



The Apple International Community School

Student Wellbeing & Pastoral Care

2026-2027

POLICY INFORMATION

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1. RATIONALE

At The Apple International Community School (AICS), student wellbeing and pastoral care are central to learning, safety, inclusion and achievement. The School recognizes that wellbeing is a shared responsibility and must be embedded in leadership, curriculum, safeguarding, relationships, student voice, inclusion, health provision and everyday school practice.

This policy outlines a comprehensive framework that reflects the ongoing and evolving initiatives we undertake to respond to the needs of our students and school personnel. Through a range of evidence-informed practices and a whole-school approach, we aim to equip our community with the tools and support systems necessary for lifelong wellbeing.

2. PURPOSE

The purpose of this policy is to establish a clear whole-school framework for promoting, monitoring and responding to the wellbeing and pastoral needs of students from Foundation Stage to Year 11.

- promote positive mental, emotional, physical, social, spiritual and academic wellbeing;
- ensure that students feel safe, valued, respected, included and able to seek help;
- provide a clear continuum of universal, targeted and individual pastoral support;
- identify emerging wellbeing concerns early and respond proportionately;
- ensure that safeguarding concerns are immediately managed through the Child Protection and Safeguarding Policy rather than treated only as pastoral matters;
- strengthen student voice, family partnership and multi-agency collaboration;
- ensure equitable access to wellbeing support for Students of Determination and other students who may experience additional barriers;
- use wellbeing evidence and data to evaluate impact and inform school improvement.

3. SCOPE

This policy applies to all students enrolled at AICS, all staff, leaders, governors, volunteers, Learning Support Assistants, contractors and relevant service providers. It applies during the school day, school transport, educational visits, extracurricular activities, school events, online or distance-learning contexts, and other school-related activities where the school has a duty of care.

Staff wellbeing is recognised as an important condition for a healthy school culture; however, this policy primarily sets out provision for student wellbeing and pastoral care.

4. LEGAL AND REGULATORY FRAMEWORK

AICS will implement this policy in conjunction with current UAE and Dubai requirements. Where legislation, regulatory direction or KHDA guidance is updated, the latest applicable requirement will take precedence.

- Federal Law No. 3 of 2016 Concerning Child Rights (Wadeema's Law), which protects children's rights to education, health, safety, dignity and protection from neglect, exploitation and physical or psychological abuse.
- UAE National Child Protection Policy in Educational Institutions and Ministerial Resolution No. 659 of 2020, including the principles of the best interests of the child, prevention, early identification, reporting, confidentiality, child protection roles and coordinated support.
- KHDA Wellbeing Matters: A Guiding Framework for the Monitoring and Improvement of Wellbeing in Dubai Private Schools, including leadership of wellbeing, care for students and staff, stakeholder voice, curriculum, healthy lifestyles and wellbeing outcomes.
- UAE School Inspection Framework and relevant DSIB/KHDA quality assurance expectations relating to students' personal and social development, care, support, safeguarding, inclusion and wellbeing.
- KHDA requirements for inclusive education, including Administrative Resolution No. 15 of 2026 and the applicable Dubai Inclusive Education Framework, directives and guidelines.
- Dubai Health Authority requirements and standards applicable to clinics and health services in educational settings, including appropriate referral for psychological, emotional and health concerns.
- Any other applicable UAE federal or Dubai legislation, KHDA direction, Ministry of Education requirement or competent-authority instruction relating to student safety, health, wellbeing and protection.

5. DEFINITIONS

For the purpose of this policy:

- Wellbeing refers to the conditions and experiences that enable students to feel safe, connected, healthy, valued, resilient, engaged and able to learn and flourish.
- Pastoral care is the school's structured system of relationships, guidance, early intervention and support for students' personal, social, emotional and behavioural development.
- Mental health is an integral component of wellbeing. School-based support promotes awareness, coping, help-seeking and early intervention; it does not replace clinical diagnosis or treatment by appropriately qualified professionals.
- Safeguarding/child protection concerns include any concern that a child may be at risk of abuse, neglect, exploitation, significant harm or other circumstances requiring protection under the school's safeguarding procedures.
- Student voice means meaningful opportunities for students to express their views, influence wellbeing provision and participate in decisions that affect their school experience, in developmentally appropriate ways.

