



WELL-BEING AND MENTAL HEALTH GUIDANCE AND STRATEGY

Enhancing the school and home partnership is central to our Well-Being and Mental Health Strategy. Being committed to personal and social development has a hugely positive effect on our pupils' academic and extra-curricular achievements and prepares our pupils for adulthood and to play their part in Society. Our aim is to work together to ensure that all pupils feel happy and are as successful as they can be based on our school aims:

School Aims:

- To celebrate our diverse and inclusive community
- To champion social awareness and sustainability
- To empower courage, creativity and compassion in each student
- To inspire aspirational and authentic lifelong learners and leaders
- To nurture respectful, resilient and kind individuals

We aim to promote and maintain positive mental health by early detection and recognition of broad spectrum mental health issues.

We aim to support and assist any pupil who displays signs of developing any of the mental health issues identified and other associated disorders. This document is intended as overarching guidance for the general well-being of pupils. Information is available to all staff on matters such as self-harm, anger management, depression, low self-esteem, anxiety and managing eating disorders along with guidance on LGBT issues.

The Safeguarding policy and Anti-Bullying policies are central to all guidance. Any safeguarding concerns should be immediately referred to the Designated Safeguarding Lead or Deputy or Deputy Safeguarding Leads in her absence.

Background Information

The World Health Organisation states that, 'Good mental health is related to mental and psychological well-being. WHO's work to improve the mental health of individuals and society at large includes the promotion of mental well-being, the prevention of mental disorders, the protection of human rights and the care of people affected by mental disorders.

Research into children's mental health and wellbeing has been accelerating in recent years and the DfE's State of the Nation 2019: Children's and Young people's mental health and wellbeing research presents a number of important findings:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/906693/State_of_the_Nation_2019_young_people_children_wellbeing.pdf

‘Current evidence on children and young people’s wellbeing presents a complex picture: the influences on children’s wellbeing are multifaceted, and becoming increasingly varied as children grow into young people with different pressures on their lives. A growing body of evidence indicates that their peer and family relationships, alongside their wider school and neighbourhood environment, have the strongest links to children and young people’s wellbeing. Experiences of being bullied, parent relationships, feeling unsafe in their neighbourhood, and perceived economic inequality are key risk factors for poor wellbeing, whilst positive peer relationships and school engagement promote positive wellbeing. However, these protective and risk factors overlap in different ways in different groups of children; and they cut across many areas of their lives, experiences, and wider environment. The challenge this poses is understanding what affects whom, and when in their lives, to guide how we best equip children with the skills they need to support their own wellbeing for the range of experiences they face growing up.

The issue of teenage girls being especially at risk of poor wellbeing is a pressing and timely issue. It has been highlighted in the recent publication of NHS Digital’s Mental Health Prevalence survey, which found that almost a quarter (22.4%) of 17-19 year old women had an emotional disorder. This was in contrast to 7.9% of young men the same age, and an increase from prevalence rates in younger women where only 10.9% of 11- 16 years olds experienced a problem. This evidence sharpened the need to understand whether certain aspects of teenage girls’ experiences drove this increase in emotional problems with age, and whether they were amenable to change’.

Mental Health Disorders can also affect physical well-being as well as seriously impairing academic performance.

Schools are uniquely placed to influence the mental health of children and young people. As well as being in a position to recognize the symptoms of mental health difficulties at an early stage, they can enhance the social and emotional development of children and foster their mental well-being through their daily responses to pupils. The Mental Health Foundation note the NHS publication findings, Mental Health of Children and Young people 2017:

<https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017>

Factors Associated with Mental Health Concerns

The survey also asked questions about a range of other factors and looked at their relationship to mental health. The figures show what many have been saying for some time: some groups in society are more likely to be affected by mental health disorders.

Income & Adversity

Disorders were more common among children living in lower income households and children whose parents were in receipt of low-income benefits. Disorders were also more likely among children who had experienced challenging life situations, such as their parents separating or having financial difficulties.

Children who had a mental disorder were twice as likely to have been bullied or cyberbullied in the previous year. They were also more likely to report that they had bullied or cyberbullied others, suggesting that both those being bullied, and the bullies themselves, may be in need of targeted support.

