



**Alexandra**  
Primary School

Aspire, Perform, Succeed

# Whole, Happy, Healthy Strategy

## A whole school strategy for building resilience and supporting positive emotional literacy

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## Wellbeing Strategy Summary

### Intent

At Alexandra Primary School we aim to promote a safe, stable and inclusive environment for all staff and children to ensure that they are able to aspire, perform and succeed. We recognise the impact that wellbeing and mental health can have on the development of the whole child. It is our responsibility to prepare children for the future and to equip them with a range of strategies to develop their emotional literacy in order to cope with whatever life may bring i.e. building resilience.

Sitting alongside the focus on child wellbeing, is staff wellbeing and sense of fulfilment. This is imperative because this has a direct impact on the wellbeing of the children they are in daily contact with. If staff are engaged, energised and confident, this will enable them to demonstrate our school values and ethos, to deliver high quality teaching and learning with children being able to take responsibility and show resilience.

Our school believes in developing positive partnerships with families and the local community, enabling us to work together in a child-centred approach. This, together with a foundation of positive relationships between school staff and children, will encourage children to communicate their worries and concerns with the school and other adults.

### Implementation

Through the implementation of our practical, relevant and effective wellbeing strategy we can successfully support children. We use both universal, whole school approaches and for those children who are considered more vulnerable, we use specialised, targeted support. Depending on the specific need, one of four stages of support will be implemented:

- Universal provision through the curriculum, wellbeing sessions and circle time to build and promote resilience and develop coping strategies
- Early intervention
- Higher level targeted support
- Risk support and care for those with the most complex needs or are the most vulnerable

Staff wellbeing is considered when planning all initiatives and activities to ensure that we are concentrating on engaging, energising and enabling staff to fulfil their roles and responsibilities with a growing sense of pride.

### Impact

The impact of our wellbeing strategy can be seen through how prepared children are for the next stage in their education and beyond; their resilience and creativity when tackling new situations; their approach to challenge and problem solving and their willingness to take risks without fear of failure.

The impact will be:

Children who **Aspire, Perform, Succeed** in a school that develops the **Whole** child, a **Happy** community and a **Healthy** environment. Challenge accepted.



## Whole, Happy, Healthy Wellbeing Strategy at Alexandra Primary School

Mental health is a state of wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community. **(World Health Organisation)**

At Alexandra Primary School, our **moral purpose** states:

Emotional Literacy / wellbeing is a clear indicator of academic achievement, success and satisfaction in later life. We are committed to promoting children's emotional literacy / wellbeing and incorporating appropriate activities into children's routines and school life. Such activities may include: wellbeing, resilience, personal responsibility, growth mind-set, kindness, mindfulness and gratitude. We will promote our ethos through assemblies, work-related tasks and school projects via the School Council and our Rights Respecting Committee. Our school values equip children with the knowledge and skills to support, encourage and enable them to be in charge of their own wellbeing.

This document describes the school's approach to promoting emotional literacy and wellbeing. It is intended as guidance for all staff including non-teaching staff and governors.

### **Aims**

At Alexandra Primary School we aim to create an environment that promotes positive mental health for staff and pupils by:

- Ensuring that all pupils and staff feel valued
- Increasing staff understanding and awareness of common mental health issues and impact of trauma
- Providing opportunities for staff to look after their mental wellbeing
- Providing pupils with opportunities to talk openly with trusted adults about their concerns, issues and problems, without judgement
- Prioritising Reading for Pleasure to enhance wellbeing across the school
- Providing support to pupils suffering from mental ill health and their peers and parents or carers
- Work to build strong relationships so that children and adults feel connected and accepted
- Alerting staff to early warning signs of mental ill health in pupils
- Providing support and training to staff working with young people with mental health issues

### **Responsibility**

Any member of staff who is concerned about the mental health or wellbeing of a pupil should speak to a Designated Safeguarding Lead (DSL) in the first instance. If there is a fear that the pupil is in danger of immediate harm, then the normal child protection procedures should be followed with an immediate referral to the DSL. If the pupil presents a medical emergency then the normal procedures for medical emergencies should be followed, including alerting the first aid staff and contacting the emergency services if necessary.

