



Trinity Academy Halifax

Policy:	Emotional Health and Wellbeing Policy (for students)
Date or review:	November 2018
Date of next review:	November 2021
Lead professional:	Vice Principal – Student Support
Status:	Non-Statutory

Promoting children and young people's emotional health and wellbeing

Our Approach - Trinity Academy Halifax

Introduction

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.

This document sets out key actions that Trinity Academy Halifax is taking to embed a whole school approach to promoting emotional health and wellbeing. These actions are informed by evidence and practitioner feedback about what works.

Rationale

In an average class of 30 15-year-old students:

- three could have a mental disorder
- ten are likely to have witnessed their parents separate
- one could have experienced the death of a parent
- seven are likely to have been bullied
- six may be self-harming

The Department for Education (DfE) recognises that: "in order to help their pupils succeed; schools have a role to play in supporting them to be resilient and mentally healthy". Department for Education (2014a) *Mental health and behaviour in schools: Departmental advice for school staff*. London: Department for Education.

Our Academy approach to promoting our students' emotional health and wellbeing moves beyond learning and teaching to pervade all aspects of the life of the school.

Eight principles

The following diagram presents the eight principles we adhere to when promoting emotional health and wellbeing in the Academy.



Leadership and management

The senior leadership team is essential in ensuring that efforts to promote emotional health and wellbeing are accepted and embedded. Our governor with responsibility for Student Wellbeing, (Mr David Baker), with knowledge and understanding of emotional health and wellbeing issues champions our Multi Academy Trust wide practices.

When writing this policy we have worked with students, staff and parents so that it remains a 'live' document that is reviewed and responsive to the evolving needs of the school community. We work with a number of external organisations to support our students and we take advice from them regarding potential concerns within our academy community. We are partnered with CAMHS and Calderdale Healthy Minds who provide 'no worries' drop in sessions, advice and training for our student mental health ambassadors and liaise with our student wellbeing team regarding ways to further embed a positive and supportive approach to student wellbeing across the academy.

Our Student Wellbeing team takes a lead on mental health issues and is responsible for linking the academy with expertise, identifying issues and making referrals. It is the responsibility of all staff to follow the academy's 'yellow form' procedure. If a staff member has a concern about a student in the academy and feel that they should be referred to the Student Wellbeing Team for advice and guidance, they should complete a yellow form within that school day and take it to the team. They will then ensure that the referral is actioned within 24 hours.

We have a Senior Leadership Team who provide visible support for emotional health and wellbeing.

- The Vice Principal (Behaviour) and Assistant Principal (Intervention and Inclusion) have championed the 'no worries' weekly drop in sessions for the academy and we have successfully secured funding for supporting student's emotional health and wellbeing by applying to the THISS programme. We will receive additional financial support for the next three years.
- The Assistant Principal (Curriculum) and Associate Senior Leader (Curriculum for Life) have set out a clear annual schedule of tutor time assemblies that openly discuss the wellbeing challenges that students may be facing in the academy. We hope that being open and clear about the challenges students may face will encourage them to discuss any worries with us so that we can offer support.
- The pastoral team links students with staff mentors as and when necessary. It may be that they are linked to a staff mentor as they have exam anxiety, challenges to face at home that are impacting upon their work and wellbeing in school etc.
- 'The Green Room' is a breakout space for our students who have additional needs and require time out from the busy corridors and restaurant. They are invited to attend at break time and lunch time and there are activities for them to take part in.
- We know that students in the GCSE preparation years can become stressed and may present with wellbeing concerns. For that reason we have established a weekly pastoral COBRA meeting to review the following 4 key strands for each student. They are: attendance, social and emotional progress, behaviour, exclusions and reintegration, curriculum achievement and attainment.

School ethos and environment

The physical, social and emotional environment in which staff and students spend a high proportion of every week day has been shown to affect their physical, emotional and mental health and wellbeing as well as impacting on attainment.

Relationships between staff and students, and between students, are critical in promoting student wellbeing and in helping to engender a sense of belonging to the Academy.

All incidents of bullying including racist, disability and homophobic bullying are logged and dealt with seriously. There is no place for this behaviour in our Academy. The response from our student survey in January 2018 is shown below.

