

Avon House School

Pastoral Care & Well Being Policy



**CELEBRATING & SUPPORTING
EVERY CHILD**

Prepared: July 2025 (JM&JL)

To be reviewed: July 2026

Review date:	August 24	August 23	August 22	August 21
Reviewed by:	AC	AC	AC	AC

Pastoral Care & Well Being Policy

“Avon House is a family, concerned for the happiness and general well-being of all. Celebrating and supporting every pupil begins with self-esteem, honesty, fairness, integrity, respect for oneself and respect for others. In our happy, secure environment the emphasis is placed on each child being recognised as a valued individual. We hope our pupils will develop their full potential in both academic and non-academic fields, with a strong moral understanding of truth, equality and humanity. We aim to give our pupils life-enhancing strategies to build on as they progress towards the adult world.”

Introduction

Pastoral Care is an all-embracing term which describes the whole atmosphere, ethos and tone of our school in its mission to promote the moral, intellectual, spiritual, cultural, personal and social development of the pupils.

Pastoral care is concerned with promoting pupils' personal and social development and fostering positive attitudes through:

- the quality of teaching and learning
- the nature of relationships amongst pupils, teachers, parents and others
- arrangements for monitoring pupils' overall progress, academic, personal and social
- specific pastoral structures and support systems and through extra-curricular activities and the school ethos.

In essence pastoral care should help a pupil to achieve success in every facet of school life.

Aims

As a Rights Respecting School, we embrace the principles and articles within the United Nations Convention on the Rights of the Child (UNCRC). Pastoral Care at Avon House encompasses and pervades the whole life and work of the school in which:

- All pupils and staff feel valued as individuals, feel safe and secure and are encouraged to develop their gifts and talents.
- The staff keep the pupils' interests and welfare as their main focus.
- There are good relationships between teachers and pupils and among pupils in and outside the classroom.
- The pupils' opinions are valued and their worries and concerns are dealt with sympathetically and appropriately.
- The self-esteem of the pupils is promoted and they have opportunities to develop independence of thought and expression.
- The pupils are taught to work with their peers and to value and respect the opinions of others.
- The school strives to promote and sustain good and high standards of behaviour and discipline which reflect an appropriate balance between rewards and sanctions.

Disciplinary procedures are implemented consistently by all staff in a fair and positive manner. See (Behaviour policy (9a))

(with reference to articles 12 and 13 UNCRC)

Responsibility

While the Board of Governors, Senior Leaders and House Leads and have primary responsibility for the arrangements that promote and ensure the care and welfare of pupils and staff, it is obvious that Pastoral Care in the school is also a shared responsibility, involving the whole staff in co-operation with parents, carers and pupils and outside agencies.

At Avon House Preparatory School we define Mental Health and Resilience as:

Mental Health is where individuals are mentally healthy when they have the ability to:

- develop psychologically, emotionally, intellectually and spiritually
- initiate, develop and sustain mutually satisfying personal relationships
- use and enjoy solitude
- are aware of others and empathise with them
- experience happiness and can play and learn
- develop a sense of right and wrong
- resolve (face) problems and setbacks and learn from them.
- develop a sense of self and identity

Resilience is the ability to bounce back from the disappointments and difficulties we all experience. It is the ability to build protective factors in our lives which promote and protect our emotional wellbeing when faced with every knockbacks and unexpected changes.

Supporting Mental Health and Wellbeing

Supporting Pupils

As part of the school's commitment to promoting positive mental health and well being for all pupils, we offer the following support to all pupils:

- Raising awareness of mental health during assemblies, registration, PSHE and mental health awareness week.
- Having open discussions about mental health during lessons.
- Providing pupils with avenues to provide feedback on any elements of our school that is negatively impacting their health, including, worry box, swan time posters, school council representatives, heads of houses and senior leadership.
- Monitoring all pupils mental health through assessments – formal (Quest) and informal (teacher judgement).
- Offering pastoral support through teachers, heads of houses, inclusion lead and Deputy Head (Pastoral) – who also has strategic oversight of this provision. Creating safe spaces to discuss mental health and wellbeing – in classrooms and in the Rainbow Room.

