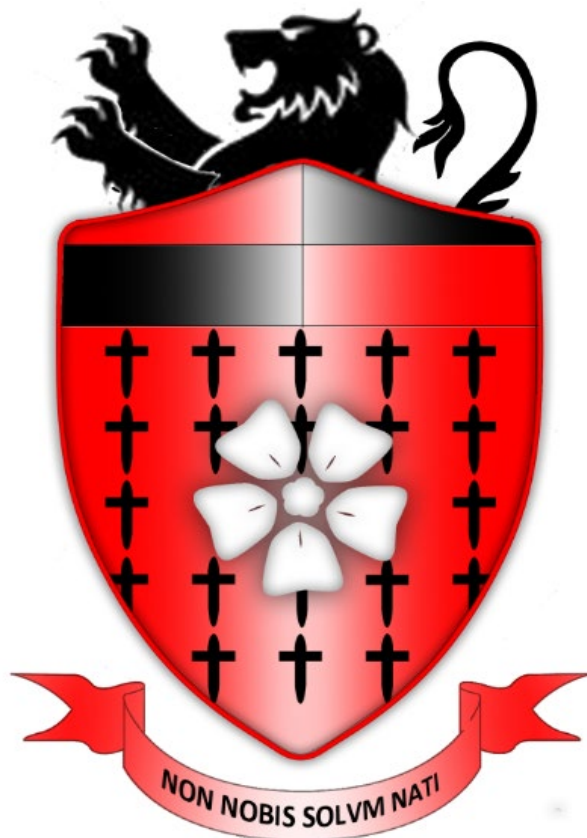


Hornsea School & Language College



Emotional Health and Wellbeing Policy Incorporating Bereavement Plan

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Emotional Health and Wellbeing Policy

It is widely recognised that a child's emotional health and wellbeing influences their cognitive development and learning as well as their physical and social health and their mental wellbeing in adulthood.

National guidance supports the view that a healthy school ensures that when pupils are unhappy, anxious, disturbed or depressed there are open channels for them to seek or be offered support, without stigma and with appropriate confidentiality. A healthy school actively seeks to promote emotional health and wellbeing and helps pupils to understand their feelings.

Hornsea School and Language College (HSLC) is committed to an inclusive approach to supporting diversity, engagement with learning and academic progress, personal development and student wellbeing. We believe that creating a vibrant learning community where students have a clear sense of belonging; feel valued; safe; happy and settled, is key to achieving the best outcomes. As a school we are committed to working in partnership to achieve this, with Parents/Carers and our partner agencies that are able to offer support.

Pupil well-being and safety is of paramount importance at HSLC and we have dedicated non-teaching Pastoral and Student Support staff members in place to achieve this objective. Our Child Protection and Safeguarding Policy and school procedures, and format of these documents, have been developed in line with recommendations and guidance from the East Riding Safeguarding Children Partnership (ERSCP) and the Safeguarding in Education Team. The aim is to protect and promote the welfare, safety and healthy development of all pupils by fostering an honest, open, caring and supportive community.

Rationale

Good mental health is important for helping children and young people to develop and thrive. The Mental Health of Children and Young People in England survey (2020) found 16% (1 in 6) of children aged 5 to 16 years to have a probable mental health disorder, an increase from 1 in 9 in 2017.

The coronavirus pandemic has resulted in fundamental changes to the lives of children and young people. The Public Health England COVID-19 mental health and wellbeing surveillance report suggests that whilst some evidence shows that children and young people have generally coped well during the pandemic (March to September 2020), other evidence suggests that some children and young people, especially those with certain characteristics, such as those who are disadvantaged economically, females, and those with pre-existing mental health needs, appear to have experienced greater negative impacts on their mental health and wellbeing.

Schools and colleges have an important role to play in supporting the mental health and wellbeing of their pupils and students, by developing approaches tailored to the particular needs of their pupils and students. Taking a coordinated and evidence-informed approach to mental health and wellbeing in schools and colleges can also help foster readiness to learn. ***(Promoting children and young people's mental health and wellbeing, Children and Young People's Mental Health Coalition) September 2021.***

Early intervention to identify issues and provide effective support is crucial. The school's role in supporting and promoting mental health and wellbeing can be summarised as:

1. **Prevention:** creating a safe and calm environment where mental health problems are less likely, improving the mental health and wellbeing of the whole school population, and equipping pupils and students to be resilient so that they can manage the normal stress of life effectively. This will include teaching pupils and students about mental wellbeing through the curriculum and reinforcing this teaching through school activities and ethos.