Where a referral to CAMHS is appropriate, this will be led and managed by the SENDCo or DSL.

## **Reading for Pleasure and links to Wellbeing**

Research has shown that being a frequent reader in childhood is associated with enhanced psychological wellbeing, higher self-esteem and a greater ability to cope with difficult situations. In classrooms where reading for pleasure is at the heart of practice there are social and relational benefits for young readers. Research from the National Literacy Trust has shown that children who like to read are three times more likely to have positive mental health than those who don't.

At APS we prioritise Reading for Pleasure (RfP) pedagogy across the school. Being a frequent reader in childhood is associated with the following:

- Significantly enhanced vocabulary development and wider general knowledge
- Enhanced narrative and descriptive writing
- Enhanced reading comprehension
- Increased psychological wellbeing and resilience for example, better able to handle transition times and building 'academic grit'
- Development of social and relational benefits for young readers
- RfP can support social change and is a matter of social justice

## **Teaching about Mental Health**

The skills, knowledge and understanding needed by our pupils to keep themselves and others physically and mentally healthy and safe are included as part of the PSHE curriculum.

The content of lessons will be determined by the specific needs of the cohort being taught, but there will always be an emphasis on enabling pupils to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others.

School will follow the PSHE Association's Guidance to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner, with the emphasis on helping children understand issues and encourages children to develop the skills they need to cope with normal life challenges. Alongside this, we are a Rights Respecting school and children are taught what rights all children have and what this means for them. See Appendix A - UNICEF Rights Respecting Articles.

## **Warning Signs**

School staff may become aware of warning signs which indicate a pupil is experiencing mental health or emotional wellbeing issues. These warning signs should always be taken seriously, and communicated to a DSL.

Possible warning signs to look out for in pupils or their immediate family include:

- Physical signs of harm that are repeated or appear non-accidental
- Changes in eating or sleeping habits
- Increased isolation from friends or family
- Becoming socially withdrawn
- Changes in activity, mood or behaviour
- Lowering of academic achievement
- Talking or joking about self-harm or suicide,

- Abusing drugs or alcohol in the family
- Expressing feelings of failure, uselessness or loss of hope
- Changes in clothing e.g. long sleeves in warm weather
- Secretive behaviour
- Skipping PE / Games or getting changed secretly
- Lateness or absence from school
- Repeated physical pain or nausea with no evident or medical cause
- Increase in lateness or absenteeism

Staff should report concerns or disclosures to the DSL and log these on CPOMs as they would for all safeguarding concerns.

## **Signposting**

School will ensure that staff, pupils and parent / carers are aware of sources of support within school and in the local community. See Appendix B - Sources of support at school and in the local community

Relevant sources of support will be displayed in communal areas such as staff rooms, corridors, group areas, library and notice boards and will regularly highlight sources of support to pupils within relevant parts of the curriculum. Whenever school highlights sources of support, staff will increase the chance of pupils seeking help by ensuring pupils understand:

- what help is available
- who it is aimed at
- how to access it
- why they might need to access it
- what is likely to happen next

## **Stages of support available for pupils**

### **Universal provision through the curriculum, Wellbeing Sessions and Circle Time**

APS will make sure that children and young people are able to:

- Understand change as a natural part of life
- Have high aspirations and are able to recognise, develop and utilise strengths within themselves, their families, their schools and their local communities
- Have the right building blocks in place to support their emotional wellbeing so that they can develop life skills which will help them to recognise and manage normal life challenges into adulthood and be able to deal with them throughout their life
- Manage periods of uncertainty in their life and have the resilience to withstand and recover from difficult times (such as stress, bullying, bereavement and behaviours around substance use and sexual health)
- Recognise and avoid pressure from the actions of their peers
- Develop and maintain self-worth and confidence.
- Know their rights and entitlements as part of the UNCRC (United Nations Convention of the Rights of a Child)
- Recognise the importance of participation in a range of activities
- Prepare for transition and equip them with strategies to support them as they move into adulthood

Staff recognise that periods of transition may be particularly difficult for children and young people so we will make sure that extra support is put in place to plan for and help during these times to prevent problems from arising or escalating.

