



WELLBEING POLICY FOR PUPILS

This Policy applies to all year groups at Thomas's Schools, including the EYFS.

Thomas's London Day Schools operates as a united group of schools with a similar ethos and values and as such is referred to as a singular body. However in some areas, it is appropriate for each school to adopt discrete procedures, acknowledging the individual identity of each school and its specific personnel and systems. These supplementary procedures can be found by clicking the name of the relevant school below the contents list of this Policy.

This Policy should be read in conjunction with Thomas's Behaviour Policy, Coronavirus Policy, Record Management Policy, Safeguarding and Child Protection Policy, SEND Policy.

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SCHOOL SUPPLEMENTS

[Thomas's Battersea Wellbeing Policy Key Personnel](#)

[Thomas's Clapham Wellbeing Policy Key Personnel](#)

[Thomas's Fulham Wellbeing Policy Key Personnel](#)

[Thomas's Kensington Wellbeing Policy Key Personnel](#)

1. INTRODUCTION

“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 own community.” (World Health Organisation)

Modern life has many opportunities and positive influences. However these also come with a number of pressures and Thomas's recognises the need to balance these two areas and to provide a safe and stable environment in which pupils can learn and thrive. During their time at the school we hope that pupils are able to grow in confidence and develop resilience enabling them to face challenges with purpose and achieve to the best of their potential. We want all children to:

- develop psychologically, emotionally, intellectually and spiritually;
- initiate, develop and sustain mutually satisfying personal relationships;
- use and enjoy solitude;
- become aware of others and empathise with them;
- play and learn;
- develop a sense of right and wrong;
- face and resolve problems and setbacks and learn from them.

This policy is intended as guidance to all staff including non-teaching staff and principals.

2. AIMS

The specific aims of this policy are:

- to promote positive mental health and wellbeing in all members of the school community;
- to increase understanding of common wellbeing and mental health issues;
- to alert members of staff to early warning signs of wellbeing or mental health issues
- to provide support to pupils suffering wellbeing or mental health issues and also their peers, parents and carers;
- to provide guidance in supporting pupils encountering difficult situations such as bereavement, family breakdowns etc;
- to provide support to members of staff working with children with wellbeing or mental health issues;
- to challenge stereotypes often associated with mental health;
- to recognise mental health as having equal standing as physical health issues.

In co-operation with our School Values we aim for pupils to become successful learners and confident individuals with self-respect and respect for others, secure values and beliefs and a sense of physical, mental and emotional wellbeing. They should also become responsible citizens and effective contributors who are able to make informed choices, relate to others and pursue a healthy and active lifestyle. These aims will be addressed both through universal whole school approaches and specialised, targeted approaches aimed at vulnerable pupils.

In addition to promoting positive mental health and pupil wellbeing the aim is also to recognise and respond to signs of mental ill health, and provide a supportive environment for pupils affected both directly and indirectly by mental health or wellbeing issues.

3. ROLES AND RESPONSIBILITIES

Whilst all adults within the school community have a responsibility to promote the wellbeing of all pupils the Deputy Head (Pastoral) is responsible for ensuring that all members of staff, including support staff, are aware of the policy and the procedures to

follow should they have any concerns. **Details of key personnel for each school can be found in the School Supplements.**

Members of staff should be responsible for self-awareness when working with children and not label children, in such a way that may affect their wellbeing.

4. PROCEDURES

4.1 Teaching about mental health and wellbeing

The skills, knowledge and understanding needed by pupils to keep themselves and others physically and mentally healthy and safe form part of the schools PSCE curriculum. All teachers ensure that mental health and wellbeing issues are taught in a safe and sensitive manner that helps rather than harms and challenges mental stereotypes. There will always be an emphasis on enabling pupils to develop the confidence to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others.