Identity

Young people 14 to 19 years old who identified as lesbian, gay, bisexual, or other were more likely to have a mental disorder (34.9%) than those who identified as heterosexual (13.2%)

Family and Relationships

Family and social support also had an association with mental health disorders. Rates of disorder were higher for children whose parents had a mental health problem, or who received disability-related income, and for children whose families had the lowest levels of functioning.

This was particularly pronounced for very young children (aged 2-4). 14.9% of children whose parents had poor mental health had a disorder themselves by the age of 4.

Children with a disorder were less likely to participate in school-based or other external clubs (e.g. afterschool clubs, sports, arts, music or drama clubs) and were more likely to report low levels of social support, and smaller social networks.

Behaviours

Certain behaviours were also associated with mental health. 11 to 16-year olds with a disorder were more likely to have tried a cigarette, an e-cigarette, or used illicit drugs.

Social media use was extremely common among young people (95.1% of 11 to 19-year olds reported using it, and 79.1% reported using it daily), and the overall use of social media was not associated with mental disorder.

However, *how* social media was used did show a relationship. Those with a mental disorder were more likely to use social media every day, use social media for longer periods of time, and were more likely to report that use of social media had an impact on their mood and/or made them compare themselves to others (particularly the case for young women).

Early Intervention

These figures illustrate how mental health disorders can occur from early childhood, and that their prevalence increases with age, particularly for young women. This highlights the importance of intervening early to prevent the development of mental health problems.

The factors associated with mental health disorders in these statistics point toward environmental and social influences that can act as important risk and protective factors for young people's mental health. Capitalising on opportunities to provide children with supportive environments early may be key for ensuring good mental health for all children and young people

COVID Related Concerns

Recent unprecedented times have brought the wellbeing of children to the fore. The need for routine, social interaction, development of the whole person has been thrust into the headlines. Children have missed physically attending school for months. Doubtless, this has affected children and their families in a whole myriad of ways. School staff are at the forefront of this and nevermore has the 'non-academic' been a crucial part of school life.

Most recently, The Children's Commissioner's report, Putting Children First in Future Lockdowns highlights the need for collaborative thinking and that full lockdowns must balance the epidemiological benefit to children against the social and health costs to children of closures to schools, leisure/youth centres, etc. Any rights extended to adults must also be given to children in ways that work for them (e.g. the right to exercise, do sports or play outside). The report states that, 'There is a risk that some children will struggle to transition back to school after a period away. This could manifest in a number of ways, including failing to attend (or low attendance) and challenging behaviour. Schools should make pastoral care a clear priority and identify reasons for non-attendance or challenging behaviour and what support children need'.

It is in identifying this need that JAGS' pastoral strategy strives to address.

Staff are in a unique position to be able to respond early to pupils who show signs of early onset mental health issues. JAGS has the following in place to help pupils to cope with school life and deal positively with any issues that arise.

Whole-School

Policies, the PSHCE programme which includes sessions on Relationships, Sex and Health Education and Mental Health, among many topics, the tutorial system, pastoral care, management of behaviour, home-school liaison, bullying prevention and awareness, and the school behaviour code all have a part to play in promoting positive wellbeing.

Pastoral Provision

In the Junior School, the Class/Form Teachers, Deputies and Teaching Assistants have responsibility for the welfare of the pupils in their class. The Head of Pre-Prep and Headteacher are ultimately responsible for the welfare and well-being of the younger pupils (including pupils in EYFS with reference to the EYFS Framework 2017). The pastoral systems in place seem to support the pupils the Buddy System, House system and assemblies. Age appropriate interventions are available, for example, Music for Learning and access to the school counsellor if appropriate. Specific well-being activities take place in the Prep. Membership of committees, School Council and positions of responsibility such as Form Captain encourage leadership. The Junior School Pastoral Coordinator will coordinate all pastoral interventions from September 2020.