### **Early intervention**

APS will make sure that children, young people and the people around them are able to recognise:

- Things that are happening to them that may affect their emotional wellbeing and the effect they could have
- When they are finding things difficult
- When things are not going so well, children, young people and the people around them are able to:
  - Easily find out where and how to access information to support themselves
  - Put strategies in place to help manage these difficulties including how they can take care of themselves as well as being given help
  - Share and develop coping strategies to help now but that can also be used again in the future
  - Understand and communicate what support will work best for them as an individual and their family
  - Recognise how by improving their physical health they can help their emotional health

Early Help approaches will work when:

- Children and their families who need help are identified quickly and the right help is put in place at the right time to improve wellbeing
- All adults and services involved are clear about their role and responsibilities, are able to recognise when difficulties may be occurring, and work together as one whole support system putting the needs of the child first
- The first person that a child or young person goes to for help has the skills, expertise and knowledge to provide the right advice and support or signpost them to it
- Support, or access to support, is provided where we think difficulties may occur and more help is needed such as:
  - Children aged 8 to 11 have the skills and support in place to help when difficulties are more likely to arise e.g. when entering adolescence
  - Children, young people and their family are involved in preparation for any periods of change so that difficulties do not increase e.g. moving schools or services

### **Higher Level Targeted support**

APS will make sure that:

- Children, young people and their families are able to find reliable information and advice and guided help to be able to help themselves in the first instance
- Children, young people and their families can access evidence-based support and interventions when they need them

- The first person that children and young people or their families choose to speak to can provide appropriate practical help, advice and support, including access to additional support or signpost them to other members of school staff
- People who provide support help as much as they can and get advice, instruction and guidance for themselves to be able to provide more support to the child / young person
- If additional help and support is needed from other professionals and specialist services, school adults will contact them via clear pathways and the child and their family know what is going to happen and when
- Children, young people and families will have knowledge and information about self- help skills and tools so that they can successfully manage their difficulties
- Any input from more specialist services will be time focused to meet specific and identified needs
- While specialist services are working with a child or young person, the other people around them will continue to provide support as well
- Once any specialist treatment has been completed, on-going support will be continued by people who are close to the child or young person including family and friends
- There is an appropriate response by services when things change or get worse
- Where a child requires involvement from a range of agencies, we encourage services to ask the same questions and share the answers with other services so that children and young people only have to tell their story once
- Services and professionals are proactive to identify and support emerging needs of children, young people and their families
- That support is located in the right places at the right time and provided in the right way, so that children and young people will want to use it
- That support includes approaches and tools that will help the young person and their as they prepare for adulthood

### **Risk support and care for those with the most complex needs or the most vulnerable**

At APS, we recognise that some children are at greater risk of experiencing poorer mental health. For example, those who are in care, young carers, those with prior access to CAMHS, those living with parents with mental health needs and those in households experiencing Domestic Abuse.

Staff will:

- Work to understand our local population to know which groups or who are most likely to need help and make sure that they do not slip through gaps
- Make sure that services work together to help those that find it hardest to access support, and that they do not experience additional stigma or labelling because of their needs
- Develop specific approaches to make sure that services are able to develop relationships to help engage children and young people to support them fully
- Make sure that children and young people are supported to be ready for the treatment that they need. This may mean that people who are already supporting them and know them will share their knowledge about the best approaches for other services to use
- Look for opportunities to develop integrated pathways and ways of working across all services to improve emotional wellbeing and mental health
- Make sure that there is equality of access to support based upon the level of need and risk to the individual child or young person

- Make sure that the support provided has been proven to work for children and young people with more specific needs. Where there are gaps in recommendations of support we will test and evaluate potential new innovative approaches to meet their needs
- Make sure that we link to all of our other local targeted strategies for children and young people with specific needs e.g. for Special Educational Needs and Disabilities (SEND)
- Ensure that effective planning and support processes are in place for those that will have ongoing support needs into adulthood, and that these fully involve young people and their families

All services will follow up children and young people who do not engage and utilise alternative and innovative approaches to re-engage them. Services will work together to engage with and support families to ensure that interventions with their children are effective. This includes active follow up and consideration of different approaches if they are finding it hard to engage. Services will be flexible in their approach to support and make sure that the child or young person's needs are at the centre of all they do.