4.2 Promoting mental health and wellbeing

Qualities such as confidence, resilience and motivation support academic attainment are valued by future employers and help children to make a valuable contribution to society. Activities to support children develop these qualities form part of our broader curriculum. These may range from those with a direct focus on mental wellbeing, such as mindfulness techniques, to others which build character and provide emotional fulfilment. Examples of these are music and cultural interests, our Outdoors Learning programme and other activities that encourage teamwork and healthy living, for example sport and physical pursuits.

Other attributes of wellbeing, both mental and physical are promoted in day to day life, such as discussing healthy eating habits and observing that children are eating a balanced diet.

4.3 Raising awareness of mental health and wellbeing

Pupil wellbeing has a very high priority within the school and great value is placed on identifying pupils who may be facing particular challenges. Each school discusses welfare issues weekly and a confidential report is shared with teachers to enable them to be aware of any concerns, be they academic, behaviour or general welfare, and provide effective support at an early stage.

4.4 Spotting warning signs of mental health or wellbeing issues

Members of staff (teaching or non-teaching) may become aware of warning signs that indicate a pupil is experiencing mental health or wellbeing issues. In particular SEND pupils can be especially vulnerable. These warning signs should always be taken seriously and any member of staff observing any of these signs should communicate their concerns with the Deputy Head (Pastoral). Early intervention is extremely valuable so all members of staff should remain vigilant. It should never be assumed that someone else is dealing with an issue; it is better for a concern to be reported twice than not at all.

At this time we are especially aware the children and adults may be feeling particularly anxious with regards to the coronavirus (Covid-19) pandemic and staff will encourage open discussion and try to offer reassurance to those directly or indirectly affected by the current circumstances

Possible warning signs include:

- physical signs of harm that are repeated or appear non-accidental;
- changes in eating/sleeping habits;
- increased isolation from friends or family, becoming socially withdrawn;
- changes in activity and mood;
- talking or joking about self-harm or suicide;
- abusing drugs or alcohol;
- expressing feelings of failure, useless or loss of hope;
- changes in clothing – eg long sleeves in warm weather;
- secretive behaviour;
- trying to avoid PE or getting changed secretly;
- an increase in lateness to or absenteeism from school;
- repeated physical pain or nausea with no evident cause.

4.5 Responding to a mental health or wellbeing concern

Any member of staff who has been informed or has concerns about the mental health or wellbeing of a pupil should speak the Deputy Head (Pastoral) in the first instance. If there is a fear that a pupil is in danger of immediate harm then the normal Safeguarding and Child Protection procedures should be followed with immediate referral to the Designated Safeguarding Lead. If a pupil presents with 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.

A pupil may wish to disclose concerns about themselves or a friend to any member of the school community so all members of staff need to know how to respond appropriately to a disclosure. The response should always be calm, supportive and non-judgemental.

Staff should listen, rather than advise, and the first thought should be of the pupil's emotional and physical safety rather than of exploring "why?" All disclosures should be recorded in writing and given to the Deputy Head (Pastoral) for further action and for storage on the pupil's confidential file. This written record should include:

- the date;
- the name of the member of staff to whom the disclosure was made;
- the main points of the conversation;
- first points of advice and next steps suggested.

Pupils should not be guaranteed confidentiality. It should be explained to them that it may be necessary to consult with a senior teacher in order to help them further and to ensure continuity of care in the absence of the teacher to whom the disclosure was made.

Parents/carers should usually be informed of any mental health or wellbeing disclosures. However if the disclosure gives the member of staff reason to believe there may be underlying child protection issues, the Designated Safeguarding Lead should be informed immediately, before the parents are contacted.

Having made a disclosure, pupils may wish to tell their parents themselves of an issue, in which case they should be given 24 hours from the disclosure to do so, before the school makes contact. Pupils should always be given the option of the school informing the parents for them or with them.

