PRIORY INTEGRATED COLLEGE HOLYWOOD

accomplishing more together

SCHOOL POLICY

Policy Name:	Well-Being Policy
Review date:	
Date to be reviewed:	January 2024
Agreed by the BOG on:	January 2021
Policies which are linked to this policy:	Pastoral Care, Safeguarding and Child Protection

Integrated Education has been one of the most significant social developments within Northern Ireland in the last 40 years. Priory wears its Integrated ethos and practice with pride, Integration is prioritised by school leadership and is led by the Principal, BOGs and a drive team, under the leadership of the newly appointed Integration Co-ordinator. The four core principles of integrated education - **equality, faith and values, parental involvement** and **social responsibility** are central in all we do. Integration and Inclusion remains high on the agenda of the college and we will endeavour to make sure that every child is welcomed and taught in a safe and nurturing Priory College.

College Mission Statement

Priory Integrated College welcomes children from all traditions, cultures and abilities. Together, we aim to empower every child to reach their full potential, in a nurturing, caring environment which upholds respect and excellence for all.

Priory College aims *to be* **an exemplar for the healthy life** where pupils are supported in developing strength and resilience to meet the challenges of day to day life.
This policy sets out the ways in which the School promotes pupils' well-being and, in particular, their mental and emotional health, significant factors in pupils being able to lead a healthy life as young people and as adults. The policy also, insofar as it is possible, sets the parameters for the School's actions given that the responsibility for a child's health, be that mental, emotional or physical, is a shared one with parents or carers and designated children's services.
This policy should be read in conjunction with the School's Safeguarding and Child Protection policy, Discipline and Positive Behaviour , Anti-bullying policy, Drugs policy and the Learning Support and Inclusion policy.

Purpose of Priory's Well-Being and Mental Health Policy

The promotion of physical and mental health within a school has significant educational benefits. Estimates suggest that up to 10% of children and young people suffer from a diagnosable mental health disorder, often leading to social isolation, low self-esteem and associated poor academic achievement. Disorders can manifest themselves in many ways such as self-harm, eating disorders, depression, poor educational achievement, or disruptive or anti-social behaviour.
Priory College is well placed to observe pupils and helping to identify potential problems, and to assist parents or carers to access professional support (e.g. medical interventions, counselling, psychological or psychiatric support).
In the first instance, the School aims to be as proactive as possible in preventing problems by informing pupils and their parents or carers about leading healthy lives mentally and emotionally and in identifying potential problems at an early stage. The School's pastoral systems allow teachers to identify, report and monitor pupil behaviour which may point to physical and mental health problems, or such problems that are brought to our attention.
It is not uncommon for young people to have occasional difficult periods at some point during their school years; this is a normal and expected part of growing up. However, for some pupils, more frequent emotional dips or persistent displays of challenging behaviour, school absence or academic deterioration may be indicative of deeper issues which, in order to be resolved, will require a co-ordinated response involving not only the School and parents and carers, but experts beyond the School.

Promoting good mental health

Schools are in a position to enhance the social and emotional development of children through their daily responses to, and interaction with, pupils. Being an emotionally and mentally healthy school requires on-going commitment from both staff and pupils. Pupil commitment rests on the positive and caring culture created within the school for routine manners and courtesy, acceptable behaviour, anti-bullying policies and respect for others regardless of physical, cultural, religious or any other differences.

Priory College has in place the following examples of good practice for an emotionally and mentally healthy school:
A carefully considered PD curriculum, which includes: the promotion of social skills and problem-solving skills; teaching awareness of mental health issues to raise awareness and decrease stigma (eating disorders, self- harm, depression etc.); values; emotional awareness; confronting bereavement; anger management and conflict resolution, etc.
Pastoral support from trained staff available in School, e.g. Leader of Pastoral Care, Heads of School, Heads of Year, Heads of House, Form tutors, School Counsellors and Chaplain
Self-referral and drop-in options to see the School Counsellors who can also advise on ways of being referred to external psychiatric or other counselling services
Peer counsellors/peer support systems – pupils who are appointed and trained to act as mentors to younger pupils or to their peers