### **Confidentiality**

If a member of staff feels it is necessary to pass on concerns about a child to either someone within or outside of the school, then this will be first discussed with the child. All staff should be aware that they cannot promise confidentiality to a child. It is important to also safeguard staff emotional wellbeing. Safeguarding supervision between the named persons relieves the burden of concerns and also ensures continuity of care should staff absence occur.

Parents would be informed if concerns are raised about a child's mental health. If a child gives us reason to believe that they are at risk, or there are child protection issues, parents should not be informed, but the child protection procedures should be followed.

See school's Safeguarding and Child Protection Policy for more information

### **Whole school approach working with parents / carers**

Staff are mindful that for a parent, hearing concerns about their child can be upsetting and distressing. They may therefore respond in various ways which we should be prepared for and allow time for the parent to reflect and process the situation.

Signposting parents to other sources of information and support can be helpful in these instances. Communication will be kept open should the parents have further questions or concerns. A record of the meeting and points discussed / agree are added to CPOM's and an Individual Care Plan created if appropriate.

### **Individual Care Plans**

It is helpful to draw up an individual care plan for pupils causing concern or who receive a diagnosis pertaining to their mental health. This should be drawn up involving the pupil, the parents / carers and relevant health professionals and can include:

- Details of a pupil's condition
- Special requirements or precautions
- Medication and any side effects
- Emergency procedures
- The role the school can play



## **Targeted support for identified pupils**

- Step 1 light touch interventions e.g. playground support, circle time, wellbeing group sessions
- Step 2 pastoral support from J Bird or other trained member of staff e.g. Drawing and Talking, Lego Therapy and Sensory Circuits
- Step 3 ELSA support or Play Therapy
- Step 4 Assessment and care plan with associated specialist programs
- Step 5 referral to CAMHS or other external agencies.

## **Realistic Expectations**

Mental health issues can be ongoing for some time. They can impact greatly on a pupil's ability to access school. All members of staff will be realistic in their expectations of affected pupils, to ensure those pupils are not placed under undue stress which may exacerbate their mental health issues.

Expectations should always be led by what is appropriate for a specific pupil at a specific point in their recovery journey rather than by what has worked well for others, so some degree of flexibility is essential.

Expectations to consider should include:

- Academic achievement
- Absence and lateness
- Access to extra-curricular activities including sport
- Duration and pace of recovery
- Ability to interact and engage within lessons

## **Staff Wellbeing**

The focus on wellbeing, stemming from the school's moral purpose, also extends to the adults who work and support in school. Promoting staff wellbeing has a direct link to enabling children to realise the school aims and promotion of the values that underpin them.

Often the first signs of changes in staff wellbeing are seen by those colleagues working most closely with them. We would encourage colleagues to listen, support and be non-judgmental in their responses, informing senior colleagues where concerns escalate or have safeguarding implications.