6. VISION AND MISSION

Vision

AICS seeks to create a safe, inclusive and connected school community in which every student is known, heard and supported, and is empowered to develop the knowledge, relationships, resilience and agency required to flourish.

Mission

- embed wellbeing and pastoral care within everyday school life;
- develop safe, respectful and positive relationships;
- promote help-seeking and reduce stigma around emotional and mental health concerns;
- teach students age-appropriate social-emotional, relationship, health and life skills;
- respond early to barriers affecting wellbeing, engagement or learning;
- work collaboratively with parents, students and appropriate professionals.

7. KEY PRINCIPLES

- Best interests of the child: the safety, dignity, rights and wellbeing of the student guide decisions and actions.
- Student-centred and strengths-based practice: support considers the student's voice, strengths, developmental stage, culture, circumstances and individual needs.
- Safety before confidentiality: privacy is respected, but information must be shared on a need-to-know basis where required to protect a child or comply with law.
- Equity and inclusion: wellbeing provision is accessible and responsive to diversity and does not discriminate.
- Early intervention: concerns are identified and addressed before they escalate wherever possible.
- Partnership: students, parents, staff, leaders, governors and external professionals contribute to a coordinated approach.
- Evidence and impact: provision is monitored using appropriate quantitative and qualitative information, not only the number of activities delivered.

8. WHOLE-SCHOOL WELLBEING AND PASTORAL MODEL

AICS uses a graduated model so that all students receive universal wellbeing provision while students with emerging or higher levels of need receive additional support.

Level	Purpose	Examples of Provision	Monitoring / Escalation
Universal	For all students	Positive relationships; PSHE/wellbeing curriculum; check-ins; assemblies; healthy lifestyle education; student voice; anti-bullying and online safety; transition support.	Class/form tutor monitoring; attendance, behaviour, engagement and student voice.

Targeted	For emerging or recurring concerns	Short-term pastoral check-ins; small-group support; mentoring; counselling referral; attendance/punctuality support; social-emotional intervention; parent collaboration.	Documented concern, agreed strategies, review date and impact.
Individual / Intensive	For significant, complex or persistent needs	Individual pastoral plan; counsellor support; safeguarding action where relevant; risk assessment; coordinated inclusion/health support; external professional referral.	Multi-disciplinary review; safeguarding pathway where threshold is met; regular review with family and student where appropriate.

9. WELLBEING THROUGH CULTURE, CURRICULUM AND DAILY PRACTICE

AICS will provide a learning environment in which wellbeing is visible in relationships, routines and curriculum rather than being limited to events or campaigns.

- Students are greeted and treated with dignity, respect and cultural sensitivity.
- Classrooms and common areas promote psychological and physical safety, belonging and inclusion.
- PSHE and wider curriculum opportunities develop social-emotional skills, healthy lifestyles, relationships, resilience, decision-making, digital wellbeing and help-seeking.
- Age-appropriate mindfulness, breathing, movement, gratitude or regulation strategies may be used as optional supportive practices and should never replace necessary safeguarding, medical or psychological intervention.
- Assemblies, wellbeing calendar activities, parent sessions and student-led initiatives reinforce whole-school priorities.

- Transitions between phases, entry to school, new admissions and other significant changes are supported through planned pastoral arrangements.

10. EARLY IDENTIFICATION OF WELLBEING NEEDS

All staff have a responsibility to notice and respond to changes that may indicate a student requires support. Staff do not diagnose mental health or developmental conditions.

Indicators may include, but are not limited to:

- changes in attendance, punctuality, attainment, engagement or behaviour;
- persistent withdrawal, isolation, tearfulness, irritability or marked changes in mood;
- changes in eating, sleep, energy, appearance or self-care that are observed or disclosed;
- frequent physical complaints without an identified explanation;
- peer relationship difficulties, bullying, cyberbullying or social exclusion;
- significant family, bereavement, transition, conflict or adjustment concerns;
- statements or behaviour indicating hopelessness, self-harm, suicidal thoughts, abuse, neglect, exploitation or fear for safety.

The presence of one indicator does not in itself establish a mental health condition. Staff should record factual observations, avoid assumptions and follow the appropriate referral or safeguarding pathway.

