EPSOM
COLLEGE

Pupil Wellbeing Policy

Introduction

Wellbeing is a broad concept and covers a range of psychological and physical abilities. It includes mental and physical health, physical and emotional safety, and a feeling of belonging, sense of purpose, achievement and success. A pupil's wellbeing will directly influence their cognitive learning and development, not only whilst at school, but also into adulthood. There is also significant emphasis placed on Wellbeing in the Independent Schools' Inspectorate Framework (F23):

- Pupils' physical and mental health and emotional wellbeing;

- Pupils' social and economic wellbeing, and contribution to society; and

- Safeguarding.

This policy should also be read in conjunction with the following policies:

- Child Protection and Safeguarding

- Anti-Bullying

- Promoting Positive Behaviour

This policy aims to set the parameters for the College's actions given that the responsibility for a child's health, whether emotional, mental or physical, is a shared one with parents/guardians and designated children's services.

The College's approach to Wellbeing is two-fold:

- ensuring that there is outstanding provision and structures in place for those who need additional support or are struggling with poor mental health;
- placing a significant emphasis on positive wellbeing across all areas of College life, by explicitly teaching and developing character and through promoting the College Values of Kindness, Ambition and Integrity in order to build resilience and provide pupils with the building blocks to flourish.

Epsom College promotes Positive Wellbeing through:

- Leadership, management and governance supporting all aspects of emotional health and wellbeing;
- Ensuring that the curriculum promotes emotional and physical health and wellbeing;
- Proactively teaching character and promoting the College Values;
- Staff are trained to develop skills to support pupils' mental health and wellbeing and can develop strategies to support their own mental health and wellbeing;
- Empowering pupils to take responsibility for their own emotional wellbeing;

- Encouraging a collective responsibility within the College community for individuals to be empathic towards another's need for help and support;

- Ensuring pupils maintain good manners, acceptable behaviour and show respect for others regardless of any physical, racial, cultural differences;

- Promoting opportunities for 'student voice' through surveys, House and school councils;

- Work closely with parents and all other stakeholders;

- Clear process for identifying and making referrals for pupils suffering from poor mental health and wellbeing (using CPOMS), and target support appropriately;

- De-stigmatisation of mental health issues through educating pupils, staff and parents. Awareness Days across the whole campus, promoting events in the local community / hosting guest speakers to address pupils and staff;

Within the Epsom College community the following are easily accessible and ideally placed to provide pastoral support help and advice to all pupils.

- Housemasters, Housemistresses and Matrons;

- Assistant Head: Pupil Wellbeing & DSL;

- Director of Pastoral Care;

- All members of teaching staff and tutors;

- Chaplains;

- Nurses/GPs;

- Counsellors;

- Academic Support Team;

- Prefects/Peer Mentors/Buddy systems.

The need for confidentiality must be balanced with that of providing a safe environment for the pupil and to facilitate appropriate treatment. On occasions there may be child protection issues arising from concern for a pupil's emotional welfare, in which case the College's Safeguarding and Child Protection Policy Guidelines would be implemented. Information is shared on a 'need to know' basis with the full consent and knowledge of the pupil concerned. Individuals need to operate both within their own professional and organisational boundaries, and always with the pupil's welfare at the centre.

Common Mental Health Risk Factors

- Physiological Changes/Genetic Transmission

- Physical Illness/ Learning disability

- Family /Social Issues

- Stressful life event

- Sexual Orientation-confusion

- Bullying

- Substance abuse

Sometimes there may be no apparent 'risk factors' or obvious reasons for why a pupil is struggling emotionally.

Early recognition of mental health issues

Sleep disturbance	Increased anxiety/erratic behaviour	Self-isolation	Changes to or poor school performance
Loss of interest in activities/people	Mood swings	Self-harming	Changes in appetite
Changes to energy levels	Hearing or seeing things others don't	Altered decision making	Poor appearance/hygiene

Support in School for Pupils receiving treatment

Whilst it is not the responsibility of the College to replace or act for mental health experts if a pupil has mental or emotional health problems which are being treated, the College will seek to play a valuable role in supporting the pupil.

Subject to any reasonable adjustment, and if well enough, the pupil should be included in the school community. There should be open communication where appropriate between outside agencies/home/College/ Medical Centre (with particular regard to the Medicines in School policy.)

Appendix 1

Depression:

Definition of clinical depression

Depression is a common mental health disorder that presents with depressed mood, loss of interest, feelings of guilt or low self-worth, disturbed sleep and/or changes of appetite, low energy and poor concentration.

It is sometimes difficult to ascertain whether an individual is just feeling sad or miserable; everyone's mood will change during the day and from day to day. It is important to recognise that depression is a widely, and often incorrectly used word and as a result its meaning has become somewhat confused. Young people today may talk about being "depressed" when they are actually disappointed, fed up or feeling sad. True depression is when there is *consistent* low mood and a loss of interest and self-worth.