2. **Identification:** recognising emerging issues as early and accurately as possible.

3. **Early help:** helping pupils and students to access evidence informed early support and interventions.

4. **Access to specialist support:** working effectively with external agencies to provide swift access or referrals to specialist support and treatment.

There is good evidence to support the association between good mental health and education engagement and academic achievement. The benefits to preventing mental health problems in children and young people from arising, and intervening early where they do, can be significant for schools. For example, it may result in improved attainment, attendance, reductions in behavioural problems, as well as happier, more confident and resilient children and young people.

The National Institute for Health and Care Excellence (NICE) advises that secondary schools should be supported to adopt a comprehensive, 'whole school' approach to promoting the social and emotional wellbeing of children and young people. Such an approach moves beyond learning and teaching to pervade all aspects of the life of a school or college and has been found to be effective in bringing about and sustaining health benefits. Department of Education (DfE) also identifies a whole school and college approach to promoting good mental health as a protective factor for children and young people's mental health. Although schools and colleges play a significant and valuable role in helping to promote pupil mental health and wellbeing, their contribution should be considered as one element of a wider multi-agency approach.

A multi-agency approach is likely to span children's social care, NHS children and young people's mental health services, local authority, education and voluntary and community sector organisations.

Key Principles to support 'whole school' approach

- Curriculum teaching and learning to promote resilience and support social and emotional learning
- Leadership and management (Senior Mental Health Lead)
- Enabling student voice to influence decisions
- Staff development to support their own wellbeing and that of students
- Identifying need and monitoring impact of interventions
- Working with parents and carers
- Targeted support and appropriate referral
- An ethos and environment that promotes respect and values diversity

HSLC provides and promotes a range of services to pupils

- Senior Mental Health Lead
- ELSA provision (Emotional Literacy Support Assistants)
- Dedicated Student Support Team
- Dedicated Counsellor for Sixth Form
- Dedicated Hub for agency support within school setting
- Trained Parenting Advisors
- Weekly drop in with the School Nurse
- Dedicated attachment leads in school (Senior and Officer level)
- Dedicated Transition worker
- Dedicated support staff for Looked After Children and Previously Looked After Children
- Dedicated support for our Young Carers
- Pastoral Team (Senior and Officer level)
- Transition programme aimed at raising aspiration and resilience.
- Ambassador programme
- Qualified First Aiders
- Dedicated Attendance Officer
- Partnership work with other secondary schools, sharing best practice
- Mental Health Awareness Day
- LGBTQ 'Champion'
- Positive Reinforcement pathway for male pupils with low mood/anxiety
- Child Psychological Wellbeing Practitioner
- Trained "Mental Health First Aiders"

The school facilitates a context for learning through:

- Establishing clear rules, routines and expectations about behaviour for learning and social cohesion (RESPECT, Positive Discipline)
- Established programme for British Values
- Encouraging positive, caring and constructive relationships
- Consistent support for vulnerable children and those with SEND from trained teams of pastoral, learning support, teaching assistants and other agencies where appropriate.
- A range of challenging opportunities for gifted and talented pupils
- An exciting and varied range of extra-curricular events and trips
- Support for disadvantaged/PPG groups through funding to support extra-curricular opportunities
- Recognising a range of learning styles and supporting personalisation where appropriate and viable
- Encouraging independence in learning
- The Lifestudies curriculum which supports understanding of themes that may impact on emotional health and wellbeing
- Careers advice and opportunities for work experience
- A strong emphasis on praise and reward
- Restorative Support to model conflict resolution
- Opportunities for reflection and spiritual development through art, literature and the RE curriculum
- Celebration evenings to recognise and celebrate accomplishment

The school promotes the involvement of parents and carers in the life and learning of the school through:

- Family learning days
- Welcome days/Transition events to encourage positive communication
- Trained and experienced staff in parenting/attachment and emotional wellbeing
- Regular parental feedback questionnaires
- Regular communication and involvement over pupil progress, behaviour and pastoral issues
- Ensure all parents or carers are aware of who to contact if they are worried about a child
- Signposting to partner agencies
- Parent Governors
- Celebration evenings to recognise and celebrate accomplishment
- Attendance clinics

Self Harm and Suicide (including ideation)

Self-harm can and does take many forms. It is classified as any behaviour where the intent is to deliberately cause harm to one's own body and is more often used as a way of communicating emotions.