11. PASTORAL REFERRAL AND RESPONSE PATHWAY

1. NOTICE – A member of staff identifies a change, concern or disclosure and responds calmly and respectfully.
2. RECORD – Relevant facts, observations, dates, times, actions and the student's own words where appropriate are recorded using the school's approved reporting system/form.
3. ROUTE – The concern is directed to the appropriate person: class/form tutor, pastoral lead, school counsellor, Inclusion Team, clinic, or Child Protection Officer depending on the nature and level of concern.
4. ASSESS – The receiving professional considers urgency, risk, existing information, student voice, protective factors and whether safeguarding procedures are required.
5. PLAN – Appropriate support is agreed, with clear responsibility and a review point. Parents are involved where appropriate and safe to do so.
6. REVIEW – The impact of support is reviewed. Support may be stepped down, continued, intensified or referred externally.

A safeguarding concern must never be delayed because a pastoral referral, counselling appointment or parent meeting is pending.

12. SAFEGUARDING AND CHILD PROTECTION INTERFACE

Wellbeing and safeguarding are closely connected but are not interchangeable. Any disclosure, allegation, observation or concern suggesting that a child may be at risk of abuse, neglect, exploitation, significant harm or immediate danger must be reported immediately through the AICS Child Protection and Safeguarding procedure to the Child Protection Officer/Designated Safeguarding Lead.

- Staff must not investigate safeguarding concerns themselves or ask leading questions.
- Staff must not promise a student absolute confidentiality.
- Records must be factual, timely, secure and shared only with authorised persons on a need-to-know basis.
- Parents will normally be engaged in supporting a child; however, parent contact must not occur before safeguarding consultation where doing so could increase risk, compromise an investigation or place the child or another person at risk.
- Where required, the school will cooperate with KHDA, Ministry of Education child protection structures, Dubai Police, child protection services, health authorities or other competent authorities.

13. SELF-HARM, SUICIDAL IDEATION AND IMMEDIATE RISK

Any disclosure, communication or behaviour suggesting self-harm, suicidal ideation, suicidal intent or immediate risk to life or safety must be treated as a serious wellbeing and safeguarding concern.

- The student must not be left unsupported while an immediate risk is being assessed.
- The concern must be escalated immediately to the Child Protection Officer/Designated Safeguarding Lead and relevant senior leader, with the school counsellor and clinic involved as appropriate.
- Emergency medical or competent-authority support must be sought where the level of risk requires it.
- Parents/guardians will be informed as appropriate, subject to safeguarding considerations.
- A documented safety/risk management and return-to-school support plan will be developed when required.
- School staff must work within their professional competence and refer to qualified external professionals where assessment or treatment is required.

14. COUNSELLING AND INDIVIDUAL SUPPORT

The School Counsellor provides developmentally appropriate school-based support within professional competence and school procedures. Counselling may include brief individual support, group work, psychoeducation, emotional regulation strategies, problem-solving, transition support and referral guidance.

- Students may access support through staff referral, parent referral, self-referral or an agreed school pathway.
- Consent and parent involvement will be managed in accordance with applicable requirements, the student's age and maturity, the nature of support and safeguarding considerations.
- Counselling records are confidential school records with access restricted to authorised personnel; confidentiality is not absolute where there is a risk of harm or a legal/safeguarding duty to share information.
- The school counsellor does not provide a medical diagnosis unless separately qualified and authorised to do so.
- Where needs exceed school-based provision, the school will recommend or facilitate referral to appropriately licensed external health or mental health professionals.

15. INCLUSION, EQUITY AND STUDENTS WHO MAY REQUIRE ADDITIONAL SUPPORT

AICS recognises that wellbeing is influenced by access, participation, relationships, identity, communication and environmental barriers. Students of Determination and other students requiring additional support must have equitable access to pastoral and wellbeing provision.

- Reasonable adjustments will be made to communication, environment, sensory demands, routines and participation where required.
- Wellbeing or behaviour concerns will not automatically be attributed to a disability, diagnosis, language profile or learning need.
- Pastoral support will be coordinated with IEPs, curriculum adaptation plans, behaviour/intervention plans and relevant health plans where appropriate.
- Students will be supported to express their views using accessible and developmentally appropriate methods.
- Decisions affecting participation, placement or access will follow applicable KHDA inclusive education requirements and will not be based on discriminatory assumptions.

