young people may be more vulnerable to bullying than others. They may experience prejudicial bullying related to:
- race, religion, faith or culture
- special educational needs or disabilities
- being gifted or talented
- appearance or health conditions
- sexual orientation e.g. homophobic, biphobic
- home circumstances e.g. young carers or looked–after children
- gender e.g. sexist, sexual or transphobic bullying.
Special Educational Needs

A Graduated Approach
Social, emotional and mental health is one of the recognised areas of Special Education Needs and Disability (SEND) identified by the SEND Code of Practice 0-25 (2014). This does not mean that all children and young people who present with social, emotional and mental health needs have special educational needs – but it may be the case.

A child or young adult is said to have special educational needs if they require provision that is additional to or different from that available to others of a similar age despite high quality teaching and support that is differentiated and personalised. Support for learning difficulties may be required when children and young people learn at a slower pace than their peers, even with appropriate differentiation.

If it is suspected that a child or young person has (or may have) special educational needs then the parents and child or young person will be invited by the professionals whom they see regularly (such as the health visitor, early years provider, class or subject teacher or college tutor) to meet to plan how they will work together to reach the goals to which they aspire. Alternatively parents or a young person with concerns can approach any of the professional with whom they are in contact. The child or young person’s strengths as well as difficulties will be taken into account and supported. The local authority has prepared a list of recommended early assessment or screening tools to help identify needs and plan what needs to happen. View recommended assessments for schools on www.cambridgeshire.gov.uk/send

If a child or young person will need provision additional or different to that which is available to their peers then they will be placed on SEND Support. A cycle of ‘Assess, Plan, Do, and Review’ will be started. Decision will be made together and actions shared. The length and regularity of the cycle depends on the needs of the child and family or young person at the time. This is called the graduated approach in the SEND Code of Practice 0-25 (2014). Children and young people and their parent carers will be central to this process. Most children and young people on SEND Support will make accelerated progress and will not always need to receive SEND Support. A very small number of children and young people who have severe and complex needs and who do not, over time, respond to additional support and actions, may need an assessment for an Education, Health and Care Plan. Parent carers or young people who would like more information should speak to any professional with whom they are in regular contact and who is currently delivering SEND Support to the child or young person. e.g. a class or subject teacher; early years practitioner
A working guide. Latest update 6.12.16
or tutor in Further Education. Further information on eligibility for an assessment for an Education, Health and Care assessment can be found at [www.cambridgeshire.gov.uk/ehcplan](http://www.cambridgeshire.gov.uk/ehcplan) or by contacting the SEND Information and Advice Service (SENDIASS) on 01223 699 214.

The table below show the role of schools (or other educational settings) and other professionals from health and the local authority, work together to support children with speech, language and communication special educational needs.

**Roles: Health, Local Authority, schools and settings**

<table>
<thead>
<tr>
<th>School or setting</th>
<th>Local authority</th>
<th>Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Years Settings&lt;br&gt; Mainstream Schools and Academies&lt;br&gt; Special Schools&lt;br&gt; Hospital Schools&lt;br&gt; Independent School&lt;br&gt; Further Education&lt;br&gt; Training&lt;br&gt; Apprenticeship</td>
<td>SEND Specialist Services&lt;br&gt; Children’s Centres&lt;br&gt; Locality Teams&lt;br&gt; Looked After Children&lt;br&gt; Statutory Assessment and Resourcing Team (START)&lt;br&gt; Disability Social Care</td>
<td>Speech and Language Therapists&lt;br&gt; Occupational Therapists&lt;br&gt; Paediatric Service&lt;br&gt; Child and Adolescent Mental Health Service (CAMHS)</td>
</tr>
<tr>
<td>Universal</td>
<td><em>Early Identification and response to SEND</em>&lt;br&gt; <em>High quality teaching:</em>&lt;br&gt; <em>Adaptations to remove barriers to learning (Equality Act 2010)</em>&lt;br&gt; <em>An inclusive environment and ethos</em></td>
<td><em>Training opportunities for early years settings, schools, colleges and Further Education from specialist services</em>&lt;br&gt; <em>Advice and signposting from SEND Specialist Services</em></td>
</tr>
<tr>
<td>SEND Support</td>
<td><strong>As above and also:</strong> <em>Child/young person and family centred ‘Assess, Plan, Do, Review’ using structured approaches to conversations.</em>&lt;br&gt; <em>Short term intervention programmes aimed at helping the child/young person catch up with their peers.</em>&lt;br&gt; <em>Medium and longer term intervention programmes to address specific needs.</em></td>
<td><strong>As above and also:</strong> <em>Support and advice on evidence based practice and interventions to meet the needs of children and young people and their families who meet thresholds for involvement.</em></td>
</tr>
<tr>
<td>Education Health and Care (EHC) plans</td>
<td><strong>As above and also:</strong> <em>Joined up working with the child/young person, family and all professional partners to ensure delivery and monitoring of the EHC plan</em></td>
<td><strong>As above and also:</strong> <em>Joined up working with the child/young person, family and all professional partners to ensure delivery and monitoring of the EHC plan</em></td>
</tr>
</tbody>
</table>
Wider support