4.6 Working with parents

Usually the Deputy Head (Pastoral) will be the person to make contact with parents or carers following a concern or a disclosure, unless it is felt more appropriate for another member of staff to do so. Consideration should be given as to:

- telephone or face to face meeting (preferable);
- venue – consider school, their home or somewhere neutral;
- who should be present – consider both parents, pupil, other members of staff;
- 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 a first conversation. This should be accepted (within reason) and time given for reflection. To enable parents to come to terms with and process the information that is being shared, they should be given further sources of information such as leaflets or links to supportive organisations that they can explore in their own time after the meeting.

The support required for each pupil will be peculiar to their specific need. It may be school based support or external support from a specialist practitioner. The exact requirements will be different in each case and should be agreed in collaboration with the parents during the meeting.

Any meeting should be finished with an agreed next step and clear means of contacting the school with further questions. Booking in a follow up meeting or telephone call right away is beneficial to show ongoing support.

4.7 Specific wellbeing issues

There may be times that specific traumatic events such as bereavement or family breakdown may result in pupils requiring additional support for their wellbeing. In these situations we would suggest referring to charities such as Winston's Wish or Child Bereavement UK. The publication: "Wise Before the Event" (Yule and Gold, 1993) is also a useful point of reference.

4.8 Counselling

"Good mental health and emotional wellbeing is an integral part of children and young people's holistic development. When this development is inhibited, counselling can be an effective and important resource. The aims of counselling are to assist the child or young person to achieve a greater understanding of themselves and their relationship to this world, to create a greater awareness of themselves and utilisation of their personal resources, to build their resilience, and to support their ability to address problems and pursue meaningful goals." (DfE Counselling in schools; 2016)

In addition to the regular pastoral care offered by the staff, each of the Schools also has a trained counsellor available to support children and parents as the need may arise. This provides opportunities for children to talk through their difficulties in a welcoming and supportive environment, and to find their own ways of addressing their issues. It is also of benefit to members of staff who can seek guidance in trying to understand and manage children and young people's behaviours and emotions in school.

Pupils or parents may request to see the counsellor, or sessions may be recommended by the school to support a particular or general concern. However as pupils will only benefit

from counselling if they engage in the process, it is essential that a pupil is never told that they must go to counselling – it needs to be their decision to start the counselling process.

Where counselling is recommended, the process is initiated by the Deputy Head Pastoral completing the Counselling Referral Form, in collaboration with the person who raised the concern and also ideally in conversation with the pupil's parents.

The school requires signed permission from both parents for a child to begin counselling sessions. However if a pupil over the age of 12 wishes to speak with a counsellor without parental consent, an assessment using the Fraser Guidelines will be used to decide if the pupil is Gillick competent and therefore able to access counselling without their parents' knowledge. The School would much prefer to work together with parents in the support of pupils so this would only be considered in extreme circumstances.

The general guideline for counselling is for up to 3 hours of support (3 x 1 hour or 6 x ½ hour sessions). Following these sessions there would then be a review of the situation and further discussion on the best next steps. The Counsellor may suggest other professionals or refer an issue on to someone else if it is felt more appropriate to specific needs. Where relevant, integration with local specialist child and adolescent mental health services (CAMHS) can be key.

Records of any counselling sessions or wellbeing concerns/meetings will be stored securely on the pupil's confidential file and disposed of in accordance with the School's Record Management Policy.

5. TRAINING AND RESOURCES

As a minimum, all staff will receive regular training about recognising and responding to mental health issues as part of their regular child protection training. Twilight training sessions may also be held to promote learning or understanding about specific needs related to mental health. These may be in-house sessions or from an external provider.

Training opportunities for staff who require more in depth knowledge may be considered as part of the performance management process and additional CPD will be supported throughout the year should it become appropriate due to developing situations with one or more pupils

Parents often welcome support and information from the school about supporting their children's emotional and mental wellbeing. The school responds to this by:

- ensuring the Wellbeing Policy is available to all parents;
- offering parent workshops and presentations on mental health and wellbeing issues;
- providing opportunities to meet with the School Counsellor to discuss any concerns they may have;
- keeping parents informed about the wellbeing topics their child is covering in PSHE lessons.