16. BULLYING, CYBERBULLYING, PEER CONFLICT AND ONLINE WELLBEING

Bullying, cyberbullying, harassment, discrimination and harmful peer behaviour can significantly affect wellbeing and must be addressed promptly under the AICS Anti-Bullying and Cyberbullying Policy and, where applicable, the Child Protection and Safeguarding Policy.

- Students are taught how to seek help, report concerns and behave safely and respectfully online and offline.
- Reports are taken seriously, recorded, assessed and responded to proportionately.
- Support is provided to the student affected, and appropriate intervention is provided for students whose behaviour causes harm.
- Restorative approaches may be used only when safe and appropriate; they must not replace safeguarding action or pressure a student to meet with another student.
- Repeated or serious incidents are escalated through behaviour, safeguarding and leadership procedures as appropriate.

17. ATTENDANCE, PUNCTUALITY AND WELLBEING

Attendance and punctuality data are important pastoral indicators. Emerging patterns of absence, school refusal, repeated lateness or unexplained non-attendance may signal academic, social, emotional, family, health or safeguarding barriers.

The school will respond through the Attendance and Punctuality Policy while considering the student's circumstances and wellbeing needs. Where appropriate, pastoral, counselling, inclusion, medical or safeguarding support will be coordinated rather than treating attendance concerns solely as disciplinary matters.

18. PHYSICAL HEALTH, HEALTHY LIFESTYLES AND SCHOOL CLINIC

Physical and mental wellbeing are interconnected. AICS promotes age-appropriate healthy lifestyle education, physical activity, nutrition, sleep awareness, personal safety and responsible decision-making.

- The school clinic and wellbeing/pastoral teams will collaborate within their respective professional roles.
- Students with health concerns or identified psychological/emotional concerns will be referred appropriately in line with DHA and school procedures.

- Medical information will be handled confidentially and shared only where necessary for safe care and support.
- Substance misuse, smoking, vaping or related concerns will be addressed under the relevant AICS policy and safeguarding requirements.

19. STUDENT VOICE, PARTICIPATION AND HELP-SEEKING

AICS will create safe and meaningful opportunities for students to influence wellbeing provision and communicate concerns.

- Student Council and Student Ambassadors contribute to wellbeing priorities and school improvement.
- Age-appropriate surveys, focus groups, check-ins, suggestion mechanisms and other student voice activities are used to understand students' experiences.
- Students are informed about trusted adults and routes for seeking help.
- Anonymous or informal reporting routes do not replace safeguarding procedures; any concern indicating risk must be escalated appropriately.
- Student feedback is analysed and, where feasible, students are informed about actions taken in response.

20. PARENT AND FAMILY PARTNERSHIP

Parents and guardians are key partners in promoting student wellbeing. AICS will communicate respectfully and work collaboratively with families while keeping the best interests and safety of the child central.

- Parents are encouraged to share relevant information that may affect their child's wellbeing or learning.
- The school may invite parents to meetings, workshops or review discussions and may agree support strategies with them.
- Parents will be informed of significant wellbeing concerns where appropriate, subject to safeguarding and legal considerations.
- Where external assessment or intervention is recommended, the school will explain the educational or wellbeing rationale and coordinate school-based support as appropriate.
- Information shared by families will be treated sensitively and in accordance with confidentiality and data-protection requirements.

21. ROLES AND RESPONSIBILITIES

Governing Body / Wellbeing Governor

- provides strategic oversight and challenge regarding wellbeing, safeguarding, inclusion and impact;
- reviews relevant data, priorities and policy implementation.

Principal

- holds overall accountability for an effective culture of student safety, wellbeing and pastoral care;
- ensures appropriate staffing, training, systems, referral pathways and resources.

Head of Inclusion and Wellbeing / Wellbeing Leadership

- coordinates the whole-school wellbeing strategy and pastoral systems;
- supports data analysis, intervention planning, staff development, student voice and family engagement;
- works closely with safeguarding, counselling, inclusion, clinic and senior leadership.

Child Protection Officer / Designated Safeguarding Lead

- leads safeguarding response in accordance with the Child Protection and Safeguarding Policy;
- ensures wellbeing concerns meeting safeguarding thresholds are escalated, recorded and referred appropriately.

School Counsellor

- provides school-based counselling and targeted wellbeing support within professional competence;
- supports early identification, consultation, psychoeducation and appropriate referral;
- maintains secure records and escalates safeguarding concerns immediately.