It is often present out of proportion to any precipitating factors or even without any external cause. Whilst it is important to identify any causal or contributory factors, these should not be seen as a requirement for diagnosis.

Supporting pupils with depression

Anxiety and depression are serious problems for teenagers. Teachers are well placed to notice the changes caused by anxiety and depression. Common features of anxiety and depression include:

- Tension;
- Worry;
- Frustration;
- Irritability;
- Sadness;
- Withdrawal;
- Isolation;
- Worthlessness.

Young people do not often express their anxiety or depression in a straightforward way and can show they are affected through passive or negative behaviours – they may appear disinterested or their behaviour may become more attention-seeking in style. Such changes can be picked up effectively by teachers, tutors and Housemaster/mistresses. All members of staff working at the College should also be aware that they may be the first port of call for a young person who may wish to speak about their feelings for the first time.

Epsom College also has a safeguarding and child protection responsibility to deal as quickly and appropriately as possible with presenting mental health problems and any situation in which the wellbeing of an individual student is threatened.

Identifying teenage depression at school may be difficult but some of the **warning signs** include:

Behavioural factors

- Changes in school performance – a change in effort grades / not handing in the same quality work;
- Loss of concentration and low self-esteem;
- Slow performance;
- Difficulty sticking to deadlines;
- Withdrawal from friends and activities;

- Absent from school more and not wanting to return to school on a Sunday evening (if a Boarder);

- Lack of engagement;

- May become more challenging behaviourally;

- Skipping lessons and making excuses;

- Self-harm;

- Risky behaviour – e.g. excessive drinking at the weekend;

- Obsessive behaviour;

- Over or under activity in particular tasks;

- Neglect of appearance.

Physical factors:

- Changes in weight and appetite;

- May avoid physical activity;

- Appears tired and without energy;

- May present with a lot more physical illness, aches and pains, absences from school due to illness.

Psychological factors:

- Looks sad and withdrawn;

- Less able to concentrate;

- Memory changes;

- Reduced motor speed;

- Easily irritable and angry;

- More easily tearful.

Social factors:

- Friends may present with concerns;

- Withdrawal from social group;

- Forming new and transient friendships;

- Not joining in any social activities;

- Not contributing in group work or in class.

It should be noted that the symptoms highlighted above may be apparent in young people where anxiety rather than depression would be the key issue. It is therefore vitally important that if a member of staff has concerns they speak to a professional.

Appendix 2:

Eating Disorders

What is an eating disorder?

Anyone can get an eating disorder regardless of their age, sex or cultural background.

People with eating disorders are preoccupied with food and/or their weight and body shape, and are usually highly dissatisfied with their appearance. The majority of eating disorders involve low self-esteem, shame, secrecy and denial. Anorexia nervosa and bulimia nervosa are the major eating disorders. People with anorexia live at a low body weight, beyond the point of slimness and in an endless pursuit of thinness by restricting what they eat and sometimes compulsively over-exercising. In contrast, people with bulimia have intense cravings for food, secretively overeat and then purge to prevent weight gain (by vomiting or use of laxatives, for example).

A child has an eating disorder if he/she eats in such a way that he/she puts their physical/and or mental health at risk. Eating disorders in young people are not about issues with food, but are a mechanism for coping with emotional distress.

Eating disorders affect both men and women and our College recognises this.

Any pupil who is stressed, unhappy or lacking in confidence may be at risk of developing an eating disorder. Perfectionism, anxiety and obsessionality are risk factors. Triggers may include stress due to exams, problems at home or school. In some cases an eating disorder may be triggered in a vulnerable personality by a period of illness which is accompanied by a period of not eating.

It is important for the school to act on any suspicions as soon as possible. Often by the time others recognise that there is an issue, patterns of behaviours are well established.

Risk Factors

The following risk factors, particularly in combination, may make a young person particularly vulnerable to developing an eating disorder:

Individual Factors

- Difficulty expressing feelings and emotions;
- A tendency to comply with other's demands;
- Very high expectations of achievement.

Family Factors

- A home environment where food, eating, weight or appearance have a disproportionate significance;
- An over-protective or over-controlling home environment;
- Poor parental relationships and arguments;
- Neglect or physical, sexual or emotional abuse;
- Overly high family expectations of achievement.

Social Factors

- Being bullied, teased or ridiculed due to weight or appearance;

- Pressure to maintain a high level of fitness / low body weight for a particular reason e.g. sport;

- Social media, life in Lockdown or academic performance.