There are a number of activities that school currently does to promote wellbeing with staff including:

- School funded access to Employee Assistance Programme, via the charity Education Support. This offers support for issues both at home and at school, financial and legal guidance, coaching, access to health and wellbeing resources and counselling
- Distributed leadership so that workload is spread across groups
- Setting aside non-class time, we provide more PPA and non-contact time, management release than is set out in School Teachers' Pay and Conditions and staff can ask for more time when they feel they need it
- Fostering the school's culture and systems so that staff are aware that they need to take

ownership for managing their own time and are confident to ask for support from colleagues

- Offering wellbeing subsistence such as Friday treats, Thank you Thursdays, end of term staff gatherings, thank you boxes.
- High quality Joint Practice Development opportunities, both in school and via high quality, third party providers.
- Access to Collabor8 and Hounslow Education Framework (HEP) network of subject leaders, moderators and good practice visits to other schools
- Coaching and mentoring for ECTs, and other staff as the need arises.
- Paid staff meals where staff offer to supervise children for 20 minutes, free tea and coffee, cold water dispensers, so that staff can be refreshed and recharged
- Flu jabs arranged to try and reduce staff absence
- Time given for data and assessment
- Carefully considered marking and feedback policy to help promote a healthy work-life balance
- Free reversible jackets for break duty and off-site trips.
- Annual opportunities to complete a professional review form to share successes and next steps
- Celebrating staff successes staff as part of the appraisal process
- Regular opportunities to feedback on new initiatives to ensure school considers workload and impact on wellbeing
- Clear roles and responsibilities articulated through staff handbook
- Accountability and expectations clearly articulated and discussed regularly with staff

However, there is always more that we can do. As leaders we aim to keep the following in mind:

### **Valuing staff**

Part of our ethos is the belief that staff are the school's biggest resource and therefore need to be encouraged, nurtured, supported and developed. It is the view of the senior leaders that the school ethos needs to be based around two of our British Values of respect, treating others as you would like to be treated with compassion as part of respect, focussing on what we have in common with each other and not differences. We set British Values in the context of respect for each other and our community, having compassion for all.

The school always looks to accept requests from staff to attend personal events, such as their child's first nativity play or a graduation, as it acknowledges that this positively affects their wellbeing. School uses the Local Authority Special Leave policy as a basis, however school also believes that a culture of understanding of the busy lives of staff is important so that staff can give the best of themselves.

### **Clarity in scheduling and purpose of meetings**

Dates of meetings are added to the calendar at the start of the academic year and or term, with minimal changes being made to the meetings schedule as far as possible. Where meetings need to be changed, SLG explain the reasons to staff. Meetings do not take place unless they have a specific purpose.

The half termly plan allows staff to be aware of their workload, to manage their time more effectively, knowing what is expected and to plan ahead. Monitoring activities are included within the half termly calendar, allowing subject leaders time to focus on raising standards in their

subjects. The School Development Plan details objectives and priorities for the school year. It is important that leaders carefully plan such opportunities to enable work to be completed in timely ways so that it won't affect the work of others or have a detrimental impact on 'work-life balance'.

### **Focusing on the 'meaningful' in marking, planning and report writing**

SLG consider the impact of feedback and which makes the difference to children. The use of a range of strategies for feedback are implemented to give staff the opportunity to select the most meaningful approach for each individual lesson and pupil. Expectations around written feedback are clearly communicated to staff and are considered carefully to avoid increased workload.

The school also asks that teachers plan their lessons, but it does not require staff to complete a detailed lesson plan. As a basic principle, everything should have a purpose in supporting teaching and learning.

This principle of focusing on what is necessary extends to report writing. The school observes the statutory requirements for reporting to parents, and looks to find a balance in the amount of detail teachers give in the termly snapshot reports for attainment and progress. This means that parents are well informed and additional meetings are minimised thus reducing workload pressures.

Leaders in school ensure there are arrangements in place to support individuals experiencing stress, referring them to the school's Occupational Health advisers where appropriate. Records are kept which enable the school to measure its performance in relation to stress management and employee wellbeing, such as:

- Sickness absence data
- Staff turnover, exit interviews
- Number of self-referrals to the counsellor service
- Number of referrals to Occupational Health support
- Numbers of grievance and harassment cases

### **Developing a meaningful partnership with parents to support the wellbeing of all children**

An open-door policy operates, providing opportunities for parent's views to be heard. Each year group has an email address so that parents have the means to contact the Year Group Leaders with any feedback or concerns they may have regarding their child. Engagement with parents is promoted through workshops, parent's evenings and events to celebrate success such as class assemblies and the Year 6 Leavers Graduation Ceremony. Wellbeing information is given to all parents during Parents Evening in the Autumn Term and published on the school website.

