



Wadham School

# Wellbeing Policy

Who is Responsible?	Governing Body
Statutory Policy?	No
Review Timescale	Every 3 years
Approval Date	October 2019
Next Review	October 2022

Signed .....

Date: .....

Mental Health is a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community. (World Health Organisation)



In our school, our Christian vision shapes all we do. We aspire to help our students and their families to be able to embody the words of Jesus in John's Gospel, that we may live a 'Life in all its fullness'. In looking to bring that vision to life, we seek to ensure that in everything we do, we generate and support a sense of hope.

It naturally follows from this that promoting positive mental health for every member of our community, is crucial. We pursue this aim using both universal, whole school approaches and specialised, targeted approaches aimed at vulnerable students.

### **Scope**

This document describes the school's approach to promoting positive wellbeing. This policy is intended as guidance for all staff including non-teaching staff and governors.

This policy should be read in conjunction with our other policies (Behaviour, Equality and Diversity, Safeguarding, SEN) where wellbeing is inextricably linked.

### **The Policy Aims to:**

- Promote wellbeing in the Wadham community
- Increases understanding and awareness of wellbeing
- Signpost or provide support to staff working with young people struggling with their wellbeing
- Signpost or provide support to students struggling with their wellbeing and their peers and parents or carers

## **Lead Members of staff**

Whilst all staff have a responsibility to promote and support wellbeing, staff with a specific, relevant remit include:

- Sarah Coombe – Designated Safeguarding Lead
- Jade Noake – Deputy SENCo for Wellbeing (Deputy Safeguarding Lead)
- Ian Tustin – PSHE/Tutorial Lead
- Nicky Finch, Laura Brown, Simon White (Safeguarding Team)
- Wellbeing staff and Governors Team
- First Aiders

Any member of staff who is concerned about the wellbeing of a student should speak to the Deputy SENCo for Wellbeing, in the first instance. If there is a fear that the student is in danger of immediate harm then the normal Safeguarding procedures should be followed with an immediate referral to the Designated Safeguarding Lead. If the student presents as a medical emergency then the normal procedures for medical emergencies should be followed, including alerting the first aid staff and contacting the emergency services if necessary.

Where a referral to CAMHS or other outside agencies is appropriate, this will be led and managed by the DSL/Deputy DSL.

## **Individual Plans**

It is helpful to draw up an individual plan in the form of a medical plan or protocol receive a diagnosis pertaining to their wellbeing. This should be drawn up involving the pupil, the parent/carer and the relevant health professionals. This can include:

- Details of a pupil's condition
- Day to day care and strategies
- Special requirements and precautions
- Medication and any side effects
- What to do and who to contact in an emergency
- The role the school can play

## **Teaching about Wellbeing**

The skills, knowledge and understanding needed by our students to keep themselves and others physically and mentally healthy and safe are included as part of our developmental PSHE curriculum.

The specific content of lessons will be determined by the specific needs of the cohort we are teaching but there will always be an emphasis on enabling students to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves.

We will follow the PSHE Association Guidance to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner, which helps rather than harms.

## **Signposting**

We will ensure that staff, students and parents are aware of the sources of support within school and in the community, who it is aimed at and how to access it. This can be found under **Help and Support**, in the Keep Safe area of the school website.

We will regularly update parents and carers of sources of support, principally through Parentmail and Wadham Words.

For students and staff, we will display relevant sources of support in communal areas such as corridors, support areas, reception, staff room and toilets and will regularly highlight sources of support to students within relevant parts of the curriculum. Whenever we highlight sources of support, we will increase the chance of student help seeking by ensuring students understand:

- What help is available
- Who it is aimed at
- How to access it
- Why to access it
- What is likely to happen next

### **Warning signs**

School staff may become aware of warning signs, which indicate a student is experiencing wellbeing issues. These warning signs should always be taken seriously and staff observing any of the warning signs should communicate their concerns with the DSL or Deputy SENCo for Wellbeing

Possible warning signs include:

- Physical signs of harm that are repeated or appear non-accidental
- Changes in eating or sleeping habits
- Increased isolation from friends or family, becoming socially withdrawn
- Changes in activity and mood
- 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. long sleeves in warm weather
- Secretive behaviour
- Skipping PE or getting changes secretly
- Lateness to or absence from school
- An increase in lateness or absenteeism
- Repeated physical pain or nausea with no evident cause

### **Managing disclosures**

A student may choose to disclose concerns about themselves or a friend to any member of staff so all staff need to know how to respond appropriately to a disclosure.