Parents and carers have told us that it is very important to know what wider support is available for their child and the family. They stressed the value of being put in contact with other parents of children with special educational needs and disability as early as possible. This included drop in coffee mornings at the nursery, school or clinic and events held by local parent forums and the Special Educational Needs and Disability Information Advice and Support Service (SENDIASS)

A full description of provision for children with additional and additional or special educational needs and/or disability is published in the Cambridgeshire Local Offer which can be found at [www.cambridgeshire.gov.uk/send](http://www.cambridgeshire.gov.uk/send) Some examples of provision from the local authority, Health, social care and voluntary agencies are listed below.

If you have any queries about the support available please do not hesitate to contact the provider or phone the Special Educational Needs and Disability Information, Advice and Support Service on 01223 699 214.

Parent to parent support

Parents tell us that meeting other parents of children with special educational needs or disability to talk with can be invaluable. Any professionals who are in contact with the family e.g. via a school or early years setting; GP surgery; or at the point of diagnosis in a speech and language clinic, should check that the parent knows how to get in contact with other parents or support groups in the area.

Pinpoint

Pinpoint is a Cambridgeshire charity supporting and informing parents of children with special educational needs, disabilities or additional needs. It is run for parents by parents. Pinpoint holds regular events and meetings for parents of children of all ages with any disability or additional need, including social, emotional and mental health. Parents can get involved in shaping services and developing information for parents, as well as meet other parents in a similar situation.
Contact a Family

Contact a Family is a national charity for families with disabled children.

They provide information, advice and support and bring families together so they can support each other.

| 📞 | 0808 808 3555 |
| 🌐 | helpline@cafamily.org.uk |
| 📧 | Local contact: eastofengland@cafamily.org.uk |
| 🌐 | http://www.cafamily.org.uk/ |

Parent Partnership Service providing Cambridgeshire’s SEND Information, Advice and Support Service (SEND IASS)

SENDIASS offer confidential and impartial advice and support to make sure that parents, carers and young people get information and guidance on SEND matters, eligibility and entitlements.

| 📞 | 01223 699 214 |
| 🌐 | pps@cambridgeshire.gov.uk |
| 📧 | www.cambridgeshire.gov.uk/pps |

Local social care short break offer

The Disabled Children’s Early Help Team supports disabled children and young people to develop the skills to Prepare for Adulthood, to access community activities, to increase independence skills and to do enjoyable activities away from their main carers. This is achieved through an allocation of early help funding that can be used for agreed activities or support. These activities or support will provide the carer with a short break.
For more information on short breaks please see the Cambridgeshire Short Break Duty Statement on [www.cambridgeshire.gov.uk/short-breaks](http://www.cambridgeshire.gov.uk/short-breaks) or contact the Disabled Children’s Early Help team on 01480 379 800 or email dceh@cambridgeshire.gov.uk

### Activities and groups for children and young people

The following websites and groups can provide information on activities, support and events across Cambridgeshire for children and young people with additional needs or disabilities including autism:

<table>
<thead>
<tr>
<th>Who/ What</th>
<th>Contact details</th>
</tr>
</thead>
</table>
| Societies, Clubs and Information Point (SCIP) | [www.cambridgeshire.gov.uk/scip](http://www.cambridgeshire.gov.uk/scip)  
Email: scip@cambridgeshire.gov.uk  
☎: 01480 379 827 |
| Pinpoint | [www.pinpoint-cambs.org.uk](http://www.pinpoint-cambs.org.uk)  
Email: information@pinpoint-cambs.org.uk  
☎: 01480 499 043 |
| Cambs.net | [www.cambridgeshire.net](http://www.cambridgeshire.net) |

### Children's Centres

If parents/carers are worried about their child and think that they are not developing in the same way as children of a similar age, they can speak to a health visitor or family worker at a local Children’s Centre. Further information, addresses and contact details can be found at [www.cambridgeshirechildrenscentres.org.uk/](http://www.cambridgeshirechildrenscentres.org.uk/)

**Children’s Centres may offer the following:**

- health services – midwives and health visitors
- family support services – trained staff who can support, advise and provide information
- family events and activities
- early years education/child care and advice about costs
• employment, training and benefits advice
• information for parents/carers and families

Information on venues and contact details is available at local Children’s Centres or on www.cambridgeshire.gov.uk/childrenscentres

**Benefits and other financial help**

Parents and carers of a child with special educational needs and disability, including speech, language and communication needs may be entitled to benefits to help with the extra costs as a result of their needs. These include the Disability Living Allowance (DLA), Personal Independence Payment (PIP) (for over 16s), Carer’s Allowance and Child Tax Credit.

Gov.uk (www.gov.uk) contains up-to-date information about all welfare benefits.

Contact a Family offer benefits advice & information on conditions & support groups - www.cafamily.org.uk/.

**Independent living and housing**

**Housing and independent living**

Supported housing is managed by District Councils; support provided varies between schemes. General information is available from the relevant district council.

<table>
<thead>
<tr>
<th>Who</th>
<th>What</th>
<th>Contact details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cambridgeshire County Council</td>
<td>General information on housing and links to district councils</td>
<td><a href="http://www.cambridgeshire.gov.uk/careandsupport">www.cambridgeshire.gov.uk/careandsupport</a></td>
</tr>
<tr>
<td>Cambridgeshire County Council</td>
<td>General information on housing for young people</td>
<td><a href="http://www.youthoria.org">www.youthoria.org</a></td>
</tr>
</tbody>
</table>

**Living near Local Authority borders**

Families living near Local Authority borders may find that some services will be provided by one Local Authority and other services by another. The Cambridgeshire Local Offer at www.cambridgeshire.gov.uk/send will be the ‘front door’ into information from Education, Health and Social Care in Cambridgeshire and other Local Authorities from which children and young people from Cambridge with SEND and their families can access support. The Local
Offer Directory allows you to search for information by topic or location. By putting in a home postcode parents (or professionals on their behalf) can access this information. If parents would prefer to speak to someone please phone the Families and Childcare Information helpline on 0345 045 1360

Professionals working with a family who is receiving support from more than one Local Authority must ensure that communication channels are clarified and agreed between the family and other professionals. A lead professional should be identified who can coordinate the work of those involved. The lead professional could be an Early Years practitioner, Health Visitor, School SENCo, Speech and Language Therapist, a chosen advocate of the family or any other professional with whom the family is in regular contact. This person may change over time and any changeover should be planned in advance so that families do not have to repeat the same information and so that there is no loss of continuity.

Transitions

Preparing for times of change
Transitions (times of significant change) can be difficult for all children and young people but can be especially so for those with special educational needs and disability including social, emotional and mental health needs. The professionals working alongside the child or young person and their family will identify ongoing and new needs prior to the transition and ensure support arrangements are in place.

Below are some points of change that will need special consideration:

- into Reception
- into Key Stage One
- from primary to secondary school
- into Key Stage Four
- into further education
- to a new teacher or support professional
- to a new school
- to independent living
- to training or employment
- to adult services
We have listened to children and young people with special educational needs, including social, emotional and mental health and their families and those who work with and support them. They recommend the following guidance at times of change of phase of education:

- prepare well in advance, even several years beforehand for a move to further education, training or employment
- ensure that parents and young people have enough information to make informed choices
- ensure information on strengths, difficulties and effective support is shared in advance with all those who will be contact with the child or young person
- plan the first weeks following change very carefully and ensure the child or young person has a ‘buddy’ and named member of staff or work colleague to support them any issues that may arise.
- ensure channels of communication with parents are agreed e.g. home-school booklet, email contact, mobiles. Pre-empt and address any possible difficulties that might be foreseen due the child or young person’s particular type of needs.
- Use structured approaches to conversations with children, young people and families – as part of excellent communication at all times.