### **Further Support**

Further support can be found through Education Support Partnership, a UK charity that provides mental health and wellbeing services to all education staff and organisations.

Contact Education Support Partnership Helpline on **08000562 561 (Every Day, 24 hours a day)**

You can also text on 07909341229 or email [support@edsupport.org.uk](mailto:support@edsupport.org.uk)

Or find resources on the website at [www.educationsupportpartnership.org.uk](http://www.educationsupportpartnership.org.uk)

Further information can be found in Appendix C – Further information and sources of support about common mental health issues.

## **Monitoring and Evaluation**

This strategy will be reviewed at least annually by the Governing Board.

## **Links to other school policies**

The Whole Happy Healthy Strategy links to the following other school policies / procedures:

- Staff Code of Conduct
- Whistleblowing
- Allegations against staff
- Attendance
- Anti-bullying
- Behaviour
- Children Missing in Education
- Equalities
- Health & Safety
- Intimate Care
- Medical Policy
- Online safety
- Physical intervention
- Remote Learning
- Safer Recruitment
- Sex and Relationships Education
- Use of children's images

## Appendix A - UNICEF Convention on the Rights of the Child

<p>1</p>  <p>DEFINITION OF A CHILD</p>	<p>2</p>  <p>NO DISCRIMINATION</p>	<p>3</p>  <p>BEST INTERESTS OF THE CHILD</p>	<p>4</p>  <p>MAKING RIGHTS REAL</p>	<p>5</p>  <p>FAMILY GUIDANCE AS CHILDREN DEVELOP</p>	<p>6</p>  <p>LIFE, SURVIVAL AND DEVELOPMENT</p>	<p>7</p>  <p>NAME AND NATIONALITY</p>
<p>8</p>  <p>IDENTITY</p>	<p>9</p>  <p>KEEPING FAMILIES TOGETHER</p>	<p>10</p>  <p>CONTACT WITH PARENTS ACROSS COUNTRIES</p>	<p>11</p>  <p>PROTECTION FROM KIDNAPPING</p>	<p>12</p>  <p>RESPECT FOR CHILDREN'S VIEWS</p>	<p>13</p>  <p>SHARING THOUGHTS FREELY</p>	<p>14</p>  <p>FREEDOM OF THOUGHT AND RELIGION</p>
<p>15</p>  <p>SETTING UP OR JOINING GROUPS</p>	<p>16</p>  <p>PROTECTION OF PRIVACY</p>	<p>17</p>  <p>ACCESS TO INFORMATION</p>	<p>18</p>  <p>RESPONSIBILITY OF PARENTS</p>	<p>19</p>  <p>PROTECTION FROM VIOLENCE</p>	<p>20</p>  <p>CHILDREN WITHOUT FAMILIES</p>	<p>21</p>  <p>CHILDREN WHO ARE ADOPTED</p>
<p>22</p>  <p>REFUGEE CHILDREN</p>	<p>23</p>  <p>CHILDREN WITH DISABILITIES</p>	<p>24</p>  <p>HEALTH, WATER, FOOD, ENVIRONMENT</p>	<p>25</p>  <p>REVIEW OF A CHILD'S PLACEMENT</p>	<p>26</p>  <p>SOCIAL AND ECONOMIC HELP</p>	<p>27</p>  <p>FOOD, CLOTHING, A SAFE HOME</p>	<p>28</p>  <p>ACCESS TO EDUCATION</p>
<p>29</p>  <p>AIMS OF EDUCATION</p>	<p>30</p>  <p>MINORITY CULTURE, LANGUAGE AND RELIGION</p>	<p>31</p>  <p>REST, PLAY, CULTURE, ARTS</p>	<p>32</p>  <p>PROTECTION FROM HARMFUL WORK</p>	<p>33</p>  <p>PROTECTION FROM HARMFUL DRUGS</p>	<p>34</p>  <p>PROTECTION FROM SEXUAL ABUSE</p>	<p>35</p>  <p>PREVENTION OF SALE AND TRAFFICKING</p>
<p>36</p>  <p>PROTECTION FROM EXPLOITATION</p>	<p>37</p>  <p>CHILDREN IN DETENTION</p>	<p>38</p>  <p>PROTECTION IN WAR</p>	<p>39</p>  <p>RECOVERY AND REINTEGRATION</p>	<p>40</p>  <p>CHILDREN WHO BREAK THE LAW</p>	<p>41</p>  <p>BEST LAW FOR CHILDREN APPLIES</p>	<p>42</p>  <p>EVERYONE MUST KNOW CHILDREN'S RIGHTS</p>
<p>43-54</p>  <p>HOW THE CONVENTION WORKS</p>	<h1>CONVENTION ON THE RIGHTS OF THE CHILD</h1>					