In the Senior School, each Key Stage is overseen by an Assistant Head: Years 7 – 9, Mrs Myfanwy Boron; Years 10 & 11 Mrs Anna Jones; Years 12 & 13 Mr Matthew Weeks who is responsible for the girls' pastoral care and academic progress, supported by Heads of Year and Form tutors. The pastoral system is overseen by the Deputy Head Pastoral, Ms Samantha Payne who is also the Senior Designated Lead for Mental Health. The Designated Safeguarding Lead is the Head of Years 7,8 & 9, Miss Rhona Muir, Ms Samantha Payne, Mrs Anna Jones, Assistant Head KS4, Ms Finola Stack, Head Teacher at the Prep school, Mrs Elizabeth Channon, Head teacher, EYFS Prep-Prep are the Deputy Designated Safeguarding Leads. Dependent upon the size of the year group, the Heads of Year lead five form tutors. The Heads of Year usually move up with their year group within their Key Stage.

To ensure continuity of care, every girl's form tutor usually remains consistent through each Key Stage, changing as the girl moves up to the next Key Stage if appropriate. Every form tutor is responsible for the supervision, guidance and care of the pupils in his/her tutor group. They have the overview of the girls in their form, both pastorally and academically and aware of individual circumstances and needs. They also oversee and monitor each girl's involvement in extra-curricular activities and, through seeing them twice each day they are in an excellent position to be the first point of contact in the first instance should parents have any queries.

Well-qualified School Nurses are available to deal with medical and personal problems for both pupils and staff. They are also very supportive of parents, staff and families at times of crisis. When in situations where pupils are unable to come to school such as in lockdown scenarios, contact is maintained online and by telephone. In addition, we have two counsellors, our school Chaplain, Rev Cecile Schynder (and her therapy dog, Lina) and our part-time School Counsellor who are all available to discuss any issues of concern. The opportunity to talk openly and freely about issues that may be troubling girls helps them to understand their feelings and build their self-confidence and self-esteem. Occasionally, for a short period of time, we think a girl may benefit from having a Staff or Sixth Form Mentor who can give her individual help, for example with organisation or low self-esteem. The Pastoral Team around the girls provides a far reaching and accessible network of support to pupils. With this wide network, we aim to ensure that every girl will feel able to talk with a trusted adult at school should they wish to.

Our whole school assemblies and House system allows younger girls see what the older ones are doing, and they look up to them. Our 'Sister Scheme' also promotes links between the age groups. Two sixth form House representatives visit the forms weekly, sometimes helping to prepare charity events or assemblies. The Head Girl and her two Deputies lead, inspire and keep an eye on the general well-being of the younger pupils. They also run the School Council, which meets termly to discuss issues put forward. Sixth form Prefects help and support the girls in the younger years and our Sixth Form James Allen's Mental Health First Aiders work with pupils when they may appreciate discussing a problem or concern with someone other than a teacher. All students are given regular safeguarding training and know to whom to report concerns about themselves or others.

Meanwhile the House system allows girls of all ages to be brought together and works to give opportunities for the development of leadership skills.

Any girl can write a comment anonymously for the Comments Boxes – these are passed onto the Deputy Head Pastoral or the relevant Assistant Head to act upon. Pupils are also encouraged to email pastoral concerns or to use the Microsoft Teams chat facility should they prefer to make initial contact remotely.

Our Teams platform has enabled wider use of peer mentoring as younger pupils can chat to older ones online and we have a number of Team resources for Wellbeing where pupils can post their suggestions so that others can benefit from them.

PSHCE

Our Personal, Social, Health, Citizenship and Education (PSHCE) programme is designed to help girls to develop wide reaching skills including assertiveness, empathy, compassion, self-esteem, mental and physical wellbeing. It improves girls' understanding of themselves and each other, clarifying their thoughts and feelings.

PSHCE is taught by specialist teachers in dedicated timetabled slots. Form teachers lead often very discursive sessions with the girls in their forms as follow up from PSHCE lessons. Exploring and debating different issues. Talks from specialist speakers and our school nurses focus on well-being and self-esteem including health and relationships and sex education.

In Years 10 & 11 the same Form tutor normally remains with the form for the two-year GCSE period. Some PSHCE matters are covered in tutor time. Form tutors spend the majority of their tutor time getting to know their tutees. The PSHCE programme is taught by specialists during a dedicated weekly lesson on the timetable. Specialist speakers are also invited to share their experiences with the girls. Subjects covered include Ethics, Health Education and Well-Being and Life Skills, Current Issues, Drugs, Alcohol, and Personal Safety.