Teaching to help pupils recognise their personal strengths and limitations to help themselves or to help fellow pupils
Pupils and Staff are expected to value and respect every individual member of the School community – building constructive relationships through interactions with all of the different staff and students they encounter trough the school day.
All staff are encouraged to listen to pupils and hear what they say – through regular child protection training and via forums for pupil voice e.g. Student Councils, Assemblies, Pastoral mentoring with Form Tutors.
An emphasis on both the academic and personal development of each pupil – regular academic monitoring and strong encouragement for pupils to develop friendships through engagement in the co-curricular life of the school; opportunities for pupil-led activities and other initiatives are actively investigated and encouraged, with informal and formal rewards systems in place to celebrate the academic and extra-curricular achievements of the children.
Identification, and monitoring, of vulnerable pupils – effective internal communication between all staff; clear channels of communication with parents via pastoral staff; highly responsive pastoral intervention when necessary to safeguard the well-being of the child
A commitment, where necessary, to **reasonable adjustments** within the school environment for pupils with physical or mental health issues which do not affect the learning environment of other pupils
Appropriate support and training for staff – particularly pastoral staff who may be involved in supporting physical and / or mental health issues with pupils.
The establishment, and fostering of, strong and trusting relationships with parents - with the well-being and educational progress of the pupil as the focus

Common mental health risk factors

There are common risk factors that may influence the chances of a young person developing a mental health disorder. These may include:
• Physical illness or learning disability
• Difficult temperament or communication difficulties
• Family factors, such as parental conflict and inconsistent discipline, family mental-health issues, difficult relationships with siblings
• Psychological reaction to adverse events (bereavement, bullying, abuse etc.)
• Environmental factors and life changes, such as socio-economic disadvantages, homelessness, or frequent moving of home or school
The details of the type of mental health issue are not likely to affect the course of action in School unless there is an immediate risk of harm to the pupil, in which case the School's Safeguarding and Child Protection policy and procedures would be followed.
It is impossible to definitively list all the situations that could be encountered by pupils but a brief summary of some different types of mental health disorders is given in **Appendix 1** to help staff and parents understand of some of the specific issues that pupils may face.

Identifying a potential problem – Guidance for Staff

Supporting a distressed pupil can be extremely time consuming and challenging. You may know the pupil well from your lessons or extra-curricular activities but it is important to look objectively at the situation and to work with other colleagues to establish how you can best support the pupil.
Supporting pupils requires good communication and teamwork. Consult with Designated and Deputy Designated teachers for Child Protection and other senior pastoral staff such as Heads of School or Heads of Year , and always keep relevant pastoral staff informed of your actions and interactions with the pupil.
Think carefully about what you can and cannot do to help the pupil and be realistic, ensuring that the pupil clearly understands the limits of your role.
Be prepared to take a firm line about the extent of your involvement so that it does not have an impact on your own teaching and well-being.
Additional training and support is
available if required.

General advice for staff (to be read in conjunction with policies and guidance on safeguarding and pastoral care):

Follow up on concerns, however small, with pupils through the pastoral system; be proactive and you may prevent a situation from becoming worse

Always be prepared to listen carefully to pupils

Gather more information from other colleagues to see if your concern is shared

Again, assuming that you are a member of the pastoral team, consider the most effective and supportive way to communicate your concerns to the Leader of Pastoral and Welfare, if appropriate, to the pupil and their parents using the School's established communication procedures

If you suspect that a problem with a pupil is not straightforward, or if there is no improvement in the pupil despite your initial intervention, do not delay in contacting a member of the pastoral team (Head of Year, Head of School or Leader of Pastoral Care). Concerns can also be raised with the School Counsellors.

Always be mindful of the guidance on confidentiality contained within the School's Safeguarding and Child Protection.

Advice on external referrals can be obtained from the Leader of Pastoral Care. As a first port of call we would usually suggest the engagement of the pupil's GP and then CAMHS, when a referral is required.
The school will work together with any family requiring assistance on these matters and continue to engage with the external services when required.