Below is a non-exhaustive list of self-harming behaviours

- Scratching or picking skin
- Cutting body
- Tying something around body
- Inserting things into body
- Scouring/scrubbing body excessively
- Hitting, punching self
- Pulling out hair
- Deliberate personal neglect
- Over/under eating
- Excessive drinking of alcohol
- Taking non-prescription drugs
- Burning or scalding body
- Hitting walls with head
- Taking an overdose or swallowing something dangerous
- Self-strangulation
- Risky behaviours such as running into the road
- Changes in clothing to cover parts of the body, e.g. wearing long sleeved tops
- Reluctance to participate in previously enjoyed physical activities, particularly those that involve wearing shorts or swimsuits, for example
- Changes in eating and/or sleeping habits
- Changes in consumption of drugs/alcohol
- Changes in levels of activity or mood
- Increasing isolation from friends/family

ERSCP specific guidance – 'Supporting Children and Young People who Self Harm (September 2022), Appendix 1, has provided the background to, and informs this policy. The HSLC Child Protection and Safeguarding Policy should be viewed as an accompanying document due to the clear overlap between Self Harm and school safeguarding responsibilities. The HSLC 'duty of care' in safeguarding and supporting pupil well-being remains paramount.

School staff can play a vital role in recognising and sharing concerns relating to of self-harm in individual pupils. School staff are well placed to share information and provide assistance and initiate

referrals to relevant partner agencies where necessary, to support the individual pupil, peers and parents/carers.

Self harm is a challenging, complex and emotionally charged issue. It is recognised that school staff will need to be supported and suitably informed when encountering self-harming behaviour. School aim to:

- To raise awareness of the risk factors and warning signs of self-harm
- To provide relevant information and guidance on self-harm
- To offer support for pupils, parents and staff
- To enable those seeking help to feel secure and supported
- To put in place robust procedures which involves the child, the parents, school and other agencies to provide a holistic approach to care.

Suicide

People who self-harm are at an increased risk of future suicide. In some cases, suicide can be intentional, in other cases death may occur as the result of an accident or miscalculation. Staff from the Student Support Team supporting pupils in school will routinely investigate and profile any concerns relating to the presence of suicidal ideation and where concerns emerge an appropriate response will be fashioned, placing the safety and well-being of the pupil at the centre of the process.

School based response to concerns

All school staff that has direct contact with pupils, either from an academic or pastoral base, or in any supporting or supervisory role, will be made aware of the issue of self-harm through staff briefings and appropriate information. School staff will be knowledgeable on the school policy and will in the first instance refer any concerns about self-harming behaviour to the school Deputy Designated Safeguarding Lead/ Designated Safeguarding Lead, using CPOMS in line with the HSLC Child Protection and Safeguarding and procedures.

Consideration will then be given as to how the identified concerns can best be supported and addressed. This is likely to involve working in partnership and sharing information appropriately with parents / carers and relevant professionals such as the School Nurse and G.P. Consideration of the context of self harming behaviour will inform any consideration of safeguarding implications and if guidance is required from the Safeguarding and Partnership Hub (SAPH). School would usually seek to inform parents / carers, unless there are compelling reasons for not doing so (such as risk / safeguarding issues that may develop as a result of such contact being made). Decisions will be made on an individual case by case basis and the pupil will be involved as far as is possible in the decision making process.

Staff will provide clear explanations about what is going to happen and the choices and reason for certain courses of action. The specific circumstances (e.g. extent of any injury, intent to harm again imminently) allied to the age, understanding and capacity of the pupil will always be taken into account and assist in determining the level of involvement of the pupil in discussions and decision making and how and when and with who, information is shared. Every effort will be made to jointly formulate and agree a course of action and support plan but guarantees of confidentiality cannot be made.