Survey statement	Overall %	Further comments
Behaviour is good at my school	80%	With regards to encouraging a feeling of community, our students behave well and respect each other because they learn 'within a loving and hospitable community and can explore their identity without fear or harm, judgement or being ostracised'. (Valuing All God's Children' document provided by the Church of England Education Office)
Do you think all students can achieve?	93%	Students feel that they 'can make excellent progress whatever their background' (Valuing All God's Children' document provided by the Church of England Education Office)
I feel safe at school	98%	'Schools have a duty to try and remove any factor that might represent a hindrance to a child's fulfilment. We want all pupils to willingly engage in learning in a safe and welcoming environment'. (Valuing All God's Children' document provided by the Church of England Education Office)

At Trinity Academy Halifax we foster an ethos that promotes mutual respect, learning and successful relationships among young people and staff. We create a culture of inclusiveness and communication that ensures all young people's concerns can be addressed (including the concerns of those who may be at particular risk of poor mental health). We provide a safe environment which nurtures and encourages young people's sense of self-worth and self-efficacy, reduces the threat of bullying and violence and promotes positive behaviours.

Curriculum, teaching and learning

We develop and promote social and emotional skills through both a dedicated 'curriculum for life' programme and the wider curriculum.

Our curriculum for life programme can be found under the 'curriculum' tab on the academy website. You will see that it promotes positive behaviours and successful relationships and helps reduce disruptive behaviour and bullying. We achieve this by integrating social and emotional skills development within all areas of the curriculum. Skills that are developed include motivation, self-awareness, problem-solving, conflict management and resolution, collaborative working, how to understand and manage feelings and how to manage relationships with parents, carers and peers.

Our after school involve clubs for phase 1 students help to develop many of these personal skills and allow students to form positive relationships that are not based on judgement, negativity and conflict. Our students work together and accept one another for who they are regardless of gender, race or sexuality. Any concerns that are raised are dealt with seriously and a log is kept.

Core Curriculum for Life programme 2018-19

Y r.	Sept – Healthy minds	Oct – Study skills	Nov – Staying safe	Dec – TAH values	Jan- my future 1	Feb – relations hips and sexual health	March – use of language and identity	April - prevent	May – democracy and the rule of law	June – my future 2	July – anti bullying
7	Mind health CEO PS	Study skills Mental Health (KOO TH) CSE	Road safety Whole school act of remembrance	Christmas service British Values	Careers Uni and apprenticeships	Healthy relations hips (inc sexting and consent)	Carers – Employer assemblies and LMI	Extremism and radicalisation	The UK political system and elections	Life skills – bank accounts, savings, mortgages Use of language / identity / LGBT	Anti bullying and anti bullying treaty
8	Mind health CEO PS	Study skills Mental Health (KOO TH) CSE	Staying safe online Whole school act of remembrance	Christmas service British Values	Uni, apprenticeships and future options	Healthy relations hips (inc sexting and consent)	Carers – Employer Assemblies and LMI	Extremism and radicalisation	The UK political system and elections	Life skills – bank accounts, savings, mortgages Use of language / identity / LGBT	Anti bullying and anti bullying treaty
9	Mind health CEO PS	Study skills Mental Health (KOO TH)	Gun/knife crime Whole school act of remembrance	Christmas service British Values	Careers Uni and apprenticeships	Healthy relations hips (inc sexting and consent)	Carers – Employer assemblies and LMI	Extremism and radicalisation	The UK political system and elections	Life skills – bank accounts, savings, mortgages	Anti bullying and anti bullying treaty

		CSE								ges Use of language / identity / LGBT	
10	Mind health CEOPS	Study skills Mental Health (KOO TH) CSE	Drugs and alcohol Whole school act of remembrance	Christmas service British Values	Careers Uni and apprenticeships	Healthy relationships (inc sexting and consent)	Carers — Employer assemblies and LMI	Extremism and radicalisation	The UK political system and elections	Life skills – bank accounts, savings, mortgages Use of language / identity / LGBT / N/A	Anti bullying and anti bullying treaty
11	Mind health CEOPS	Study skills Mental Health (KOO TH) CSE	Drugs and alcohol Whole school act of remembrance	Christmas service British Values	Careers Uni and apprenticeships	Healthy relationships (inc sexting and consent)	Carers — employer assemblies and LMI	Extremism and radicalisation	The UK political system and elections	N/A	N/A