6. LEGISLATION AND GUIDANCE

This Policy bears due regard to the following statutory guidance and other advice.

NHS Summary of Key Findings of Mental Health of Children and Young People in England 2017 (November 2018)

The Charlie Waller Memorial Trust Mental Health and Wellbeing Policy Guidance for Schools and Colleges (March 2016)

DfE Departmental Advice 'Counselling in schools; a blueprint for the future' (February 2016)

Department of Health NHS Report 'Future in Mind' (2015)

DfE Statutory Advice 'Supporting pupils at school with medical conditions' (September 2014)

DfE Departmental Advice 'Mental health and behaviour in schools' (June 2014)

Book: "Wise before the Event – Coping with Crises in Schools" (Yule & Gold 1993)

7. POLICY REVIEW RECORD

This policy will be reviewed every two years unless there is a change in legislation		
Created: January 2016	By:	Joanna Copland, Vice Principal Clare Cotton, School Counsellor, Clapham and Fulham
Latest Review: April 2021	By:	Joanna Copland, Vice Principal Suzannah Cryer, Deputy Head Pastoral, Battersea Sophie Fisher, Acting Head Community & Welfare, Clapham Paul Wild, Deputy Head Pastoral, Fulham Adrian Costello, Deputy Head Pastoral, Kensington
Approved: April 2021	By:	Tobyn Thomas, Ben Thomas, Principals Simon O'Malley, Head, Thomas's Battersea Prep School Ben Thomas, Head, Thomas's Battersea Senior School Nathan Boller, Head, Thomas's Clapham Annette Dobson, Head, Thomas's Fulham Jo Ebner, Head, Thomas's Kensington
Next Review: April 2022	By:	Joanna Copland, Vice Principal Cross-School Leads

