

PENWORTHAM GIRLS' HIGH SCHOOL

EMOTIONAL WELLBEING POLICY

April 2024

Reviewed annually

THE MISSION

**To prepare
Articulate, Questioning, Tolerant and Independent Women
for the future.**

Our Aim, Mission and Core Values

PGHSuccess:

It is our aim to make all our students a PGHSuccess. A pupil becomes a PGHSuccess when they have the knowledge, skills, and personal attributes required to achieve their ambitions; academically, creatively and socially.

Our Mission is:

To help our students to achieve their version of PGHSuccess, we have set ourselves the mission of *‘preparing articulate, questioning, tolerant and independent women for the future’*, as we believe that these qualities are central to success in modern society.

Our Core Values:

To achieve our mission statement, our policies and actions are guided by six core values. These are the core values.



1.0 Rationale

Students learn best and will fulfil their all-round potential when they are mentally healthy. Everyone's mental health is subject to change and in an average classroom three children will be suffering from a diagnosable mental health issue. If provided with timely and appropriate support, the vast majority of students with mental ill health will make a full recovery. Therefore, both our aim and duty as a school is to promote the emotional wellbeing and resilience of all our students.

2.0 Principles

2.1 In addition to promoting the emotional wellbeing and resilience of all our students, we will endeavour to recognise and respond effectively to mental ill health.

2.2 Early identification, intervention and targeted support will be provided for our more vulnerable students, as well as their peers, parents and carers.

2.3 All staff will be provided with appropriate training and guidance to enable them to promote emotional wellbeing and resilience, as well as to identify and assist students suffering with mental ill health.

2.4 When designing, implementing and reviewing any future school policies, careful consideration will be given to the potential impact that this may have either directly, or indirectly, on students' emotional wellbeing.

3.0 Lead Members of Staff

Whilst all staff are responsible for promoting the emotional wellbeing and resilience of students, staff with a specific, relevant remit include:

- Sharon Hall – Headteacher
- Catherine Arrowsmith – Designated Child Protection / Safeguarding Officer
- Sarah Parker – Deputy Designated Child Protection / Safeguarding Officer
- Alison Cattanach - Deputy Designated Child Protection / Safeguarding Officer
- John Ramsdale – Mental Health Lead (Senior Assistant Headteacher)
- Ben Ward – Senior Assistant Headteacher (Senior Assistant Headteacher)
- Aieysha Bana – School Counsellor
- Simon Wilson – Pastoral Support Worker (Student Services)
- Diane Oxley – Pastoral Support Worker (Student Services)
- Emma Leigh (The Haven)
- Heads of Year and Form Tutors

4.0 Promoting Emotional Wellbeing and Resilience

4.1 Promoting the emotional wellbeing and resilience of all our students is a fundamental aim of our school. We strongly adhere to the principle that 'prevention is better than cure' and so it is developed in several ways including:

- The use of Growth Mindset principles and language in the classroom
- Classroom and corridor displays
- Assemblies and guest speakers
- Extra-curricular clubs and activities
- Support from peer counsellors
- Student Voice opportunities
- Having an 'open and honest' culture that does not stigmatise mental ill-health
- Signposting sources of support within school and in the local community

Features of current provision:

1. **Pastoral Team (including DSL and Deputy DSL)**
2. **Full time School Counsellor.**
3. **4 x volunteer Mental Health First Aiders (trained staff - Vicky Little, Severine Raine, Rachael Lucas, Rosie Cahill).**
4. **Compass Bloom Mental Health Support Team.**
5. **Wellbeing tracker on Class Charts – this facilitates online reporting of student wellbeing by both students and parents.**
6. **The Haven.**

4.2 Staff

All staff will receive regular training about recognising and responding to mental health issues as part of their regular child protection training to enable them to keep students safe. In addition, staff will be trained to develop a growth mindset and promote students' resilience.

We will provide useful documentation and links on our website for staff who wish to learn more about mental health. The [MindEd learning portal](#)¹ provides free online training suitable for staff wishing to know more about a specific issue.

Training opportunities for staff who require more in-depth knowledge will be considered as part of our Appraisal process and additional CPD will be supported throughout the year where it becomes appropriate.

Termly CPD will focus on topics that are pertinent to our context, including identifying the signs and symptoms of mental ill-health, promoting a sense of belonging and strategies to promote wellbeing.

Suggestions for individual, group or whole school CPD should be discussed with the Headteacher, who can also highlight sources of relevant training and support for individuals as needed.

4.3 Students

We will display relevant sources of support in communal areas such as locker areas, form room displays and toilets and we will regularly highlight sources of support to students within relevant parts of the Community Studies 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

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 Life Skills curriculum as well as our weekly assembly programme. In addition, form tutors follow a structured programme of activities during form time, some of which will address topics related to emotional wellbeing.

We will follow the [PSHE Association Guidance](#)² to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms.