Wellbeing and Pastoral Leads / Senior Leaders

- support phase-based pastoral systems, case review and intervention;
- support teachers and families in responding to student needs.

Class Teachers and Form Tutors

- build positive relationships and provide routine check-ins and pastoral support;
- notice, record and refer concerns promptly;
- implement agreed classroom and pastoral strategies and contribute to review.

Inclusion Team and Learning Support Assistants

- support equitable access, participation, regulation and independence;
- share relevant observations through approved channels and follow safeguarding procedures.

School Clinic

- provides health support within DHA requirements and collaborates on concerns where physical and emotional health intersect;
- refers health or psychological concerns appropriately within professional scope.

Students

- contribute to a respectful and safe school culture;
- seek help for themselves or others when concerned;
- participate responsibly in wellbeing and student voice opportunities.

Parents / Guardians

- work in partnership with the school and share relevant information;
- support agreed plans and seek external professional support where necessary.

22. CONFIDENTIALITY, RECORD KEEPING AND INFORMATION SHARING

Wellbeing and pastoral information is sensitive. Records must be accurate, objective, dated, stored securely and accessible only to authorised staff.

- Only information necessary for the student's safety, support or lawful school function should be recorded and shared.
- Students should be told, in age-appropriate language, that staff cannot keep information secret when someone may be unsafe.
- Safeguarding information is managed under the Child Protection and Safeguarding Policy and takes priority over routine pastoral confidentiality.
- Sensitive information must not be discussed in public areas, informal messaging groups or with unauthorised persons.
- Where information is transferred to an external professional or competent authority, the school will follow applicable consent, safeguarding and legal requirements.

23. STAFF TRAINING AND PROFESSIONAL BOUNDARIES

All staff will receive appropriate induction and ongoing training relevant to their role. Training will include recognising wellbeing concerns, referral routes, safeguarding, professional boundaries, confidentiality, inclusive practice, bullying/cyberbullying, and responding to disclosures.

Staff must maintain professional boundaries. They should not provide therapy or clinical advice beyond their competence, communicate with students through unauthorised personal channels, or retain significant concerns without reporting them.

24. STAFF WELLBEING

AICS recognises that staff wellbeing contributes to safe, stable and supportive learning environments. School leaders will promote respectful working relationships, access to appropriate support, reasonable opportunities for staff voice and wellbeing initiatives. Staff wellbeing provision will be reviewed alongside student wellbeing as part of the school's whole-school approach.

25. MONITORING, EVALUATION AND IMPACT

AICS will evaluate wellbeing provision systematically. Evaluation will focus on outcomes and stakeholder experience, not only the number of events or activities.

Evidence may include:

- student, parent and staff wellbeing surveys and focus groups;
- student voice and sense-of-belonging information;
- attendance, punctuality, behaviour, bullying and safeguarding patterns;
- counselling and pastoral referral themes, using anonymised/aggregated information for strategic review;
- participation and engagement in school life;
- inclusion and accessibility information;
- impact reviews of targeted interventions and support plans;
- feedback from families, staff, students and relevant external professionals.

Wellbeing leaders will identify priorities, establish actions and measurable success criteria, review progress and report relevant strategic information to senior leaders and governors. Sensitive individual information will not be included in strategic reporting unless necessary and appropriately protected.

26. COMPLAINTS AND ESCALATION

Students and parents may raise concerns about wellbeing or pastoral provision through the school's established communication and complaints procedures. A safeguarding allegation or concern will not be managed solely as a complaint and must be referred immediately through safeguarding procedures.

27. RELATED AICS POLICIES AND PROCEDURES

- Child Protection and Safeguarding Policy
- Anti-Bullying and Cyberbullying Policy
- Student Behaviour and Disciplinary Policy
- Attendance and Punctuality Policy
- Inclusion / Students of Determination Policy
- Drug, Alcohol and Vape Policy

- Online Safety / Cyber Safety Policy
- Health and Safety / School Clinic procedures
- Complaints Policy
- Educational visits, transport and emergency procedures

28. REVIEW OF POLICY

This policy will be reviewed at least annually and earlier where required by changes in UAE law, KHDA requirements, safeguarding guidance, DHA requirements, school context, student needs or evaluation findings. The Principal and relevant school leaders are responsible for ensuring that revisions are communicated and implemented.