Enhanced Curriculum for Life programme 2018-19

	Term 1	Term 2	Term 3	Term 4	Term 5	Term 6	New Academic Year
Year 7		Staying safe – assembly	Careers library launch (in VT) Intro to career paths (assembly)		Sexual Health— healthy relationships	Life Skills – managing a budget / what things cost (in RS)	Mindfulness / managing stress workshop
Year 8		Staying safe - Street Law – BPP Introduction to University (year group assembly)	Careers launch – one hour sessions by careers team (In IT lessons) Introduction to apprenticeships Options assemblies	Mindfulness / managing stress workshop? (during PE lesson) Minster Visit	Sexual health – sexting and pornography	Life skills – bank accounts, savings, mortgages (in RS)	
Year 9				Mindfulness / managing stress workshop? (during PE lesson)		Year 9 University trip / assembly Sexual Health— contraception	Life skills – money matters workshop

Year 10				Minster visit		Mock Interview day Sexual Health—consent	
Year 11			Assembly on University				Careers Service launch (assembly) Apprenticeship talk (extended assembly)

Student voice

We involve students in decisions that impact on them and can benefit their emotional health and wellbeing by helping them to feel part of the school and wider community and to have some control over their lives. At an individual level, benefits include helping students to gain belief in their own capabilities, including building their knowledge and skills to make healthy choices and developing their independence. Collectively, students benefit through having opportunities to influence decisions, to express their views and to develop strong social networks.

Each year we take part in the EHNA health survey. This is a confidential student survey and gives us a valuable insight in to how they feel about various aspects of their health and wellbeing. We analyse the feedback we are given and take action when appropriate. One of our key actions taken last year was to do with student mental health. As a direct result of feedback from the survey and an increased number of referrals to the student wellbeing team, we have established a partnership with CAMHS and Calderdale Healthy Minds.

We recognise that our large team of Teaching and Learning Assistants are 'on the ground' and may be more able to spot the signs of poor mental health. Therefore, they are provided with training as to how to spot the signs and what language to use with students who present with problems. In term 2 of this academic year, each of our Teaching and Learning Assistants will be linked with a student who needs mental health support. They will offer their mentee a ten minute drop in session each week in which they can speak openly about the challenges they are facing and gain support. The team are backed by CAHMS and Calderdale Healthy Minds should they need further advice and guidance. This year our Teaching and Learning Assistant team will attend a full day of training at which many support groups will present about 'spotting the signs' and how to get further advice.

Our student leaders (12 students in total) will also be trained by the Calderdale Healthy Minds team so that are able to act as the academy's mental health ambassadors. This is a new scheme and will be launched in October 2018. We have had over 60 applications for the student leadership role and many student applications have referred to their desire to help raise awareness of mental health concerns and where support can be found.

Staff development, health and wellbeing

We recognise that it is important for staff to access training to increase their knowledge of emotional wellbeing and to equip them to be able to identify mental health difficulties in their students. This includes being able to refer them to relevant support either within the school or from external services.

Our staff wellbeing team meets once termly to discuss all things staff related! For example:

- Managing workloads
- Activities and events for promoting staff wellbeing in school
- A review of the previous term and staff wellbeing areas for improvement.

Recent staff wellbeing activities include:

- An end of year BBQ led by the senior leadership team to celebrate the achievements of staff and students
- A daily 25 minute exercise programme that each member of staff can attend to wind down after a busy school day
- A staff quiz
- Taskmaster activities.

The latest staff survey gave the following results:

Survey statement	Overall %	Further comments
I am proud to be a member of staff at the academy	94.7%	Staff understand and value of the Christian vision and our core values and are proud to serve the community.
Students are safe at the academy	100%	'Church of England schools must ensure that their students are secure'. (Valuing All God's Children' document provided by the Church of England Education Office)
Students behaviour is at least good at the academy	93%	With regards to encouraging a feeling of community, our students behave well and respect each other because they learn 'within a loving and hospitable community and can explore their identity without fear or harm, judgement or being ostracised'. (Valuing All God's Children' document provided by the Church of England Education Office)
The academy deals with any cases of bullying of students effectively	90% (10% neither agree or disagree)	'Schools have a duty to try and remove any factor that might represent a hindrance to a child's fulfilment. We want all pupils to willingly engage in learning in a safe and welcoming environment'. (Valuing All God's Children' document provided by the Church of England Education Office)
The academy has a culture that encourages calm and orderly conduct and is aspirational for all students	99%	'Church of England schools must ensure that their pupils are secure and able to make excellent progress whatever their background. They are invited to a school that aims to provide an education which leads to an abundant life'. (Valuing All God's Children' document provided by the Church of England Education Office)
I have a clear understanding of the goals the academy aims to achieve	98%	Staff are fully aware of the school vision and 4 core values
I feel well supported working in the academy	80% (20%)	Staff wellbeing is high on the agenda at the academy.

	neither agree or disagree)	
Leaders and managers are considerate of well-being	80% (20% neither agree or disagree)	Staff wellbeing is high on the agenda at the academy.