If there is reasonable professional concern that a child may be at risk of harm at HSLC, this will always override a requirement to keep information confidential.

Pupils are encouraged to seek advice and support if they are self-harming or if they are concerned about a peer who is. Pupils who are known to be at risk of self-harm or have previously self-harmed will be offered additional support and guidance. Similarly, if a parent is concerned they can contact the school directly to discuss with a member of staff; the Progress Leader or Pastoral Manager for the child's year group, or a member of staff at the Student Support Team. All expressions of concern

will be taken seriously and investigated thoroughly and parents / carers will in almost all cases be kept informed throughout this process (unless there are specific reasons involving safeguarding concerns / risk that prevent informing parents in the first instance).

Staff are aware of the issue of self harm and make every effort to identify concerns and report these - whether resulting from pupil disclosure, observed behaviour and pupil presentation (e.g. injuries or inappropriate / unusual covering up of body areas) or information received from third party sources.

Prompt but sensitive action will be taken as a response to self-harm concerns being identified and will involve accessing support for the pupil and parents / carers. A multi-agency approach and information sharing will normally be adopted (School Nurse, CAMHS, SAPH, Children's Social Care)

Staff will routinely respond to concerns as follows:

- Any member of staff who is dealing with a disclosure from a child needs to act professionally at all times. They will adopt a non-judgemental approach and understand that it may have taken the child a lot of courage to confide in them. Staff may experience a variety of different emotions in response to self-harm in a pupil, such as anger, sadness, shock, guilt, helplessness and disbelief. However it is vital that they maintain a supportive and open attitude in order to offer the best possible help for the pupil.
- Staff must be able to identify any immediate risk to the child following any self-harm disclosure. If first aid is needed, staff will immediately take the pupil to visit the school's first aider where a view will be taken on the required medical support and intervention. If necessary, emergency medical help will be accessed.
- Staff are also required to share information and concerns promptly in line with the HSLC Child Protection and Safeguarding Policy and procedures

It is crucial that staff make pupils aware that complete confidentiality is not possible, but information will only be shared on a need to know basis. If it is considered that a student is at serious risk of harming themselves then confidentiality cannot be kept. It is important not to make promises of confidentiality that cannot be kept, even if a student pressurises the member of staff. If a member of staff is in doubt of the best possible option with regards to information sharing, see the DDSL/DSL for advice. An accurate record of concerns and decisions will be maintained in line with local safeguarding recording protocols.

Procedure for supporting Self-Harming behaviour identified

1. If staff identify a concern about self harm, the immediate risk to the safety of the pupil will be assessed and prioritised. As appropriate the school First Aider will be involved and take a lead role in prioritising and coordinating the appropriate immediate medical response and need for any external support e.g. emergency services and sharing of information.
2. Any equipment found in the possession of a pupil that is considered dangerous or that contravenes school rules will be removed and confiscated in line with statutory guidance (Searching, screening and confiscation; for schools July 2022). Please also read HSLC policy on 'Searching, screening and confiscation' for further information.
3. In the case of an acutely distressed pupil, the immediate safety of the pupil is paramount and an adult will remain with them at all times whilst arranging for support to attend from colleagues (SLT, Student Support Team, Pastoral Manager etc)
4. After medical attention has been sought, or if this was not necessary, the staff member with the pupil will speak to them about their self-harming and gather relevant information to try and gain an understanding of the severity of the situation (e.g. frequency, triggers etc). During this time, it is hoped that any worries that the child may have are disclosed. Staff will be mindful of the need for sensitivity and using an appropriate venue and an explanation surrounding the limits to confidentiality will be given. Staff may at any point seek the direct involvement of the Student Support Team to assist directly and will at all times follow the school safeguarding procedures – there is a clear expectation that school staff identifying

self-harming behaviour share this with the Deputy Designated Safeguarding Lead/Designated Safeguarding Lead