Principal features of Pastoral Care provision

Senior Leadership Team

The significance of the quality and effectiveness of the leadership of the Head Teacher and Senior Leaders in striving to create a caring, happy and secure environment, where every individual is treated with dignity and respect, whilst being given the opportunity to develop their gifts and talents, is fully recognised and acknowledged by the Board of Governors of the School.

The Pastoral Team

Avon House has a Pastoral Care team which is made up of the House Leaders and the Head Teacher. This group can also call upon the Inclusion Lead and the Governor responsible for safeguarding when appropriate. Members of the team meet each half term or as required, to discuss individual cases causing concern, and to share and agree appropriate strategies. This is then reported back to the appropriate staff and if appropriate, the parents of the child.

When a child is reported to the team with regard to any pastoral matter, any action taken will be recorded on CPOMs and the vulnerable children's list held by the DSL and dealt with appropriately (refer to Behaviour and Discipline Policy (9a), Anti-Bullying Policy (10a) and Safeguarding Policy (7a)).

The team is known to all members of the school community and will meet with children informally to support and talk through issues or lend a listening ear. Where appropriate children may be invited by the School Council or ELSA to join Circle of Friends as a means of support.

School Staff

At school level the promotion and development of staff welfare is an obvious responsibility of the Board of Governors, Head Teacher and Senior Leadership Team but it is also the mutual responsibility of all colleagues in school.

It is also recognised that some of the sources of stress and low morale in schools (as in other organisations) often lie outside the influence of the schools themselves.

Mental Health First Aid

The Deputy Heads (Academic & Pastoral) have been trained as a mental health first aiders for staff and they are available for staff to talk to at any point during working hours.

Emotional Learning Support Assistant

The school have trained a member of staff who help support the emotional needs of the pupils in conjunction with Deputy Head (Pastoral), Inclusion Lead and School Councillor.

Supporting and collaborating with parents/carers

We will work with parents/carers to support pupils' mental health by:

- Asking parents/carers to inform us of any mental health needs their child is experiencing so we can offer support.
- Informing parents/carers of any mental health concerns that we have about their children.
- Liaising with parents/carers to discuss strategies that can help promote positive mental health in their child.
- Providing guidance to parents/carers on navigating and accessing relevant local mental health services or other sources of support – highlighting information and support of mental health on our school website.
- Keeping parents/carers informed about the mental health topics their child is learning about in PSHE and sharing ideas for extending and exploring this learning at home.

Supporting Staff

The School is committed to providing a system to support good mental health for all employees and to help minimise and alleviate stress and poor mental health in the workplace. It is the school's intention to deal constructively and sympathetically with stress and poor mental health. Stress or poor mental health will not be treated as a sign of weakness.

Stress is the adverse reaction individuals have to excessive pressures or other types of demand placed on them. Employees feel stress when they cannot cope with pressures and other issues. For example, employees can get stressed if they feel they do not have the skills or time to meet tight deadlines.

There is an important distinction between working under pressure and experiencing stress. Certain levels of pressure are acceptable and normal in every job role. They can improve performance, enable employees to achieve their full potential and provide a sense of achievement and job satisfaction. However, when pressure becomes excessive, it produces stress and undermines mental health. Pressures outside the workplace can also result in stress and poor mental health and they can additionally compound normal workplace pressures.

If you feel that your work performance or your mental health is suffering because of excessive pressure or stress-related matters, whether those matters are occurring outside the workplace or within the work environment, you should first raise this with your line manager. If you feel unable to do so, you should alternatively contact the Bursar.

Please note that if you do not tell the School you are suffering from stress or poor mental health and are unable to cope, or if the School is unaware that you have a particular problem, condition or vulnerability, we will not be in a position to help you.

We offer the following support our staff's positive mental health:

- A dedicated staff room for relaxation and healthy eating.
- A dedicated staff study room
- We organise a number of social events throughout the year for staff to participate in.
- We provide lunch on all INSET dates to promote good relationships and give time for staff to socialise.
- Recognise individual staff strengths through initiatives such as Staff Star of the Week; positive mentions in newsletters; individual and public thanks and praise; feedback from observations and learning walks.