Identifying need and monitoring impact

Identifiable mental health issues can include:

- Anxiety and Depression
- Eating disorders
- Self Harm

Signs and symptoms of mental or emotional concerns are outlined in the pages that follow. **The most important role school staff play is to familiarise themselves with the risk factors and warning signs outlined above. Any student for whom you have a concern should be referred to the student wellbeing team via the 'yellow form' system.**

Anxiety and Depression

Anxiety disorders:

Anxiety is a natural, normal feeling we all experience from time to time. It can vary in severity from mild uneasiness through to a terrifying panic attack. It can vary in how long it lasts, from a few moments to many years.

All children and young people get anxious at times; this is a normal part of their development as they grow up and develop their 'survival skills' so they can face challenges in the wider world. In addition, we all have different levels of stress we can cope with - some people are just naturally more anxious than others, and are quicker to get stressed or worried. Concerns are raised when anxiety is getting in the way of a child's day to day life, slowing down their development, or having a significant effect on their schooling or relationships. It is estimated that 1 in 6 people will suffer from General Anxiety Disorder at some point in their lives.

Anxiety disorders include:

- Generalised anxiety disorder (GAD)
- Panic disorder and agoraphobia
- Acute stress disorder (ASD)
- Separation anxiety
- Post-traumatic stress disorder
- Obsessive-compulsive disorder (OCD)
- Phobic disorders (including social phobia)

Symptoms of an anxiety disorder

These can include:

Physical effects

- Cardiovascular – palpitations, chest pain, rapid, heartbeat, flushing
- Respiratory – hyperventilation, shortness of breath
- Neurological – dizziness, headache, sweating, tingling and numbness
- Gastrointestinal – choking, dry mouth, nausea, vomiting, diarrhoea
- Musculoskeletal – muscle aches and pains, restlessness, tremor and shaking
- Psychological effects
- Unrealistic and/or excessive fear and worry (about past or future events)
- Mind racing or going blank
- Decreased concentration and memory
- Difficulty making decisions
- Irritability, impatience, anger
- Confusion

- Restlessness or feeling on edge, nervousness
- Tiredness, sleep disturbances, vivid dreams
- Unwanted unpleasant repetitive thoughts

Behavioural effects

- Avoidance of situations
- Repetitive compulsive behaviour e.g. excessive checking
- Distress in social situations
- Urges to escape situations that cause discomfort (phobic behaviour)

First Aid for anxiety disorders

How to help a student having a panic attack:

- If you are at all unsure whether the student is having a panic attack, a heart attack or an asthma attack, and/or the person is in distress, call an ambulance straight away
- If you are sure that the student is having a panic attack, move them to a quiet safe place if possible
- Help to calm the student by encouraging slow, relaxed breathing in unison with your own
- Encourage them to breathe in and hold for 3 seconds and then breathe out for 3 seconds
- Be a good listener, without judging
- Explain to the student that they are experiencing a panic attack and not something life threatening such as a heart attack
- Explain that the attack will soon stop and that they will recover fully
- Assure the student that someone will stay with them and keep them safe until the attack stops.

Many young people with anxiety problems do not fit neatly into a particular type of anxiety disorder. It is common for people to have some features of several anxiety disorders. A high level of anxiety over a long period will often lead to depression and long periods of depression can provide symptoms of anxiety. Many young people have a mixture of symptoms of anxiety and depression as a result.

Depression

A clinical depression is one that lasts for at least 2 weeks, affects behaviour and has physical, emotional and cognitive effects. It interferes with the ability to study, work and have satisfying relationships. Depression is a common but serious illness and can be recurrent. In England it affects at least 5% of teenagers, although some estimates are higher. Rates of depression are higher in girls than in boys.

Depression in young people often occurs with other mental disorders, and recognition and diagnosis of the disorder may be more difficult in children because the way symptoms are expressed varies with the developmental age of the individual. In addition to this, stigma associated with mental illness may obscure diagnosis.

