



WINCHESTER  
COLLEGE

## Education and Well-being

**Next review date: March 2020**

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This policy is to be read in conjunction with our Academic Curriculum.

We aim to:

- be a happy, open, trusting, mutually supportive and well-ordered community
- engender a lifelong love of learning
- be free of any kind of abuse, teasing, harassment, bullying or any other kind of anti-social behaviour
- exhibit honesty, frankness, punctuality and courtesy at all times
- co-operate with those in authority
- have the confidence to ask for help
- respect each other's privacy
- grow intellectually, spiritually and culturally in an atmosphere of positive encouragement in which pupils and adults engage with mutual respect
- celebrate and reward good conduct and achievement, and recognise it in Preces and other House meetings, in Chapel and in the award of Headmaster's Commendations and Awards for Outstanding Contribution
- encourage healthy and ethical living
- develop leadership potential and teammanship
- provide well for physical development and team sports
- encourage responsible attitudes to the environment
- confront problems and find solutions to them

### **Welfare and Care Plans**

Pupils in our care may have specific needs, and Welfare and Care Plans are drawn up if necessary. The Medical Centre will produce Care Plans for serious medical conditions and for the management of allergies.

Housemasters, with the support of specialist help from the Medical Centre and/or our Mental Health Care Pathway, produce Individual Welfare Plans (IWP) for pupils in their care, and share them with Medical Centre. They may also be shared with the DSL. The DSL may also draw up a Monitoring Welfare Plan for pupils of concern. Pupils of concern are indicated on SIMS with a Quick Note alert, so that colleagues can contact the Housemaster if there are any concerns. The Housemaster may on occasions write to all teachers of a particular pupil of concern with important information, and all colleagues respect confidentiality at all times.

All IWPs and Monitoring Welfare Plans are stored on CPOMS.

### **Care List and Care Codes**

All pupils on our Care List are given a Care Code. These are displayed on SIMS (our database providing teachers with the lesson registration facility), and provide all teachers with information about the pupils in front of them. All new pupils will be on the Care List under their own designation until such time as we are confident that they have settled in, and this will be used in combination with the other codes indicating such matters as behavioural concerns, medical matters, learning support and school sanctions for more serious disciplinary offences. The Care List is reviewed with housemasters at the end of each half of term.

### **Emotional Well-being**

We recognise that emotional difficulties may be expressed in many different ways including depression, self-harm and eating disorders.

Our aim is to ensure any pupil experiencing emotional difficulties is identified promptly, appropriate care is accessed and continuing support is provided in order to optimise recovery rate.

### **Care of pupils suspected of emotional difficulties:**

The very nature of emotional difficulties means that it is often hard for an individual to acknowledge that they have a problem, and even harder to seek help to do something about it. It is therefore essential for all staff to be on the alert for any signs that a pupil is not thriving, and any concerns should be reported to Winchester College Medical Centre (WCMC). Fellow pupils may be the first to raise concerns and must be reassured that their concerns will be taken seriously. Further details of specific conditions are given below – they are not exclusive. WCMC can then liaise with any relevant members of staff e.g. Housemaster, Matron or Tutor to collate information (such as changes in behaviour, sleep pattern, exercise routine, academic performance, eating habits, etc.) and consider appropriate referral options. Individual pupil's support may also be discussed at the weekly Pastoral Support Group meetings and concerns are recorded on CPOMS.

All pupils suspected of emotional difficulties should be identified to the DSL. The DSL, in consultation with other key staff, will assess the need for an Early Help referral among other referral options.

### **Referral options:**

Any pupil can self-refer to the School Counsellor, or be encouraged to do so by a member of staff.

A pupil identified as possibly having significant emotional issues should be referred to the GP for further assessment, even if they are reluctant to be referred. Housemasters and Matrons should make the referral using the Medical Centre Referral Form for Mental Health. The GP may then refer to a private Child and Adolescent Psychiatrist, the School Psychologist, Child and Adolescent Mental Health Services or School Counsellor. Ideally parents should always be involved in this process, but this will depend on the nature of the problem, and may not always be appropriate.