Other times of transition, or change that will need careful consideration and possibly specialist support include:

- moving to a new home
- moving in or out of hospital care
- moving in or out of Looked After care
- through a change in family circumstance
- through bereavement

Parents and young people are invited to discuss these changes with the professionals who they are most in contact with (e.g. the visitor, GP, school nurse, children's centre worker, early years setting or school’s Special Educational Needs Coordinator (SENCo) or college learning support staff). They will work alongside the child or young person and family to plan actions to help them through the changes. They will also be able to signpost to any other specialist support where relevant. Information on specialist support at these of change can be found on the Cambridgeshire Local Offer [www.cambridgeshire.gov.uk/send](http://www.cambridgeshire.gov.uk/send)
Further information on transition events run by Pinpoint please see their website [www.pinpoint-cambs.org.uk](http://www.pinpoint-cambs.org.uk) or contact them by email at [information@pinpoint-cambs.org.uk](mailto:information@pinpoint-cambs.org.uk) or telephone 01480 499 043.

Further information on preparation for adulthood and transition to post 16 education, employment and training can be found in the section 16-25 years.

[www.cambridgeshire.gov.uk/preparingforadulthood](http://www.cambridgeshire.gov.uk/preparingforadulthood)

# Training and support for professionals

## The workforce in the local authority

With the help of parents, carers and professional partners, the local authority have developed a set of [Additional and Special Educational Needs and Disability Competencies](#) (the knowledge and skills expected of the local authority workforce who work with children, young people and families) These are reflected in the local authority induction programme for new staff and in continuing professional development. In addition, services organise in-house and external training tailored to the needs of their service e.g. Social Care, Locality Teams, Looked After Children and SEND Specialist Services.

## The workforce in schools, early years, Further Education (FE) and other settings

The local authority [Special Educational Needs and Disabilities (SEND) Specialist Services](#) provide a range of professional services for children and young people and families in a wide variety of educational and community settings. A multi-professional service (consisting of psychologists and educational professionals) offer schools and settings a bespoke approach to removing barriers to learning (including academic, social and emotional barriers)
Additionally SEND Specialist Services, offer a range of packages that schools and settings can commission. They work collaboratively with schools, drawing upon theory and research of ‘what works’ to develop an understanding of complex situations. The current offer can be found at [www.cambridgeshire.gov.uk/learntogether](http://www.cambridgeshire.gov.uk/learntogether).

Further information about the support to schools and settings from SEND Specialist Services can be obtained by contacting the numbers below:

- East Cambs and Fenland area: 01353 612 802
- Huntingdon area: 01480 373 470
- South Cambs and City area: 01223 728 311

The local authority **Learning Directorate** offer courses, conferences and briefings around whole school improvements. A number of these have a specific focus on improving provision for children and young people with additional and special educational needs and disability. The current offer can be found at [www.cambridgeshire.gov.uk/learntogether](http://www.cambridgeshire.gov.uk/learntogether).
And finally

This document is intended as an initial guide to provision for social, emotional and mental health needs in Cambridgeshire. For further information and wider topics relating to Special Educational Needs and Disability, we invite you to refer to the Cambridgeshire County Council website www.cambridgeshire.gov.uk/send or if you would prefer to speak to someone, please see the contact details in the box below.

We welcome your thoughts and comments on provision for Cambridgeshire children and young people with social, emotional and mental health and their families. We are keen for young people, parents, carers and professionals across services to become involved in decision making about current and future provision. To find out some of the many ways to get involved please go to www.cambridgeshire.gov.uk/send or contact one of the services at the end of this section.

We look forward to hearing from you

We appreciate your comments about what is good about this resource and what could be improved. Please contact the Special Educational Needs and Disability Strategic Development Manager, Teresa Grady at teresa.grady@cambridgeshire.gov.uk