9. APPENDICES

Appendix 1: Wellbeing Concern Flow Chart

Appendix 2: Pupil Wellbeing Concern Form

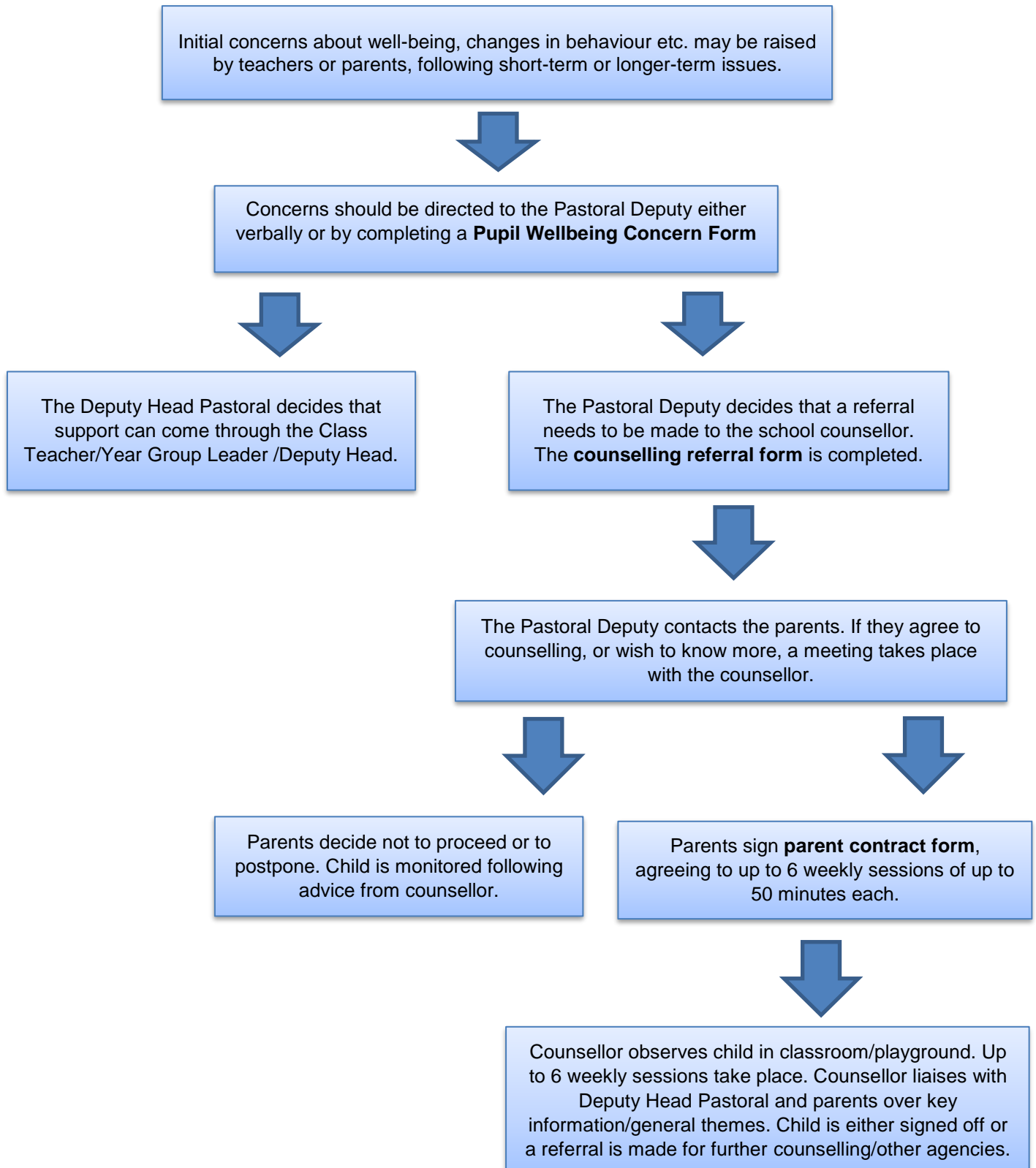
Appendix 3: Counselling Referral Form

Appendix 4: Further information and sources of support about common mental health issues

WELLBEING POLICY APPENDIX 1



WELLBEING CONCERNS FLOW CHART



WELLBEING POLICY APPENDIX 2



PUPIL WELLBEING CONCERN FORM

Please complete this form if you have any concerns about a pupil

Pupil name (do not use initials)			
Date of birth		Day/Date/Time of concern	
Member(s) of staff noting concern			

Concern (Please describe as fully as possible)	
Signature:	Date:

Actions Taken			
Date	Person taking action	Action	Signature

Action to be taken by referrer			
Date feedback given		Person giving feedback	

Please pass this form to the Designated Safeguarding Lead when completed

Guidance on completing Pupil Wellbeing Concern Forms

It is important that concern forms are fully completed in a timely way. The details are important. To help the safeguarding team respond appropriately, please follow the guidance below.

- Enter all the admin details, including date of birth (we are asked for this if/when we report a concern to Children's Services or the police).
- Include full names (not just initials)
- Make sure the concern is given in detail, preferably in the child's own words
- Don't report what other people have told you – they must write their own concern form
- Only write about one child on each concern form (use a separate form for each child)
- Remember that concern forms are used in court cases and inquests as primary documents, so they must be complete and accurate
- Make sure you use a Concern Form to record your concern. Do not use any other form or piece of paper. Writing on the back of other forms can cause confusion and error.
- If you jotted your notes down on a piece of paper whilst talking to the pupil or immediately afterwards, attach that to the completed concern form
- Avoid using email to send your concern; emails are insecure, get missed, go to the wrong person and cannot be signed. Use a method that mitigates these risks.
- Completed concern forms should be given to the Designated Safeguarding Lead as soon as possible
- Please remember to sign, date and time the concern form

WELLBEING POLICY APPENDIX 3



COUNSELLING REFERRAL FORM

Personal details			
Pupil's name:			
Pupil's date of birth:		Age:	
Year /Class:			
Class Teacher:			
Date started at Thomas's			
Ethnicity			
Child's first language			
Parent/Carer names:			
Address:			
Parent/Carer contact number(s):			
Parent/Carer email address(es):			
Parent/Carer's first language(s)			
Has parental permission from both parents been given for counselling	Yes / No		