Providing continuing support in School for a pupil receiving mental health treatment

Keeping things 'normal'
While it is not the responsibility of Priory College to replace, or act for, mental health experts if a pupil has mental or emotional health problems which are being treated, the School will seek to play a valuable role in supporting the pupil. Part of this may be as simple as keeping school as a constant of 'normal' life. Subject to adjustments agreed and made to accommodate a pupil's problems, normal codes of behaviour should be required: when the pupil is in school, they should feel a part of the school community. The aim might best be phrased as incorporating the pupil's individual needs into school life rather than fitting school around the focus of his or her medical needs; thus we provide a secure and safe environment for pupils to feel 'normal', rather than seeing him or her as a 'patient' in school.

Treatment and Medication
External treatment can include different types of therapy, such as counselling, psychotherapy and cognitive behavioural therapy and / or medication. Parents and pupils should be open about medications so that staff can be understanding and supportive, particularly if the medication may result in side effects which could affect mood, focus and ability to sleep, all of which impact on a pupil's performance in school.
As with any medical condition in school, staff supporting pupils with physical illness and mental health disorders should receive appropriate advice and training where necessary. If a member of staff feels that they are unable to fulfil their professional duties relating to the well-being of a pupil then they must raise this as matter of urgency with a senior member of staff.

Safeguarding and Child Protection

Safeguarding training is an essential part of understanding and dealing with well-being issues relating to children. All Priory College staff must ensure that their CP training is up to date, according to statutory guidelines and the School's Safeguarding & Child protection policy.

Appendix 1
Brief overview of some mental health disorders that can affect young people

Self-harm

Self-harm can be an expression of personal distress. There are many reasons for a person to hurt him or herself. Actions of self-harm can include cutting, overdosing on medications or other deliberate poisoning, asphyxiation, burning, punching oneself, pulling out hair/eyelashes, picking at skin or any other self-inflicted injuries.
The vast majority of children and young people who self-harm are not trying to kill themselves; it is a method of distraction from painful feelings. They are trying to cope with these feelings by engaging in behaviour which temporarily relieves stress and anxiety, but it is behaviour which can become very addictive. However, many people who commit suicide have self-harmed in the past, and for that reason each episode needs to be taken seriously.
If staff or parents discover a pupil is self-harming, it is important to try not to appear shocked or to show other negative feelings. Acknowledge their distress and express genuine concern for their well-being. Self-harm usually takes place in secret and it is important to be aware of the difficulties a pupil may have in discussing issues surrounding self-harm.
The School regards self- harm seriously and will recommend an external referral to a GP or to appropriate counselling. Staff and parents seeking advice should speak to the Leader of Pastoral Care and Welfare or the School counsellor.

Eating disorders

"Eating disorders are not a diet gone wrong or a fad or fashion. They are a way of coping with difficult thoughts, emotions or experiences." (from '*b-eat', or beating eating disorders*)
There are three main types of eating disorder:

- • Anorexia Nervosa: people with anorexia limit the amount of food they eat by skipping meals and rigidly controlling what they will and will not eat. Their concern about food, weight and calories can start to control them isolating them from their social group.
- • Bulimia Nervosa: people with bulimia will also constantly think about food, but they become caught in a cycle of eating large amounts of food and then making themselves sick ("purging"), in order to try and lose the calories they have eaten.
- • Binge Eating Disorder: People with binge eating disorder will eat large amounts of food in a short period of time and tend to put on weight.

A mixture of the disorders above is also common. Any pupil who is stressed, unhappy or lacking in confidence may be at risk of developing an eating disorder. In some cases an eating disorder may be triggered in a vulnerable personality by a period of illness which is accompanied by loss of appetite. Eating disorders are very secretive and usually associated with a high level of denial, which can make diagnosis very difficult. It is often a bringing together of clues reported from different sources that build up the bigger picture that results in diagnosis of, or strong suspicion of an eating disorder. There are many signs to look out for:

Appearance/physical signs	**Behaviour**
Weight loss/weight gain	Restricted eating – i.e. volume of food and low calorie content
Dull, lifeless hair; hair loss, dry skin	Obsession with food, weight and dieting, preference for eating alone, strange behaviour around food including hiding, collecting or storing food
Dizziness, tiredness or fainting	Irritability, distress and arguments around mealtimes

Menstural disturbances	Secretive eating, lying about the amount of food consumed, inability to tolerate unplanned events involving food
Calluses on the knuckles of the dominant hand	Drinking lots of water or fizzy drinks
Sore throat, mouth ulcers, tooth decay, bad breath, blue lips	Frequent weighing and obsessive exercising
Wearing baggy clothes	Increased conscientiousness
Feeling cold	Increased isolation and loss of friends
	Ritualistic behaviour and obsessions
	Disappearing to the toilet immediately after eating
	Insisting on being fat when not

A pupil with an eating disorder can impact negatively on the school community and peer group. The isolation, generated by the condition and the controlling effects of the eating disorder on the sufferer can be disturbing for others who may also need support. There can also be elements of copying and competition but these should not manifest into serious cases.