Training

Annual training takes place for all staff as part of the safeguarding training and targeted training for all teachers has been delivered. Other specific training will be utilised as appropriate – or as the role demands.

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

Confidentiality

Any information relating to your mental health will be treated as highly sensitive and confidential.

Every member of staff is responsible for observing the high levels of confidentiality that is required when dealing with information about stress or mental health, whether they are supporting a work colleague or because they are otherwise involved in the operation of a workplace policy or procedure. Breach of confidentiality is likely to result in disciplinary action being taken under the School's disciplinary procedure. Serious breaches of confidentiality will be treated as potential gross misconduct and could render the employee liable to summary dismissal.

Links to other policies

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

- Safeguarding Children in Education Policy
- Staff Code of Conduct

For further information about specific Pastoral Policies and Procedures, please refer to one of the following documents:

- Anti-Bullying Policy
- Alcohol and Drugs policy
- Behaviour and Discipline Policy
- Bereavement Policy
- Children missing in education policy
- Missing child policy
- Stress and wellbeing at work policy
- The PSHE Guidelines
- The Spiritual, Moral, Social and Cultural agenda (SMSC)
- The RSE Policy

Appendices

Promoting Well-being and good mental health

Research suggests that a healthy body and mind will learn more effectively. Poor physical health can lead to poor mental health and poor mental health can impact on our ability to take care of our physical health. At Avon House we seek to promote both by raising the awareness amongst our children, staff, parents and carers. We will achieve this by using a combination of the following:

- Raising awareness through lessons and our curriculum and whole school approach
- Raising awareness through newsletters and emails to parents and carers.
- Offering more training for our staff on matters of health and well-being.
- Offering a Clinical Psychologist led consultation and training service for staff.
- Embracing a number of different 'awareness days' to promote and increase understanding.
- We will use school-wide measures to assess our children and tailor support activities accordingly.
- We will use technology as an enabler to help promote well-being.

Identifying the signs of poor mental health

The most effective way for a child or young person to obtain support for a mental health difficulty is to ask a trusted adult for their help. Understandably, this does not always occur, especially with children and young people. Many will be confused or embarrassed about their feelings and may be unsure what caused them. Others might be frightened regarding what happens next and others may not have a trusted adult in their life. Sometimes it might be a peer that shares information with a staff when concerned about a friend.

Trusted adults therefore need to be alert to see the signs and/or changes in behaviour that may lead to identifying some mental health difficulty. All staff will be trained to recognise early warning signs, and our Trust Psychology service have produced resources to support staff to identify early warning signs of some common mental health needs. Clinical Psychologist led consultations are available to all staff members who wish to understand more about a specific identified need. All staff need to know how to respond in a supportive way when a young person, or their friend reaches out for support.

Some of those signs are:

- Change in behaviour e.g. social withdrawal, increase in distress, change in relationships with peers, reduction in confidence.
- Change in the way they dress e.g. covering their arms, lots of wrist bangles to hide cuts, using their hair to cover things or an unwillingness to undress for PE.
- Increase in emotion based school non attendance or lateness, or ability to engage in classroom or other school based activities
- Missing lessons.
- Decrease in eye contact
- Impact on learning
- Tiredness or sleeping in class
- Difficulties with concentration
- Increase in emotional response e.g. cries or gets upset more easily.

Note: Many of the above should also raise Safeguarding concerns too. See the Child Protection and Safeguarding Policy.

Known Factors affecting mental health

Over the last 50 years, studies have looked at factors that affect a person's well-being and specifically those that increase the likelihood of developing mental health difficulties. Some of those factors are:

- Abuse, trauma, or neglect
- Social isolation or loneliness
- Experiencing discrimination and stigma
- Sleep difficulties
- Neurological conditions such as Autism, ADHD and Learning Disabilities
- Genes and hereditary conditions
- Identity, sexuality or gender difficulties (e.g. LGBTQ)
- Being socially disadvantaged, in poverty or debt
- Bereavement (and significantly, bereavement by suicide)
- Crime within the family
- Severe or long-term stress
- Having a long-term physical health condition
- Unemployment
- Homelessness or poor housing
- Being a long-term carer for someone
- Drug and alcohol misuse
- Domestic violence, bullying or other abuse
- Significant trauma as an adult, such as military combat, being involved in a serious incident in which you feared for your life, or being the victim of a violent crime
- Physical causes – e.g. an injury or poor physical health