When a student is suffering from mental health issues, it can be a difficult time for their friends. Friends often want to support but do not know how. In the case of self-harm or eating disorders, it is possible that friends may learn unhealthy coping mechanisms from each other. In order to keep peers safe, we will consider on a case by case basis which friends may need additional support. Support will be

¹ www.minded.org.uk

² [Teacher Guidance: Preparing to teach about mental health and emotional wellbeing](#)

provided either in one to one or group settings and will be guided by conversations with the student who is suffering and their parents with whom we will discuss:

- What it is helpful for friends to know and what they should not be told
- How friends can best support
- Things friends should avoid doing or saying which may inadvertently cause upset
- Warning signs that their friend may need help (e.g. signs of relapse)

Additionally, we will want to highlight with peers:

- Where and how to access support for themselves
- Safe sources of further information about their friend's condition
- Healthy ways of coping with the difficult emotions they may be feeling

4.5 Parents and Carers

We will provide support and information to parents about supporting their children's emotional and mental health. In order to support parents we will:

- Highlight sources of information and support about common mental health issues on our school website
- Ensure that all parents are aware of who to talk to, and how to go about this, if they have concerns about their own child or a friend of their child
- Make our mental health policy easily accessible to parents on the school website
- Share ideas about how parents can support positive mental health in their children through our 'How to support your daughter at PGHS' Guide in the Parents section of the school website

5.0 Intervention – Responsibilities and Procedures

Ask, assess, act

Listen non-judgementally

Give reassurance and information

Enable the young person to get appropriate professional help

Encourage self-help strategies

Identifying signs of deteriorating mental health at the earliest possible stage is achieved through a combination of using the Class Charts Wellbeing Tracker (half termly snapshots to identify those students who report as unhappy or very unhappy as well as parent reporting) and continued staff vigilance.

5.1 The following steps must be taken where concerns around a student's mental health or emotional wellbeing are raised:

- a) Warning signs should **always** be taken seriously and staff observing any of these warning signs should communicate their concerns via CPOMS as a 'Pastoral Mental Health Concern' to John Ramsdale (Mental Health Lead), the SLT Link for the student's year group and the relevant Head of Year.
- b) **If serious concerns around self-harm or suicidal thoughts are raised**, the relevant member of SLT and RAC will notify parents/carers and recommend that professional help is sought via an urgent GP appointment, or in extreme cases, taking their daughter to Accident and Emergency. Where appropriate, SLT / HOYs should arrange other forms of longer-term help should be arranged e.g. School Nurse or counselling in school. **All of this support should be documented and then reviewed on at least a termly basis via a Pastoral Support Plan, to be logged and stored on CPOMS.**
- c) In addition, **if it is suspected that the mental health concern is a result of parents not meeting their daughter's needs i.e. physical, sexual or emotional abuse, neglect, online safety concerns or Prevent**, this is a Child Protection (Level 3 / 4) safeguarding concern and **normal Child Protection procedures should be followed with an immediate referral via CPOMS to the Designated Safeguarding Lead.**

5.2 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 (or attempting to avoid) PE or getting changed secretly
- Repeated physical pain or nausea with no evident cause
- An increase in lateness or absenteeism

5.3 Where a referral to CAMHS is appropriate, this will be led and managed by the relevant pastoral team lead and overseen by John Ramsdale as Mental Health Lead.

5.4 Parents must always be informed of Level 3 / 4 safeguarding concerns, self-harm or suicidal thoughts and usually this will be done by the relevant member of SLT or HOY, or in some cases by the Mental Health Lead / DSL or Deputy DSL's.

5.5 A Pastoral Support Plan (PSP) should be drawn up for pupils causing concern or who receive a diagnosis pertaining to their mental health. Creating the plan should involve the pupil, the parents and relevant health professionals. This can include:

- Details of a pupil's condition
- 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

N.B. If a student receives a psychiatric diagnosis, they will have educational needs and should therefore receive appropriate SEND support, in consultation with the SENCo. This will result in the creation of a SEND Portal, via EduKey.

5.6 When informing parents, we need to be sensitive in our approach. Before disclosing to parents we should consider the following questions (on a case by case basis):

- Can the meeting happen face to face? This is preferable.
- Where should the meeting happen? At school, at their home or somewhere neutral?
- Who should be present? Consider parents, the student, other members of staff.
- What are the aims of the meeting?

It can be shocking and upsetting for parents to learn of their child's issues and many may respond with anger, fear or upset during the first conversation. We should be accepting of this (within reason) and give the parent time to reflect.

We should always highlight further sources of information and give them leaflets to take away where possible, as they will often find it hard to take much in whilst coming to terms with the news that you're sharing. Sharing sources of further support aimed specifically at parents can also be helpful too, via the resources and signposting on the PGHS website.

In consultation with either the DSL, Deputy DSL's or the Mental Health Lead, we should always consider a referral to an external agency e.g., Stride or Child and Family Wellbeing Service (Early Help), where appropriate.