In the Sixth Form we blend Year 12 with Year 13 in each tutor group so that the Year 12 learn from the Year 13 girls' experiences. Girls stay with the same tutor for the two-year period, so tutors know their strengths well and are the first port of call in any difficulty.

The Sixth Form PSHCE programme covers topics such as the Well Woman; Mental Health and gender issues; Personal Safety, Identity and Relationships.

Classroom Practice

Well-being and good mental health discussions will present themselves in a number of classroom based settings and staff respond to students' questions and can often be the first to see that there may be an underlying issue. For instance, in creative writing a pupil may write things that they may not be comfortable in saying or disclose something which needs to be taken further. Staff should be alert to such incidents and should take appropriate action.

Any concerns about mental health problems should be promptly reported to the school nurses.

Strategy and Evaluation

The Deputy Head Pastoral chairs regular Pastoral Team meetings to discuss pastoral matters and strategy. We evaluate the effectiveness of interventions through using our counselling framework and our counsellors report on a termly basis. Through these we review our provision throughout the school, deciding strategy partly based on those who present to Nurses and the counsellor and require Level 2 interventions. We also review the pastoral system regularly and use pupil questionnaires and wellbeing surveys to evaluate both the PSHCE provision and the general well-being of the pupils as a 'snap shot' of mental health and wellbeing within the school, particularly at points of transition. Pupil feedback is an important part of this.

We use the Child Protection Online Management System (CPOMS) and all members of staff are able to log concerns,

We are particularly proud of our Sixth Form James Allen's Mental Health First-Aiders programme where trained sixth formers deliver PSHCE sessions on positive mental health to pupils. We also have a flourishing Wellbeing Committee comprising the Governor for Mental Health, Sixth Form JAMHFA leaders, the Deputy Head Pastoral, Director of Operations, Senior Nurses and Assistant Heads, where our approach and strategy for wellbeing is discussed and actioned. This committee is the only pupil involved group that presents to the Strategic Leadership Team.

Parents

We hold regular parental meetings for all parents at the beginning of term and through these we raise issues which are relevant to their daughters' age group. We also hold parents' seminars throughout the year either online or in person where specialist speakers present to either whole year groups or across the ages on topics such as Good Mental-Health, Online (Internet) Safety and Adolescent issues. We are also developing links with Dulwich College so that these issues can be discussed more widely.

Staff

Staff are regularly updated on current good practice. Our Nurses deliver Inset sessions as does our Counsellor. Recent talks have included issues such as self-harm, anxiety and supporting transgender pupils. Our board of school governors has well qualified and knowledgeable mental health specialists as part of the team and their advice is invaluable.

Outside Agencies

The school pastoral team regularly liaises with medical professionals including CAMHS practitioners and works to ensure that any pupils who are experiencing difficulties and are being educated outside of school for a period of time are kept abreast of what is happening in school and are supported in their return and reintegration to school.

I. The School's Responsibilities

Introduction

The governors, senior leadership team, and all staff (which term shall apply to all volunteer staff members) at James Allen's Girls' School (the School) are committed to the prevention, early identification, and appropriate management of peer-on-peer abuse (as defined below) both within and beyond the School. This policy is applicable to all pupils, including those in the EYFS.

In particular, we:

Believe that in order to protect children, all schools should;

be aware of the nature and level of risk to which their students are or may be exposed, and put in place a clear and comprehensive strategy which is tailored to their specific safeguarding context; and

take a whole-school community Contextual Safeguarding approach to preventing and responding to peer-on-peer abuse.

Regard the introduction of this policy as a preventative measure. We;

do not feel it is acceptable merely to take a reactive approach to peer-on-peer abuse in response to alleged incidents of it; and

believe that in order to tackle peer on-peer abuse proactively, it is necessary to focus on all four of the following areas:

systems and structures;

prevention;

identification; and

response/intervention.

Recognise national and increasing concern about this issue, and wish to implement this policy in order to mitigate harmful attitudes and peer-on-peer abuse in the school setting; and;

encourage parents to inform the School so that if their child is feeling unsafe as a result of the behaviour of any of their peers, the appropriate and prompt action is taken in response.