It is recognised that Avon House staff may not always be aware of all the difficulties a child or young person might face, however, staff training aims to raise awareness of these factors so that support, if appropriate, can be provided. Safeguarding and pastoral teams can work together with the young person to ensure that appropriate information is shared with key staff to enable support plans to be effective. Staff should also consider the impact of witnessing high risk behaviours and distress on other students and staff, and consider their own mental health or safeguarding needs as a result.

Dealing with Risk

When a child or young person has developed a mental health difficulty, there could be an increase in risk of harm, abuse, neglect or vulnerability. There are three categories of risk:

- Risk to self (a child or young person has considered doing something intentional to harm themselves or is considering doing a harmful act).
- Risk from others (a child or young person may become vulnerable and is therefore at increased risk from other children or other adults).
- Risk to others (a child might have thoughts or plans to inflict pain upon another person)

Concerns about the risk of a child or young person has safeguarding implications. See separate Avon House Safeguarding and Child Protection Policy.

Internal Referrals for Counselling/listening

Referrals to School counsellors/ELSA's, where available will be made through the Designated Safeguarding Lead or Mental Health First Aiders.

Curriculum for Well-being and Mental Health

Avon House is committed to delivering a broad and balanced curriculum in all key stages that promotes well-being and mental health.

Supporting children who are looked after or adopted

Young people who are looked after or adopted will have individualised needs. Close working with multiple agencies may be helpful. Mindworks CAMHS have a specific service for young people who are looked after.

Mental health awareness for parents/carers

Avon Houses commitment to the well-being of children and young people extends to helping parents and carers using a range of different methods including information evenings, signposting to resources, family meetings and home school link worker appointments.

Mental Health in relation to school trips and residentials

Avon House believes in the value of school trips and residentials as a means to enhance learning, develop character and strengthen relationships. That said, they may increase the stress upon a child or young person and therefore increase their risk if there is a pre-existing mental health difficulty. Avon House will seek professional advice regarding the suitability of school trips and residentials for those children experiencing mental health difficulties. For children experiencing significant challenges an appropriate risk assessment will be completed by the DSL.

Mental health in relation to exams

There are statutory guidelines available which specify what support children are able to receive for their examinations when there is diagnosed difficulty. Medical evidence should be provided by the parents if alternative arrangements need to be made.

Signs of poor Mental Health

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.

Definition of Self-Harm

Self-harm is any behaviour where the intent is to deliberately cause harm to one's own body for example:

- Cutting, scratching, scraping or picking skin
- Swallowing inedible objects
- Taking an overdose of prescription or non-prescription drugs
- Swallowing hazardous materials or substances
- Burning or scalding
- Hair-pulling
- Banging or hitting the head or other parts of the body
- Scouring or scrubbing the body excessively

Risk Factors

The following risk factors, particularly in combination, may make a young person particularly vulnerable to self-harm:

Individual Factors:

- Depression/anxiety
- Poor communication skills
- Low self-esteem
- Poor problem-solving skills
- Hopelessness
- Impulsivity
- Drug or alcohol abuse

Family Factors

- Unreasonable expectations
- Neglect or physical, sexual or emotional abuse
- Poor parental relationships and arguments
- Depression, self-harm or suicide in the family

Social Factors

- Difficulty in making relationships/loneliness
- Being bullied or rejected by peers

Warning Signs

School staff may become aware of warning signs which indicate a pupil is experiencing difficulties that may lead to thoughts of self-harm or suicide. These warning signs should always be taken seriously and staff observing any of these warning signs should seek further advice from the DSL.

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.

Risk Factors

- Experiencing other mental or emotional problems

- Divorce of parents
- Perceived poor achievement at school
- Bullying
- Developing a long term physical illness
- Death of someone close
- Break up of a relationship

Some people will develop depression in a distressing situation, whereas others in the same situation will not.