Reason for Referral: Please tick all that apply			
Anger management		Aggressive	
Bullying (bully)		Always tired	
Bullying (victim)		Daydreams/fantasies	
Dramatic change in behaviour		Defiant	
Eating concerns		Lying	
Family concerns		Disruptive	
Fighting		Hyperactive	
Grief and Loss		Impulsive	
Motivation		Inattentive	
Peer relationships		Nervous/anxious	
Personal hygiene		Sad	
Self-harm		Scared	
Self-image/self confidence		Stealing	
Sexual acting out		Tearful (cries easily/often for age)	
Social skills		Withdrawn	
		Worried	
Academics		Other (please list below)	
Study skills			
Homework completion			
Organisation skills			
Observations: Include current concerns or changes in behaviour/recent incidents/transitions/disruptions in or out of school, self-esteem			
Background information of child and family history (if known): Including any medical history, SEND needs/support. If the child has had previous therapeutic support or diagnosis and important dates in family history that may affect child's emotional wellbeing including any known 'trauma'			
Other professionals/organisations currently working with the child and the family.			
Desired outcome of therapy: To be completed by Class teacher or Deputy Head (Pastoral)			

Referral Signature:

Date:

WELLBEING POLICY APPENDIX 4



FURTHER INFORMATION AND SOURCES OF SUPPORT ABOUT COMMON MENTAL HEALTH ISSUES (from the Charlie Waller Memorial Trust and NHS Summary of Mental Health in Young People 2017)

Prevalence of Mental Health and Emotional Wellbeing Issues

- In 2017 about one in ten children aged 5 – 10 and about one in seven 11 – 16 year olds were identified with a mental disorder
- The most common types of disorders are emotional, behavioural or hyperactivity
- Between 1 in every 12 and 1 in 15 children and young people deliberately self-harm.
- There has been a big increase in the number of young people being admitted to hospital because of self-harm. Over the last ten years this figure has increased by 68%.
- More than half of all adults with mental health problems were diagnosed in childhood. Less than half were treated appropriately at the time.
- Nearly 80,000 children and young people suffer from severe depression.
- The number of young people aged 15-16 with depression nearly doubled between the 1980s and the 2000s.
- Over 8,000 children aged under 10 years old suffer from severe depression.
- 3.3% or about 290,000 children and young people have an anxiety disorder.
- 72% of children in care have behavioural or emotional problems - these are some of the most vulnerable people in our society.

Below is information and guidance about the issues most commonly seen in school-aged children. Support on all of these issues can be accessed via Young Minds (www.youngminds.org.uk) Mind (www.mind.org.uk) and (for e-learning opportunities) Minded (www.minded.org.uk).

SELF-HARM

Self-harm describes any behaviour where a young person causes harm to themselves in order to cope with thoughts, feelings or experiences they are not able to manage in any other way. It most frequently takes the form of cutting, burning or non-lethal overdoses in adolescents, while younger children and young people with special needs are more likely to pick or scratch at wounds, pull out their hair or bang or bruise themselves.

Online support

SelfHarm.co.uk: www.selfharm.co.uk

National Self-Harm Network: www.nshn.co.uk

Books

- Pooky Knightsmith (2015) Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies. London: Jessica Kingsley Publishers
- Keith Hawton and Karen Rodham (2006) By Their Own Young Hand: Deliberate Self-harm and Suicidal Ideas in Adolescents. London: Jessica Kingsley Publishers

- Carol Fitzpatrick (2012) A Short Introduction to Understanding and Supporting Children and Young People Who Self-Harm. London: Jessica Kingsley Publishers

DEPRESSION

Ups and downs are a normal part of life for all of us, but for someone who is suffering from depression these ups and downs may be more extreme. Feelings of failure, hopelessness, numbness or sadness may invade their day-to-day life over an extended period of weeks or months, and have a significant impact on their behaviour and ability and motivation to engage in day-to-day activities.