5. Following this, the information relating to identified instances of self-harm will be shared in the first instance with the Deputy Designated Safeguarding Lead Designated Safeguarding Lead who will take the lead role in further assessing and profiling the self-harm / risk and coordinating the decision making and sharing information within school, with parents / carer's and external agencies. There will be a presumption that information will be shared with parents unless there are clear grounds for this not to be possible (i.e. risk and safeguarding issues)
6. Information will also be routinely shared with the School Nurse and Headteacher will be made aware of any significant safeguarding concerns emerging
7. If the school believe the child's self-harming behaviour to be a at a level of significant concern and beyond what school are able to support, it will be recommended that parents take their child to the GP as soon as possible. A follow up call home would be undertaken to establish the outcome and requirement for any further support. Where concerns are significant and / or immediate, school may look for external advice and support from SAPH/CAMHS – especially in the case of suicidal ideation or clear intent. If, and where necessary, emergency contact with specialist services will be orchestrated.
8. The school will support the pupil by offering the services of the School Nurse who can provide individual sessions to discuss issues surrounding self-harm and also promote onward referral as required. Consideration of the need for any other referrals will take place and also if there is a need to review arrangements in school to alleviate any potential triggers and reduce anxiety. Additionally, any need for school based support will be reviewed and introduced as appropriate and coordinated / facilitated by the Student Support Team.
9. It will be reiterated to the pupil that if they feel worried or concerned about anything that they must confide in support staff - Pastoral Managers, Progress Leaders, Student Support Team, Designated Safeguarding Lead and School Nurse.
10. A secure and confidential record of concerns and decision making will be maintained by the Student Support Team via CPOMS
11. If and when necessary, due to concerns about potential self-harming behaviour on the school site / during the school day and associated risk, arrangements may need to be reviewed (informed by advice received from partner agencies). This may involve adjustments to timetable and setting and also formal Home-School Agreement to clarify responsibilities to ensure appropriate safeguarding measures are in place.

HSLC have heavily invested in ensuring key staff have completed Mental Health First Aid Training, ensuring that staff are able to recognise and respond to risk and concern.

Staff Training

The Designated Safeguarding Lead and Deputy Designated Safeguarding Lead and Safeguarding Officer undertake specific training in supporting and managing concerns relating to Self-Harm

Partnership Working

At HSLC, we strive to work in cooperation with other agencies. In self-harm cases, partnership working with the health services through referrals to the School Nurse, may be required. A referral to the GP and CAMHS could also be recommended.

Parental Involvement

- If a child discloses an incident of self-harm, or if a peer is concerned about another pupil, we will routinely initiate contact with home to make the parents aware of the current situation.
- The child will be aware of the contact with home and it will be explained to them that confidentiality cannot be kept as their safety and wellbeing is a priority.

- Contact with home may be continued after the initial call to ensure that the safety and wellbeing of the child is supported both at home and at school. Also additional information may need to be shared with parents.
- The Deputy Designated Safeguarding Lead/Designated Safeguarding Lead may decide that contact with home is not beneficial, however compelling reasons must be provided and will be recorded accordingly. Information may also be shared and advice sought from the Safeguarding and Partnership Hub if there are clear child protection concerns.

School Trips

- If a child is currently self-harming, it may be that a jointly agreed Risk Management Plan is needed to allow a school trip to progress safely. This is due to the risk self-harming may pose if away from medical services and the challenge for staff who are supporting the trip in respect of managing the level of identified risk. It is at the school's discretion to refuse places on school trips and any decision would necessarily be on a case by case basis.

Bereavement Support at HSLC

The loss of someone close through death is a traumatic and painful event for the majority of people. For many children and young people, the death of a parent, sibling, friend or relative can be extremely difficult because of the child's ability to understand or articulate their feelings. Similarly, young people who have been bereaved whilst they are on the cusp of adulthood can find the emotions that they are experiencing to be frighteningly intense (CRUSE).

Returning to school

Some children and young people who have been bereaved want to return to school fairly soon after the death as this offers some sort of normality and routine. That is why teaching staff need to be suitably prepared to recognise the impact the bereavement will have had upon the child or young person, and be equipped to support them.

At HSLC, we understand that young people experiencing loss require time, patience and compassion. Often, the familiarity of school surroundings and existing rapport with teachers and pastoral staff can be a useful platform to encourage communication and to allow the young person to convey their feelings.