Symptoms

- Effects on emotion: sadness, anxiety, guilt, anger, mood swings, lack of emotional responsiveness, helplessness, hopelessness
- Effects on thinking: frequent self-criticism, self-blame, worry, pessimism, impaired memory and concentration, indecisiveness and confusion, tendency to believe others see you in a negative light, thoughts of death or suicide
- Effects on behaviour: crying spells, withdrawal from others, neglect of responsibilities, loss of interest in personal appearance, loss of motivation. Engaging in risk taking behaviours such as self harm, misuse of alcohol and other substances, risk-taking sexual behaviour.
- Physical effects: chronic fatigue, lack of energy, sleeping too much or too little, overeating or loss of appetite, constipation, weight loss or gain, irregular menstrual cycle, unexplained aches and pains.

First Aid for anxiety and depression

The most important role school staff can play is to familiarise themselves with the risk factors and warning signs outlined above and to make the DSL aware of any child causing concern. Following the report, the Pastoral Lead will decide on the appropriate course of action. This may include:

- Contacting parents/carers
- Arranging professional assistance e.g. doctor, nurse
- Arranging an appointment with a counsellor
- Arranging a referral to CAMHS or private referral – with parental consent
- Giving advice to parents, teachers and other pupils
- Pupils may choose to confide in a member of school staff if they are concerned about their own welfare, or that of a peer. Pupils need to be made aware that it may not be possible for staff to offer
 - confidentiality cannot be kept. It is important not to make promises of confidentiality that cannot be kept even if a pupil puts pressure on you to do so.
 - If you consider a pupil is at serious risk of causing themselves harm then

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.

Anxiety disorders include:

- Generalised anxiety disorder (GAD)
- Panic disorder and agoraphobia
- Acute stress disorder (ASD)
- Separation anxiety
- Post-traumatic stress disorder
- Obsessive-compulsive disorder (OCD)
- Phobic disorders (including social phobia) of an anxiety disorder

These can include:

- Cardiovascular – palpitations, chest pain, rapid, heartbeat, flushing
- Respiratory – hyperventilation, shortness of breath
- Neurological – dizziness, headache, sweating, tingling and numbness
- Gastrointestinal – choking, dry mouth, nausea, vomiting, diarrhoea
- Musculoskeletal – muscle aches and pains, restlessness, tremor and shaking
- Unrealistic and/or excessive fear and worry (about past or future events)
- Mind racing or going blank
- Decreased concentration and memory
- Difficulty making decisions
- Irritability, impatience, anger
- Confusion
- Restlessness or feeling on edge, nervousness
- Tiredness, sleep disturbances, vivid dreams
- Unwanted unpleasant repetitive thoughts
- Behavioural effects
- Avoidance of situations
- Repetitive compulsive behaviour e.g. excessive checking

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 Conners (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 – PAPYRUS: www.papyrus-uk.org
- On the edge: Child Line 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.

Risk Factors

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

Individual Factors

- Difficulty expressing feelings and emotions
- A tendency to comply with others' 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 e.g. sport or dancing

Warning Signs

School staff may become aware of warning signs which indicate a pupil 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 one of the designated teachers for safeguarding children or from the medical centre.

Physical Signs

- Weight loss
- Dizziness, tiredness, fainting
- Feeling Cold
- Hair becomes dull or lifeless
- Swollen cheeks
- Callused knuckles
- Tension headaches
- Sore throats / mouth ulcers
- Tooth decay

Behavioural Signs

- Restricted eating
- Skipping meals
- Scheduling activities during lunch
- Strange behaviour around food
- Wearing baggy clothes
- Wearing several layers of clothing
- Excessive chewing of gum/drinking of water
- Increased conscientiousness
- Increasing isolation / loss of friends
- Believes they are fat when they are not
- Secretive behaviour
- Visits the toilet immediately after meals
- Excessive exercise

Psychological Signs

- Preoccupation with food
- Sensitivity about eating
- Denial of hunger despite lack of food
- Feeling distressed or guilty after eating
- Self dislike
- Fear of gaining weight
- Moodiness
- Excessive perfectionism