Online support

Depression Alliance: www.depressionalliance.org/information/what-depression

Books

- Christopher Dowrick and Susan Martin (2015) Can I Tell you about Depression?: A guide for friends, family and professionals. London: Jessica Kingsley Publishers

ANXIETY, PANIC ATTACKS AND PHOBIAS

Anxiety can take many forms in children and young people, and it is something that each of us experiences at low levels as part of normal life. When thoughts of anxiety, fear or panic are repeatedly present over several weeks or months and/or they are beginning to impact on a young person's ability to access or enjoy day-to-day life, intervention is needed.

Online support

Anxiety UK: www.anxietyuk.org.uk

Books

- Lucy Willetts and Polly Waite (2014) Can I tell you about Anxiety? A guide for friends, family and professionals. London: Jessica Kingsley Publishers
- Carol Fitzpatrick (2015) A Short Introduction to Helping Young People Manage Anxiety. London: Jessica Kingsley Publishers

OBSESSIONS AND COMPULSIONS

Obsessions describe intrusive thoughts or feelings that enter our minds which are disturbing or upsetting; compulsions are the behaviours we carry out in order to manage those thoughts or feelings. For example, a young person may be constantly worried that their house will burn down if they don't turn off all switches before leaving the house. They may respond to these thoughts by repeatedly checking switches, perhaps returning home several times to do so. Obsessive compulsive disorder (OCD) can take many forms – it is not just about cleaning and checking.

Online support

OCD UK: www.ocduk.org/ocd

Books

- Amita Jassi and Sarah Hull (2013) Can I Tell you about OCD?: A guide for friends, family and professionals. London: Jessica Kingsley Publishers
- Susan Connors (2011) The Tourette Syndrome & OCD Checklist: A practical reference for parents and teachers. San Francisco: Jossey-Bass

SUICIDAL FEELINGS

Young people may experience complicated thoughts and feelings about wanting to end their own lives. Some young people never act on these feelings though they may openly discuss and explore them, while other young people die suddenly from suicide apparently out of the blue.

Online support

Prevention of young suicide UK – POPYRUS: www.papyrus-uk.org

On the edge: ChildLine spotlight report on suicide:

www.nspcc.org.uk/preventingabuse/research-and-resources/on-the-edge-childline-spotlight/

Books

- Keith Hawton and Karen Rodham (2006) *By Their Own Young Hand: Deliberate Self-harm and Suicidal Ideas in Adolescents*. London: Jessica Kingsley Publishers
- Terri A. Erbacher, Jonathan B. Singer and Scott Poland (2015) *Suicide in Schools: A Practitioner's Guide to Multi-level Prevention, Assessment, Intervention, and Postvention*. New York: Routledge

EATING PROBLEMS

Food, weight and shape may be used as a way of coping with, or communicating about, difficult thoughts, feelings and behaviours that a young person experiences day to day. Some young people develop eating disorders such as anorexia (where food intake is restricted), binge eating disorder and bulimia nervosa (a cycle of bingeing and purging). Other young people, particularly those of primary or preschool age, may develop problematic behaviours around food including refusing to eat in certain situations or with certain people. This can be a way of communicating messages the child does not have the words to convey.

Online support

Beat – the eating disorders charity: www.b-eat.co.uk/about-eating-disorders

Eating Difficulties in Younger Children and when to worry:

www.inourhands.com/eatingdifficulties-in-younger-children

Books

- Bryan Lask and Lucy Watson (2014) *Can I tell you about Eating Disorders?: A Guide for Friends, Family and Professionals*. London: Jessica Kingsley Publishers
- Pooky Knightsmith (2015) *Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies*. London: Jessica Kingsley Publishers
- Pooky Knightsmith (2012) *Eating Disorders Pocketbook*. Teachers' Pocketbooks