Military/Armed Forces

Although the risk of death is understood by anyone in the Armed Forces, this does not make the news of a death any easier to bear. In addition, the family may have to cope with the traumatic nature of a death in a combat situation as well as intense media interest. Private grief may become very public property and families may feel overwhelmed.

In the event of a young person at HSLC being impacted by a loss linked to military service, the Student Support Team will lead on the intervention and work with the family/appropriate agency to ensure the most appropriate support possible.

Major and Critical Incident Plan

In the event of a major or critical incident, the Head Teacher will take the lead role, fully supporting the following areas:

- Ensure that the local authority area made aware of any major or critical incidents and work with delegated officers at the local authority to ensure support for all parties involved
- Ensure that the Governing Body is fully updated on any incident of concern

- First point of contact for families/affected parties. The Head Teacher may delegate a second member of staff to support this role to ensure highest level of support available
- Main point of contact for all media contacts
- Head Teacher to ensure any agencies/appointed advisors are accommodated within the school as necessary to provide essential support to affected parties
- Where appropriate, ensure support of Joint Agency Response (Appendix 2)

Support for pupils experiencing bereavement and loss:

- Communication with families/affected parties to ensure appropriate information is shared with teaching staff, enabling reasonable adjustments as necessary
- Support through the Pastoral Team/Student Support Team, with school based practitioners having specialist skill sets/training to support this area
- Established partnership working with CRUSE and signposting opportunities, enabling students to access CRUSE bereavement counsellors on site
- Support through School Nurse drop if required
- Consideration for referral to Child Psychological Wellbeing Practitioner

Young Carers

Definition of a Young Carer

Young carers are children and young persons under 18 who provide, or intend to provide, care, assistance or support to another family member. They carry out, often on a regular basis, significant or substantial caring task and assume a level of responsibility, which would usually be associated with an adult. The person receiving care is often a parent but can be a sibling, grandparent or other relative who is disabled, has some chronic illness, mental health problem or other condition connected with a need for care, support or supervision.

Identifying a Young Carer

Young carers are not always easy to spot and many actively try to conceal their caring role from teachers, pastoral staff and peers for fear of bullying or outside interference in their family's life. All of the warning signs below could be indicators of another problem. However, staff noticing these signs should consider asking the pupil if they are helping to look after someone at home.

- Regular or increased lateness or absence.
- Concentration problems, anxiety, tiredness.
- Under-achievement and late or incomplete homework: may be a sudden unexplained drop in attainment.
- Few or no peer friendships; conversely the pupil may get on well with adults and present as very mature for their age.
- Victim of peer unpleasantness, sometimes explicitly linked to a family member's disability, health or need for care.
- Behavioural problems, sometimes the result of anger or frustration expressed inappropriately.
- Unable to attend extra-curricular activities.
- Difficulties in engaging parents; parents not attending parents' evenings.

Support available at HSLC to Young Carers and their families

When assessing the support required by a young carer, it is important to take into account the needs of the whole family and how these needs impact on one another. Most children affected by family disability, health problems or substance misuse do not become young carers and it is important to be wary of making assumptions about people with disabilities or other health issues and labelling young people or their parents. Support for young carers and their families should always aim to strengthen families and support parenting. There is also a need to be sensitive to cultural perceptions and needs around disability, illness and caring whilst recognising a child's fundamental rights to a safe and secure childhood.

HSLC acknowledges that Young Carers may need extra support to ensure that they have equal access to education and intends to support identified young carers in the following way:-

- A member of staff with special responsibility for young carers and lets all new pupils know who they are and what they can do to help to ensure that school are continuing to offer full support towards targeted needs and improved outcomes.
- Lead worker in school with specialist training
- Signposting to the local Young Carers Service through the Children's Participation and Rights Team. We can also put families in touch with other support services.
- Is accessible to parents who have mobility and communication difficulties, ensuring they are able to access school events such as Parent's Evenings.
- Respects your right to privacy and will only share information about you and your family with people who need to know to help you.
- Will consider alternatives if a young carer is unable to attend out of school activities e.g. detention, sports coaching, concerts, due to their caring role
- Allows young carers to telephone home during breaks and lunchtimes.