### **Treatment options:**

Treatment options are dependent on the findings of the relevant health professional but possible outcomes could be further counselling, cognitive behaviour therapy, medication, a regime for maintaining healthy eating habits and monitoring weight, or a combination of these.

### **Depression**

Depression is more than simply feeling unhappy for a few days. True clinical depression is when feelings of sadness, hopelessness, loss or anger interfere with everyday life over an extended period of time. Symptoms can vary greatly from feeling persistently low in spirit, losing interest in previously-enjoyed activities, feeling tearful, irritable or anxious, poor sleep patterns, poor concentration leading to reduced school performance, reduced appetite, complaining of aches and pains or feeling suicidal.

There may be a trigger for the onset of depression, such as a bereavement or divorce, or it may happen for no obvious reason.

### **Self-Harm**

Self-Harm is a coping mechanism which can be habitual, chronic and repetitive, and can affect people for years. It is a way of dealing with deep, emotional feelings such as low self-esteem, abuse, anxiety, guilt, perfectionism, depression, problems at home/school or a traumatic event. Self-harm is more an expression of personal distress, rather than an illness, although it can be linked to other mental health conditions such as depression. People who self-harm often try to keep it a secret because they feel so ashamed or guilty that they cannot face talking about their feelings. It is important to remember that none of the risk factors may appear to be present. It is sometimes the outwardly happy, high-achieving person who is suffering internally. Warning signs could include risk-taking or "out of character" behaviour, bullying, negativity, a sudden withdrawal or change in social group. Physical signs include obvious scratches usually to arms, legs or tummy, frequent "accidents", reluctance to take part in sport, wearing long sleeves and trousers even in hot weather.

Signs of self-harm include:

- Cutting or burning the skin
- Punching your own body
- Self-poisoning
- Misusing alcohol or drugs
- Swallowing objects
- Eating disorders

### **Serious Self-Harm**

Pupils believed to be at risk of serious self-harm or suicide must not be left alone and should in the first instance be escorted to WCMC, where they must be assessed by a GP before they return to the boarding house. At night, it may be necessary for matron to accompany the pupil to A&E at the hospital so that they can be assessed by a doctor. A pupil must be declared safe by the doctor undertaking this assessment before he can return to his boarding house. The boarding houses operate a "buddying" system to provide night-time matron cover.

### **Eating Disorders**

An Eating Disorder is when an individual eats in such a way as to put themselves at risk of physical or mental harm. Eating disorders in young people are not related to issues with food, but are more of a coping mechanism in response to emotional distress. It is unlikely that an eating disorder will result from one single cause – it is more likely to be a combination of factors, events, feelings or pressures eg. problems at home or school or with friends, exam pressures, sexual or emotional abuse, bereavement or a period of not eating due to illness. Research shows that there is a small genetic link, and attitudes of other family members towards food can also have an impact. Eating disorders include Anorexia Nervosa, Bulimia Nervosa and Obesity.

Symptoms include:

- Change in eating patterns e.g. avoidance of carbohydrates or fats
- Binge eating
- Avoidance of public meals
- Excessive exercising
- Laxative or diuretic use
- Vomiting after meals
- Change in academic performance
- Wearing baggy clothes
- Mood swings
- Withdrawal from social group

- Encouraging eating in others
- Depression possibly with suicidal thoughts
- Low self esteem
- Distorted self-image
- Avoidance of conflict
- Compulsive behaviours/rituals
- Obsessive thoughts related to food avoidance
- Increased sensitivity to cold
- Growth of fine, downy hair on arms
- Fatigue and weakness
- Constipation
- Significant weight loss
- Low blood pressure
- Loss of bone mass and cardiac arrhythmias, in severe cases