If a student chooses to disclose concerns about their own wellbeing or that of a friend to a member of staff, the member of staff, the member of staff's response should always be calm, supportive and non-judgemental.

Staff should listen rather than advise and our first thoughts should be of the student's emotional and physical safety rather than exploring 'why?'.

All disclosures must be recorded following the normal Safeguarding procedures.

## **Confidentiality**

We should be honest with regard to the issue of confidentiality. If it is necessary for us to pass our concerns about a student on, then we should discuss with the student:

- Who we are going to talk to
- What we are going to tell them
- Why we need to tell them

It is best practice to never share information about a student without first telling them. Ideally, we would receive their consent, though there are certain situations when information must be shared with the DSL/Deputy DSL and/or parent/carer.

It is always advisable to share disclosures with a colleague from the Wellbeing Team. This helps to safeguard our own emotional wellbeing as we are no longer solely responsible for the student, it ensures continuity of care in our absence; and it provides an extra source of ideas and support. We should explain this to the student and discuss with them who it would be most appropriate and helpful to share this information with.

If a child gives us reason to believe that there may be underlying safeguarding issues, parents/carers should not be informed, but the DSL must be informed immediately.

## **Wellbeing in the school community**

### **How we communicate**

Within our Wadham community, we strive to work in partnership whilst promoting students to take responsibility for their own wellbeing. The below strategies are embedded in our everyday practice:

**P** - Playfulness

**A** - Acceptance

**C** - Curiousness

**E** – Empathy

- Use emotional language
- Be non-judgemental
- Show empathy and understanding
- Shouting signals a loss of control, It should always be a last resort

### **How we challenge**

1. Connect before you correct
2. Always presume the young person will choose the right thing
3. Don't be afraid to hit pause and take a step back
4. When the adult changes, everything changes
5. Model and reinforce values
6. Be flexible
7. Reflection in practice

## Support for wellbeing in the Wadham Community

Wave 1	<p>PSHE/Tutorial programme  Mental Health/Wellbeing boards  Health Clinic  Wellbeing Champions  Keep Safe email address  Website resources  Anti-Bullying Ambassadors  Equality group  Chaplain  Extra-curricular activities</p>
Wave 2	<p>SMEH Monitoring Cards  Time Out Cards  Signposting to apps/websites and support groups  Strategies for managing mental/emotional health  The Bridge</p>
Wave 3	<p>Small group SMEH  2:1/1:1 SMEH  CAMHS  REACH  Safeguarding Team involvement  Referrals to outside agencies</p>

### All staff and teachers are expected to:

- Listen to pupils in emotional distress calmly and in a non-judgemental way.
- Report self-injury to the DSL/Deputy DSL.
- Not make promises (e.g. assuring confidentiality) which can't be kept. Reassure students that in order to seek health and happiness, people need to know about their problems so that they can help.
- Guide students towards seeking health and happiness.
- Promoting problem-solving techniques and non-harmful ways to deal with emotional distress.
- Enable students to find places for help and support.
- Provide accurate information about self-injury.
- Widen their own knowledge about self-injury and mental health disorders.
- Follow the Health and Safety/First Aide procedures.

**When working with a student with social and emotional and mental health needs, Wadham staff will use the ALGEE strategy:**

**A** – Ask, assess, act

**L** – Listen non-judgementally

**G** – Give reassurance and information

**E** – Enable the young person to get appropriate professional help

**E** – Encourage self-help strategies

## Definitions

**Mental Health is a state of (complete) physical, mental and social wellbeing and not merely the absence of disease or infirmity (World Health Organisation).**

**Self-Injury** is any chosen non-suicidal behaviour that inflicts physical harm on someone's own body and is aimed at relieving emotional distress. It can include cutting, scratching, burning, banging and bruising, overdosing (without suicidal intent) and deliberate bone-breaking/spraining.

**Clinical Depression** is depression that lasts for at least two weeks and affects the young person's behaviour and has physical, emotional and cognitive effects. It also interferes with the ability to study, work and to have satisfying relationships.

**Anxiety Disorders** are feelings of anxiety that are long-lasting, more severe and interferes with school, work and relationships. Anxiety can vary in severity from mild uneasiness through to terrifying panic attack. It can vary on how long it lasts, from a few moments to many years.

**Eating Disorders** involve a disturbance of eating habits or weigh-control behaviour which results in an impairment to physical health or which affects the person's psychological and social functioning. Those with eating disorders see their self-worth largely in terms of their body shape and weight and their ability to control these.

**Trauma** is defined as an experience that is overwhelming and hinders the child's safety and security. Traumatic stress is caused by exposure to or witnessing of extreme and potentially life-threatening events.