WINCHESTER COLLEGE

EDUCATION AND WELLBEING

September 2026

Owner: Director of Pastoral Care
Next review September 2027

This policy links with and should be read in conjunction with:

- Academic Curriculum Policy

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Summary of changes from previous version

1. Welfare and Care Plans:

The HAWC refurbishment provides additional medical provision and welfare spaces (20 bed spaces in addition to treatment, trauma and day rooms, sanitary products, out-of-hours access), and liaison with healthcare providers.

HAWC is staffed 24 – 7 with pediatric nursing cover during termtime (01962 621228, hawc@wincoll.ac.uk).

Education and Wellbeing

Aims

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

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 always
- 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, at end-of-term assemblies and at Medal Speaking
- encourage healthy and ethical living
- develop leadership potential and the ability to work well in a team
- provide well for physical development and team sports
- encourage responsible attitudes to the environment
- confront problems and find solutions to them

1. Welfare and Care Plans

Pupils in our care may have specific needs, and Welfare and Care Plans are drawn up if necessary. Winchester College Health and Wellbeing Centre (HAWC) will produce Care Plans for serious medical conditions and for the management of allergies.

The HAWC refurbishment provides additional medical provision and welfare spaces (20 bed spaces in addition to treatment, trauma and day rooms, sanitary products, out-of-hours access), and liaison with healthcare providers.

HAWC is staffed 24 – 7 with pediatric nursing cover during termtime (01962 621228, hawc@wincoll.ac.uk).

Housedons, with the support of specialist help from HAWC and/or our Pastoral Support Group[1], produce Individual Welfare Plans (IWP) for pupils in their care, and share them with HAWC, the Director of Pastoral Care (DPC), Designated Safeguarding Lead (DSL) and the Second Master (2M) via CPOMS. The DSL may also draw up a Monitoring Welfare Plan (MWP) for pupils of concern. MWPs are also stored on CPOMS. Pupils of concern are indicated on iSAMS (our database providing teachers with the lesson registration facility) with a Quick Note alert, so that colleagues can contact the Housedon if there are any concerns. The Housedon may on occasions write to all teachers of a particular pupil of concern with important information, and all colleagues respect confidentiality always.

2. Care List and Care Codes

All pupils on our Care List are given a Care Code. These are displayed on iSAMS 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 Housedon termly.

[1] The Pastoral Support Group meets weekly and is open to any Housemaster who wishes to attend. It helps to co-ordinate the pastoral and medical care of individual pupils. The PSG is chaired by the Director of Pastoral Care and comprises the Second Master, College Chaplain, Senior Housemaster, Lead Nurse, Deputy DSLs, and School Counsellor.

3. Emotional Wellbeing

We recognise that emotional difficulties may be expressed in many ways including anxiety, 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.

4. 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 HAWC. 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. HAWC 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. An individual pupil's support may also be discussed at the weekly Pastoral Support Group meetings and concerns are recorded. 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.

5. Confidentiality

The school is a community which aims to work together for the mutual benefit of all its members. The sharing of problems is generally the best principle on which any difficulties may be addressed and resolved. In discussing problematic situations pupils may often be invited to consider with whom it would be helpful to share relevant information going forward. It is unusual for helpful ongoing discussion not to follow as a consequence.

6. Referral Options

Any pupil can self-refer to the Lead Nurse Wellbeing, 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 HAWC for further assessment, even if they are reluctant to be referred. Housedons and Matrons should make the referral using the Medical Centre Referral Form for Wellbeing. The medical team may then refer to the School's Child and Adolescent Psychiatrist, the School Psychologist, Child and Adolescent Mental Health Services or School Therapies Lead. Ideally parents should always be involved in this process.

7. 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 activities that were previously enjoyed, 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, emotions 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 abdomen, 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 HAWC, 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 they can return to the 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, e.g. 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