Risk Factors:

- Experiencing other mental or emotional problems
- Divorce of parents
- Perceived poor achievement at school
- Bullying
- Developing a long term physical illness
- Death of someone close
- Break up of a relationship

Some people will develop depression in a distressing situation, whereas others in the same situation will not.

Symptoms:

- Effects on emotion: sadness, anxiety, guilt, anger, mood swings, lack of emotional responsiveness, helplessness, hopelessness
- Effects on thinking: frequent self-criticism, self-blame, worry, pessimism, impaired memory and concentration, indecisiveness and confusion, tendency to believe others see you in a negative light, thoughts of death or suicide
- Effects on behaviour: crying spells, withdrawal from others, neglect of responsibilities, loss of interest in personal appearance, loss of motivation
- Engaging in risk taking behaviours such as self-harm, misuse of alcohol and other substances, risk-taking sexual behaviour
- Physical effects: chronic fatigue, lack of energy, sleeping too much or too little, overeating or loss of appetite, constipation, weight loss or gain, irregular menstrual cycle, unexplained aches and pains.

First Aid for anxiety and depression:

- The most important role school staff can play is to familiarise themselves with the risk factors and warning signs outlined above and to make the Vice Principal (designated safeguarding lead) aware of any child causing concern.

Following the report, the Vice Principal will decide on the appropriate course of action. This may include:

- Contacting parents/carers
- Arranging professional assistance e.g. doctor, nurse
- Arranging an appointment with a counsellor
- Arranging a referral to CAMHS – with parental consent
- Giving advice to parents, teachers and other students

Students may choose to confide in a member of school staff if they are concerned about their own welfare, or that of a peer. Students need to be made aware that it may not be possible for staff to offer complete confidentiality. If you consider a student is at serious risk of causing themselves harm then confidentiality cannot be kept. It is important not to make promises of confidentiality that cannot be kept even if a student puts pressure on you to do so.

Eating Disorders

Definition of Eating Disorders:

Anyone can get an eating disorder regardless of their age, gender or cultural background. People with eating disorders are preoccupied with food and/or their weight and body shape, and are usually highly dissatisfied with their appearance. The majority of eating disorders involve low self-esteem, shame, secrecy and denial.

Anorexia nervosa and bulimia nervosa are the major eating disorders. People with anorexia live at a low body weight, beyond the point of slimness and in an endless pursuit of thinness by restricting what they eat and sometimes compulsively over-exercising. In contrast, people with bulimia have intense cravings for food, secretly overeat and then purge to prevent weight gain (by vomiting or use of laxatives, for example).

Risk Factors:

The following risk factors, particularly in combination, may make a young person more vulnerable to developing an eating disorder.

Individual Factors:

- Difficulty expressing feelings and emotions
- A tendency to comply with other's demands
- Very high expectations of achievement

Family Factors:

- A home environment where food, eating, weight or appearance have a disproportionate significance
- An over-protective or over-controlling home environment
- Poor parental relationships and arguments
- Neglect or physical, sexual or emotional abuse
- Overly high family expectations of achievement

Social Factors:

- Being bullied, teased or ridiculed due to weight or appearance
- Pressure to maintain a high level of fitness/low body weight for e.g. sport or dancing

Warning Signs:

School staff may become aware of warning signs which indicate a student is experiencing difficulties that may lead to an eating disorder. These warning signs should always be taken seriously and staff observing any of these warning signs should seek further advice from one of the designated teachers for safeguarding children or from the medical centre.

Physical Signs:

- Weight loss
- Dizziness, tiredness, fainting
- Feeling Cold
- Hair becomes dull or lifeless
- Swollen cheeks
- Callused knuckles
- Tension headaches
- Sore throats / mouth ulcers
- Tooth decay

Behavioural Signs:

- Restricted eating
- Skipping meals
- Scheduling activities during lunch
- Strange behaviour around food
- Wearing baggy clothes
- Wearing several layers of clothing
- Excessive chewing of gum/drinking of water
- Increased conscientiousness
- Increasing isolation / loss of friends
- Believes she is fat when she is not
- Secretive behaviour
- Visits the toilet immediately after meals
- Excessive exercise

Psychological Signs:

- Preoccupation with food
- Sensitivity about eating

- Denial of hunger despite lack of food
- Feeling distressed or guilty after eating
- Self dislike
- Fear of gaining weight
- Moodiness
- Excessive perfectionism

Staff Roles:

The most important role school staff can play is to familiarise themselves with the risk factors and warning signs outlined above and to make the Vice Principal (designated safeguarding lead) aware of any child causing concern.