We should always provide clear means of contacting us with further questions and consider booking in a follow-up meeting or phone call right away as parents often have many questions as they process the information. Finish each meeting with agreed next steps and always keep a brief record of the meeting on the child's confidential record.

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

5.7 Managing Disclosures and Confidentiality

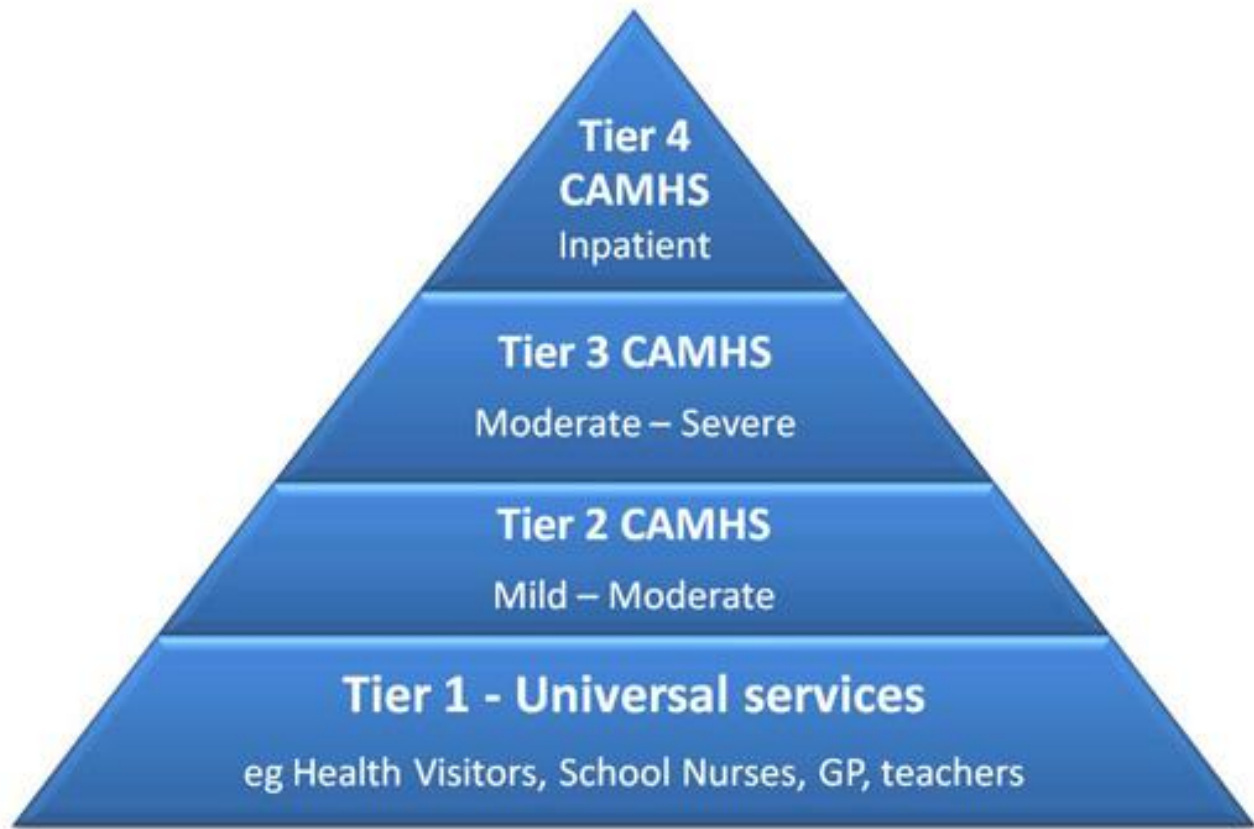
We should never share information about a student without first telling them. Ideally, we would receive their consent, though there are certain situations when information must always be shared with another member of staff e.g. the DSL, Deputy DSL's or the Mental Health Lead and / or a parent, including students up to the age of 16 who are in serious danger of harm.

It is always advisable to share disclosures with a colleague. If the disclosure relates to a sexual, neglect, emotional, or physical abuse issue, it must be referred via CPOMS to the DSL and / or Deputy DSL. If the disclosure raises no Child Protection issues then it must be referred via CPOMS to the Mental Health Lead. 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.

Appendix 1– The PGHS tiered approach to Emotional Wellbeing Provision



Pastoral Support Plans must be created at the appropriate ‘tier’ for all students and reviewed on at least a termly basis.

Students who require support at Tier 1 only may access in-school support from:

- Very mild - 5 x volunteer Mental Health First Aiders (trained staff – SIB, NBY, LDA, AWA, RCH)
- Mild to Moderate - Key Counselling Service, School Nurse, DSL, Deputy DSL’s, Mental Health Lead or SLT

Unless directed otherwise, in-school support for students who are accessing external agency support (Tier 2 - CAMHS or other) will stop, to avoid conflicting advice and guidance. Tier 1 support may resume when external support ends.