Warning Signs

Staff may become aware of warning signs which indicate a student is experiencing difficulties that may lead to an eating disorder. These warning signs should **always** be taken seriously and staff observing any of these warning signs should seek further advice from the Deputy Head Pastoral or Assistant Head: Wellbeing and DSL

Physical Signs

- Severe weight loss

- Dizziness, fainting

- Constantly cold

- Changes in skin or hair condition

- Swollen cheeks

- Callused knuckles

- Tension headaches

- Sore throats / mouth ulcers

- Lethargy and difficulty sleeping

- Tooth decay

- Downy hair on face/arms

- Erratic or cessation of menstrual periods

Behavioural Signs

- Emotional or irritable behaviour or depression

- Restricted eating

- Skipping meals

- Scheduling activities during lunch

- Strange behaviour around food

- Wearing baggy clothes or several layers of clothing

- Excessive chewing of gum/drinking of water

- Increased conscientiousness

- Social withdrawal

- Distorted body image

- Secretive and ritual behaviour

- Visits the toilet immediately after meals

- Concentration problems

- Avoidance of eating in public

- Binge eating large amounts of food.

- Vomiting or purging

- Excessive exercising

Psychological Signs

- Preoccupation with food

- Sensitivity about eating

- Denial of hunger despite lack of food Feeling distressed or guilty after eating

- Loss of self confidence

- Fear of gaining weight

- Moodiness

- Excessive perfectionism

- Negative self-image

- Anxiety Feeling out of control and lonely

- Self-hatred

The College aims to:

- To help each pupil maintain healthy eating habits while they are away from the home environment and making their own decisions about what they eat;

- To identify those who have a problem and help them as well as support their friends;

- To work in partnership with parents/guardians to ensure a pupil's whole well-being is being addressed;

- To teach each pupil about healthy eating in the PSD programme and biology lessons which will be supported and encouraged by the Medical Centre Staff;

- To give each pupil the confidence to confide in an adult if they themselves, or a friend, have a problem;

- To consider each pupil as an individual and take into account their age, culture and personal circumstances.

Procedure

- If a member of staff has been told of or suspects a problem, they must report it immediately to the child's Housemaster or Housemistress or Head of Lower School. They will liaise with the Medical Centre and Assistant Head: Pupil Wellbeing & DSL/Director of Pastoral Care. If the child goes directly to the Medical Centre with the problem and asks for it to be kept confidential, then the Code of Professional Conduct must be adhered to;

The Housemaster/mistress or Head of Lower School and Senior Nurse Manager will discuss together (keeping within nurses' confidentiality guidelines) any other issues that may be relevant and an action plan agreed which should ideally involve contact with parents/guardians;

- The schools doctor's advice will be sought if felt necessary;

- Parents/guardians will be offered channels of support with named organisations that can help;

- Regular updates will take place between all staff concerned to ensure everything possible is being done to help and support the pupil;

- An appropriate monitoring of the pupil's academic and extra curriculum programme will take place by the Housemaster/mistress or Head of Lower School. This may mean exclusion from certain activities if felt it would be of benefit to the pupil whilst establishing a Graduated return to all areas of College life in consultation with parents and/or relevant professionals;

- If directed by an outside agency the pupil will be weighed and assessed by the Medical Centre staff monitor progress and follow the programme created by the outside agency (i.e. CHAMS);

- If a disclosure has come from friends then the Housemaster/mistress or Head of Lower School will reassure them that they are being taken seriously and that action will be taken. It may help to refer them to the Eating Disorders Association website, which has a section for friends and sufferers.

Action

- Follow the procedures at all times;

- Support the pupil in any practical way that is not to the detriment of his/her peers;

- Support friends and peers of any pupil with an eating disorder by offering them the chance to talk to the Housemaster/mistress or Medical Centre staff;

- If the school doctor feels the general well-being of the pupil or that of his/her peers is compromised, he/she may be excluded from sport, trips off site or school;

- If it was a member of staff who first brought the problem to light, ensure they are given help, advice and support as necessary.

Resources

BEAT – www.b-eat.co.uk

National Eating Disorders Association – www.nationaleatingdisorders.org

Appendix 3

Self-Harm:

What is self-harm?

Self-harm is any deliberate, 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.

Risk factors associated with self-harm:

- Mental health disorders including depression and eating disorders.

- Drug/alcohol abuse, and other risk-taking behaviour.

- Recent trauma e.g. death of relative, parental divorce, life in Lockdown.

- Negative thought patterns, and low self-esteem.

- Bullying Abuse – sexual, physical and emotional.

- Sudden changes in behaviour and academic performance.

Roles and responsibilities of staff and governors:

The Head will:

- Appoint designated teachers to be responsible for self-harm matters, and liaise with them. These persons are Chris Filbey, Assistant Head: Wellbeing & DSL and Katie Lenham, Director of Pastoral Care who will also be informed on all cases;

- Ensure that the designated person(s) receive appropriate training about self-harm. Ensure the self-harm policy is followed by all members of staff.