Following the report, the Vice Principal will decide on the appropriate course of action.

This may include:

- Contacting parents/carers
- Arranging professional assistance e.g. doctor, nurse
- Arranging an appointment with a counsellor
- Arranging a referral to CAMHS – with parental consent
- Giving advice to parents, teachers and other students

The Vice Principal will ask the medical centre to weigh the student and to monitor their weight on a regular basis. Parents will be consulted once the student has been weighed regardless of whether the weight gives cause for concern. Students may choose to confide in a member of school staff if they are concerned about their own welfare or that of a peer. Students need to be made aware that it may not be possible for staff to offer complete confidentiality. If you consider a student is at serious risk of causing themselves harm then confidentiality cannot be kept. It is important not to make promises of confidentiality that cannot be kept even if a student puts pressure on you to do so.

Management of eating disorders in school

Exercise and activity – PE and games:

Taking part in sports, games and activities is an essential part of school life for all students. Excessive exercise, however, can be a behavioural sign of an eating disorder. If the Vice Principal and medical team deem it appropriate they may liaise with PE staff to monitor the amount of exercise a student is doing in school. They may also request that the PE staff advise parents of a sensible exercise programme for out of school hours. All PE teachers at the school will be made aware of which students have a known eating disorder.

The school will not discriminate against students with an eating disorder and will enable them whenever appropriate, to be involved in sports. Advice will be taken from medical professionals, however, and the amount and type of exercise will be closely monitored.

When a student is falling behind in lessons:

If a student is missing a lot of time at school or is always tired because their eating disorder is disturbing their sleep at night, the form tutor and school nurse will initially talk to the parents/carers to work out how to prevent their child from falling behind. If applicable, the school nurse will consult with the professional treating the student. This information will be shared with the relevant pastoral/ teaching staff on a need to know basis and to inform the ICP.

Students Undergoing Treatment for/Recovering from Eating Disorders:

The decision about how, or if, to proceed with a student's schooling while they are suffering from an eating disorder should be made on a case by case basis. Input for this decision should come from discussion with the student, their parents, school staff and members of the multi-disciplinary team treating the student.

The reintegration of a student into school following a period of absence should be handled sensitively and carefully and again, the student, their parents, school staff and members of the multi-disciplinary team treating the student should be consulted during both the planning and reintegration phase.

Further Considerations:

Any meetings with a student, their parents or their peers regarding eating disorders should be recorded in writing including:

- Dates and times
- An action plan
- Concerns raised
- Details of anyone else who has been informed

Self Harm

Introduction:

Recent research indicates that up to one in ten young people in the UK engage in self-harming behaviours. Girls are thought to be more likely to self-harm than boys. School staff can play an important role in preventing self-harm and also in supporting students, peers and parents of students currently engaging in self-harm.

Definition of Self-Harm:

Self-harm is any behaviour where the intent is to deliberately cause harm to one's own body for example:

- Cutting, scratching, scraping or picking skin
- Swallowing inedible objects
- Taking an overdose of prescription or non-prescription drugs
- Swallowing hazardous materials or substances
- Burning or scalding
- Hair-pulling
- Banging or hitting the head or other parts of the body
- Scouring or scrubbing the body excessively

Risk Factors:

The following risk factors, particularly in combination, may make a young person particularly vulnerable to self-harm:

Individual Factors:

- Depression/anxiety
- Poor communication skills
- Low self-esteem
- Poor problem-solving skills
- Hopelessness
- Impulsivity

- Drug or alcohol abuse
- Family Factors
- Unreasonable expectations
- Neglect or physical, sexual or emotional abuse
- Poor parental relationships and arguments
- Depression, self-harm or suicide in the family
- Social Factors
- Difficulty in making relationships/loneliness
- Being bullied or rejected by peers

Warning Signs:

School staff may become aware of warning signs which indicate a student is experiencing difficulties that may lead to thoughts of self-harm or suicide. These warning signs should always be taken seriously and staff observing any of these warning signs should seek further advice from the Vice Principal.