It is likely that most pupils and some parents will be in denial about the existence of the problem and may refuse to co-operate with the steps taken to rectify the situation. As with most mental health disorders, until a pupil accepts that they have a problem it is difficult to refer them to CAMHS as they need to accept there is a problem to engage in the treatment. This is with the exception of severe cases where referral should be made without cooperation due to safeguarding concerns. Regular monitoring during the time of non-disclosure is essential by staff and parents and if there is deterioration then safeguarding measures should be discussed.

Depression

Childhood and adolescent depression can impact on cognitive development, socialisation, family relationships and behaviour. Children who are depressed often present with non-specific symptoms which may include refusal or reluctance to attend school, irritability, poor sleep pattern, abdominal pain and headache. There is often loss of concentration and loss of interest in previously enjoyed activities with a marked decline in educational performance and a persistent feeling of low mood, and unhappiness. Depression is a disorder that must be distinguished from the understandable melancholy arising from common life experiences.

Depression may develop over days or weeks. The duration of each episode can last weeks or months and most cases will self-resolve. 20-30% will have a residual low-level depressive state continuing for months or years. 5-10% will have full symptoms lasting 2 years or more. Treatment considerably shortens the duration of the depressive phase which means that diagnosis is essential.

The School's role is to foster a balanced, supportive, non-judgemental, helpful, confidential safe environment for the pupil. This involves acceptance of the situation the pupil is in and pathways of support offered within the school environment – this may include agreed adjustments to the academic and extra

-curricular programme of the pupil to prioritise health and well-being. Professional help will be needed externally consisting of therapy, plus or minus medication. The School will expect to work closely with these professionals to ensure that School can play a positive role in the pupil's overall care package.

Obsessive Compulsive Disorder (OCD)

Obsessive compulsive disorder in children can be described as 'troublesome and distressing rituals and ruminations outside the criteria of 'normal' childhood rituals. OCD rituals are those that interfere with, rather than enhance, socialisation and the growth of independence'.

It is a very under-diagnosed condition and should be suspected with pupils who show poor adherence to timetables, lateness or inability to deal with change. Other clues can be frequent/prolonged visits to the toilet, excessive questioning in class and messy work due to constant erasing and re-writing. Normal childhood 'habits' start to decline from around 10 years of age and it is after this that persistent rituals would start to raise concern.

OCD is most commonly treated with cognitive behavioural therapy (CBT) in conjunction with medication. CBT for children with OCD may involve keeping a diary, with the child drawing up a hierarchy of compulsions, and, starting with the easiest to tackle, being encouraged to try to avoid carrying out the compulsion.

Conduct Disorders

Children with conduct disorders can be rejected and become unpopular with their peers due to poor social skills. This may lead to emotional problems and isolation at school. A number of children with conduct disorders have additional problems such as hyperactivity or depression and can benefit from input from mental health professionals. One third of children assessed as having a conduct disorder have specific reading difficulties which because of their behaviour can often go undetected.

Disruptive children can lack social skills and have difficulties reading the behaviour of other children and adults around them. They often believe that others are behaving in a hostile or negative manner when they are not, and respond accordingly. Helping pupils examine those situations involving conflict or frustration, and to understand how to read the signals of people around them and respond in a more positive manner has been shown to have long-term preventive effects.

Approaches that can be used at a classroom level include: proactive classroom management methods; use of Classroom Assistants; short, achievable targets and give immediate praise/rewards when completed; giving the pupil special responsibilities so that they and other pupils can see them in a positive light; helping young people to control their impulsive behaviour by generating alternative solutions.

Some pupils (for example those with ADHD) may be prescribed stimulant medication. This medication will be securely stored and administered, according to the School's medicine policy, by the School's nurses if it is required during school hours.