The Governing body will:

- Decide whether self-harm education should be in the school curriculum, and how it should be addressed;

- Ensure that education about self-harm neither promotes nor stigmatises;

- Look at provisions for people who self-harm, such as long-sleeved uniforms and PE kits, and time out of lessons when under intense stress.

All staff and teachers are expected to:

- Listen to pupils in emotional distress calmly and in a non-judgemental way;

- Report self-harm to the designated staff member(s) for self-harm;

- Be clear of the timescale in which this is expected;

- Not make promises (e.g. assuring confidentiality) which can't be kept;

- Reassure pupils that in order to seek health and happiness people need to know about their problems so that they can help;

- Guide pupils towards seeking health and happiness;

- Promote problem-solving techniques and non-harmful ways to deal with emotional distress;

- Enable pupils to find places for help and support and provide accurate information about self-harm;

- Widen their own knowledge about self-harm and mental health disorders;

- Be aware of health and safety issues such as first-aid and clearing up if a self-injury incident takes place at the College;

- Be aware of their legal responsibilities – when they can help, and when they cannot.

The designated staff member(s) will:

- Keep records of self-injury incidents and concerns and liaise closely with the Medical Centre health professionals;

- Follow the procedures in place for a pupil who is expressing suicidal thoughts/feelings;

- Liaise with multi-agencies about help available for people who self-harm where appropriate;

- Keep up-to-date with information about self-harm;

- Liaise with Head and Designated Safeguarding Lead;

- Contact parent and arrange a suitable meeting, involve the pupil in this process;

- Inform the parent(s) about appropriate help and support for their child which is available;

- Monitor the pupil's progress following an incident;

- Know when people other than parents (e.g. social workers, educational psychologists) need to be informed;

- Know when to seek help to deal with their own feelings and distress.

Pupils will be encouraged to:

- Be aware of another pupil self-harming. The earlier this behaviour is identified and a responsible adult is made aware, the better. Even reporting any minor self-harming behaviour anonymously may be helpful;

- Not display open wounds/injuries. These must be dressed appropriately;

- Understand that they may be unable to board while actively self-harming

- Talk to the appropriate staff member if they are in emotional distress.

Parents will be encouraged to:

- Endorse the school's approach to self-harm education and pastoral care;

- Work in partnership with the College;

- Work with the College Medical Centre and external agencies involved in order to support the child.

Other external resources:

• Visyon www.visyon.org.uk tel:0800 652 6293 (can self-refer)
• www.Kooth.com (on line counselling)
• www.samaritans.org (on line or telephone support)

Appendix 4:

BEREAVEMENT IN SCHOOL – A PASTORAL CHECKLIST

Bereavement refers to 'the period of mourning and grief following the death of a beloved person'. Bereavement is a highly individual as well as a complex experience. It is important to regard differences in both religious and cultural practises.

- As soon as a death is known to the school, the following, in the first instance, should be made aware:

  HMM, Second Master, Assistant Head: Pupil Wellbeing & DSL, Director of Pastoral Care, tutor, the Senior Chaplain (other staff can be made aware as and when appropriate)

- Contact, ideally by the HMM, should be made with parents and the pupil. Where appropriate a home visit could be made. Ascertain if they would, quietly and appropriately, have their peers told. (Some parents and pupils are initially hesitant but try to reassure that it could be of help.) School can often be the one place to escape from what is going on at home. Some pupils quite often like to draw this distinction. Home is home, and school is school. However the teachers of the bereaved pupil should be informed confidentially and told to act accordingly

- It is helpful to encourage an identified senior member of staff to talk to the immediate members of the house about what has actually occurred. It is important to alleviate any gossip/misunderstandings and to offer pastoral support for those who may be affected.

- Do try to send a condolence card and encourage classmates to do the same. Saying '**I didn't know what to do or say'** and doing nothing, can do more harm than good. It is staggering what a positive effect a simple supportive message can bring.

- When the bereaved pupil returns to school it would be appropriate to arrange a conversation with a qualified senior colleague with specific role parameters (Senior Chaplain or School Counsellor).

- Bereavement can be mentally and physically exhausting. Be tolerant of prep and other school commitments. Evenings may well be spent grieving and talking, and they may not be able to focus on work. Agree a specific and focussed framework with the pupil, but be firm and caring as you try to ensure that they don't get too far behind, and thereby add a feeling of failure to their grieving.

- Keep on talking to the pupil letting them know that you still remember (and therefore care), even in small ways some months after the event.

- Try to carefully note key anniversaries.

- Be aware of any areas in school life that may bring back memories, for example Mothering Sunday, Father's Day, Birthdays, life after death etc. in religious education classes, and other areas that touch on long term illness, suicide and so on.

- When other deaths occur within the school, make sure you are mindful of the children who have previously lost parents, friends or indeed any loved one, as it will bring back painful memories to them.

- There is no given length to bereavement/loss, as every individual is different.