Possible warning signs include:

- Changes in eating/sleeping habits (e.g. student may appear overly tired if not sleeping well)
- Increased isolation from friends or family, becoming socially withdrawn
- Changes in activity and mood e.g. more aggressive or introverted than usual
- Lowering of academic achievement
- Talking or joking about self-harm or suicide
- Abusing drugs or alcohol
- Expressing feelings of failure, uselessness or loss of hope
- Changes in clothing e.g. always wearing long sleeves, even in very warm weather
- Unwillingness to participate in certain sports activities e.g. swimming

Staff Roles in working with students who self-harm:

- Students may choose to confide in a member of school staff if they are concerned about their own welfare or that of a peer. School staff may experience a range of feelings in response to self-harm in a student such as anger, sadness, shock, disbelief, guilt, helplessness, disgust and rejection. However, in order to offer the best possible help to students it is important to try and maintain a supportive and open attitude – a student who has chosen to discuss their concerns with a member of school staff is showing a considerable amount of courage and trust.
- Students need to be made aware that it may not be possible for staff to offer complete confidentiality.
- If you consider 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 puts pressure on you to do so.
- Any member of staff who is aware of a student engaging in or suspected to be at risk of engaging in self-harm should consult the Vice Principal.

Following the report, the Vice Principal will decide on the appropriate course of action. This may include:

- Contacting parents / carers
- Arranging professional assistance e.g. doctor, nurse, social services
- Arranging an appointment with a counsellor
- Immediately removing the student from lessons if their remaining in class is likely to cause further distress to themselves or their peers

- In the case of an acutely distressed student, the immediate safety of the student is paramount and an adult should remain with the student at all times
- If a student has self-harmed in school a first aider should be called for immediate help

Further Considerations:

Any meetings with a student, their parents or their peers regarding self-harm should be recorded in writing including:

- Dates and times
- An action plan
- Concerns raised
- Details of anyone else who has been informed

It is important to encourage students to let staff know if one of their group is in trouble, upset or showing signs of self-harming. Friends can worry about betraying confidences so they need to know that self-harm can be very dangerous and that by seeking help and advice for a friend they are taking responsible action and being a good friend. They should also be aware that their friend will be treated in a caring and supportive manner.

The peer group of a young person who self-harms may value the opportunity to talk to a member of staff either individually or in a small group. Any member of staff wishing for further advice on this should consult either the director of pastoral care or the director of senior school. When a young person is self-harming it is important to be vigilant in case close contacts with the individual are also self-harming. Occasionally schools discover that a number of students in the same peer group are harming themselves.

Working with parents/carers

The family plays a key role in influencing children and young people's emotional health and wellbeing. There is strong evidence that well implemented universal and targeted interventions supporting parenting and family life that offer a combination of emotional, parenting and practical life circumstances.

Trinity Academy Halifax works in partnership with parents and carers to promote emotional health and wellbeing. The vulnerable student team liaises with parents and carers on a regular basis when supporting their child through a wellbeing challenge.

In partnership with Calderdale Healthy Minds, we are also setting up a series of parent workshops to support parents and carers in matter such as:

- Screen time
- Positive communication with their child(ren)
- The positive and negative impact of social media
- An awareness of self-harm
- General mental health

Parental workshops will be launched in the autumn term of 2018-19.

Targeted support

Some children and young people are at greater risk of experiencing poorer mental health. For example those who are in care, young carers, those who have had previous access to CAMHS, those living with parents/carers with a mental illness and those living in households experiencing domestic violence. Delays in identifying and meeting emotional wellbeing and mental health needs can have far reaching effects on all aspects of children and young people's lives, including their chances of reaching their potential and leading happy and healthy lives as adults.

There is good advice already available from DfE that focusses on the role of schools in providing targeted support and specialist provision for students with particular mental health and wellbeing needs. This document, therefore, purposefully does not duplicate these existing resources.

The Children and Young People's Mental Health and Wellbeing Taskforce has proposed the introduction of transformation plans for children and young people's mental health and wellbeing. These would be developed with the contribution of schools and would articulate the local offer of services for children and young people's mental health and wellbeing.

Our medical officer and vulnerable student team have an important role to play in supporting the emotional and mental health needs of our children and are equipped to work at community, family and individual levels. Their skills cover identifying issues early, determining potential risks and providing early intervention to prevent issues escalating.

At Trinity Academy Halifax we respond quickly to wellbeing concerns. As stated earlier in this policy, the most important role that our school staff play is to familiarise themselves with the risk factors and warning signs outlined in the above document. Any student for whom they have a concern should be referred to the student wellbeing team via the 'yellow form' system. This will be actioned within 24 hours.