## Appendix B - Sources or support at school and in the local community

### School Based Support

- Referral to **CAMHS (Child and Mental Health Service)**. Suitable for all pupils in primary and secondary schools. Access is via a referral from the school with permission and consent from the parents. The DSLs/SENCO are able to make a referral and discuss the process with the pupil and parents. Meetings and support can be organised in school time, having access to a room and review meetings planned as appropriate. This is suitable for a range of family experiences and can include family therapy and play therapy together with counselling support.
- **Discussion with the School Nurse**. DSLs/SENCO talk together and discuss concerns with school nurse. With consent from the parents, the pupil is able to speak with the school nurse with/without parents present – depending on the needs of the child and request of the parents. This is suitable for dealing with any health issues and managing emotions of the pupil and family.
- **Referral to the Early Help Team**. A referral form is completed. This can be carried out by a DSL or SENCO in consultation and with parental consent. Meetings can take place on the school site with parents fully involved. Several meetings take place with a review session to discuss the next steps. This is available to pupils in primary schools and can include support on transition, managing change and issues around anxiety associated with bereavement and separation.

### In school

There are five Designated Safeguarding Leads available to support pupils experiencing short term issues. Two staff are trained Mental Health First Aiders, five staff are trained in ELSA support, one in drawing and talking and staff trained to deliver Inner Wings wellbeing support. However, school staff are not trained counsellors and may need to signpost to other agencies for more, long-term support.

## Appendix C - Further information and sources of support about common mental health issues

### Prevalence of Mental Health and Emotional Wellbeing Issues

- Approximately 850,000 children and young people have a clinically significant mental health problem
- 1 in 10 children 5-16 years, or 3 in every classroom have a diagnosable mental health problem. This doubled between the 1980s and mid 2000s and equates to approximately 3 children per class.
- The Government's measure of children's wellbeing found that almost 1 in 4 showed some evidence of mental ill health (including anxiety and depression).
- 1 in 3 diagnosed mental health conditions in adulthood relate directly to adverse childhood experiences that have subsequently impacted on their psychological development and wellbeing.
- It is estimated that half of all mental health challenges manifest before the age of 14 years, with 25% enduring mental health conditions being present by the age of 24 years. Yet less than half receive treatment at the time
- There has been an average increase in referrals of 25% to targeted Child and Adolescent Mental Health Services (CAMHS), with the range being between 20-70%.

(Source: [Young Minds](#) )

Support on many mental health issues can be accessed via [Young Minds](#), [Mind](#) and (for e-learning opportunities) [Minded](#).

### **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 are beginning to impact on a young person's ability to access or enjoy day-to-day life, intervention is needed.

**Online support:** [Anxiety UK](#) and [NSPCC](#)

### **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.

Online support: [Mind \(Depression Alliance\)](#) and [NSPCC](#)

### **Eating difficulties**

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.

**Online support:** Beat (**Eating Disorder Charity**) and Young Minds

### **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](#)

### **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.

Online support: [Self Harm](#) and [NSPCC](#)

### **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: [PAPYRUS](#)