

Flourish with Triumph: Children's Mental Health and Wellbeing Strategy

'Supporting identity, wellbeing and belonging so that every child can flourish, succeed and be who they are meant to be'

Aims

At Triumph Trust, we believe that the mental health and wellbeing of all is incredibly important, and we recognise that when children have the right support at the right time, they have positive mental health. Poor mental health has an impact upon a child's wellbeing, physical health, social interactions, school attendance and engagement with learning.

We are committed to developing a culture and climate which builds a sense of connectedness and belonging, to ensure all children can attend school and thrive. We want our children to confidently be able to use their voice and to feel heard and appreciated and that their views are acted upon. We value and understand that relationships are important to helping children feel safe, that they belong and are happy.

We strive to equip children with the knowledge and skills to promote and take ownership for their mental health and wellbeing. Rather than being reactive, we strive to be proactive and provide early intervention; this will have a positive impact upon children's outcomes, their opportunities, their self-concept, sense of belonging and identity and their futures.

The aims of this strategy are to:

- Recognise how school promotes positive mental health,
- Recognise the importance of mental health and wellbeing,
- Equip children, their parents and school staff with strategies to form a 'wellbeing toolbox',
- Detail the 'waves' of support on offer by school, including universal, targeted and specialist support, (Appendix 3)
- Support staff, parents and children to recognise and report mental health difficulties,
- Recognise staff skillset and provide CPD to staff to feel confident to spot signs of poor mental health and how they can support children to have improved mental health,
- Explain the role of parents in supporting their child's wellbeing and if needed, with mental health difficulties.

Wave 1 'Promoting positive mental health for all' our universal approach:

Children are supported to understand the importance of mental health and wellbeing and to develop strategies for their 'Wellbeing Toolbox' through:

- Our positive school culture where there is a strong sense of belonging and where relationships are prioritised,
- Promotion of inclusion and appreciating difference,
- Our school core values,
- Use of restorative approach,
- PSHE curriculum and lessons,
- Thrive and Shine Thursday sessions,
- Children's mental health week,
- Workshops lead by Mental Health in Schools Team for children and parents,
- Thrive profiling and use of whole class and individual Thrive action plans,
- Use of mindfulness, yoga and regulating techniques
- Support from class teachers e.g. help with schoolwork, check ins & help with friendship difficulties,
- Support from support staff and access to intervention stated in whole class or individual Thrive action plans,
- Low level support from Thrive practitioners e.g. check ins, support on the playground,
- Embedded Jigsaw PSHE Curriculum in all year groups,
- Whole class Thrive targets,
- Regular Assemblies with Mental Health and Wellbeing focus led by staff and pupils,
- Themed Days/weeks linked to Mental Health and Wellbeing,
- Displays in the school,
- Worry boxes in every classroom and outside Deputy Heads office, checked and actioned on a regular basis,
- Access to wellbeing spaces around the school,
- Use of Class Calming Toolkits,
- Implementation of our '5 ways to help your mind feel happy and strong'; which aims to help children flourish, thrive and feel like they belong (appendix 1)!



Wave 2 In school targeted support

In some cases, children may need further targeted support with their mental health and wellbeing. This includes:

- Continued support from class teachers and support staff,
- Further adaptations implemented to support wellbeing e.g. timetabled sensory box time, safety plans, movement breaks, Calm start club
- Additional support from our Thrive Team, Family support worker and Mental Health Lead
- Pastoral and academic interventions e.g. Lego Therapy, Zones of regulation, friendship groups
- Peer support / Wellbeing ambassador support
- Where Thrive profiling suggests that further support is needed, group or 1:1 Thrive sessions with a Thrive practitioner. This will be a regular but a time bound intervention for a set period,
- Drawing and Talking 1:1 or whole class
- Completion of the Dimensions Toolkit; this includes advice, and help leaflets for school staff and parents,
- Workshops
- Input and advice from SEMHL and Specialist practitioner/teacher.

Wave 3 Support from outside agencies

In some instances, children may need additional and more specialist support. In these cases, school will make referrals to specialist mental health services through Coventry and Warwickshire Partnership RISE Navigational Hub.

Specialists that can offer further support are:

- Mental Health Support Team (MHST) (Small group interventions on shared need, 1:1 interventions following referral, Low level CBT sessions for parents)
- Connect for Health School Nursing Team Referral
- RISE referral - Child and Adolescent Mental Health Services (CAMHS)
- Young Carers referral
- Open Early Support Plan/Children's services
- MIND
- Bereavement Support
- Victim Support groups
- Referral to Warwickshire SEND services

Whilst school and parents wait for specialist input to begin, school will continue to support children through their targeted support.

Recognising signs of mental health difficulties

It is the responsibility of all to recognise signs of mental health and to support and report these in the appropriate way.

We know that it can be difficult to spot some signs of mental health difficulties for many reasons such as:

- Difficulties do not always present with a visible behaviour or change in a child,
- Diagnostic overshadowing of mental health difficulties can occur,
- Lack of understanding of mental health conditions can lead to a lack of support at the right time.

To support with early identification of mental health conditions, school refer to Coventry and Warwickshire Partnership, Mental Health in Schools Team 'Teacher's Guide to the signs and symptoms of common mental health problems affecting students' (appendix 1).

Reporting mental health concerns

Staff

School staff should record all concerns regarding a child's mental health and wellbeing on CPOMs. The CPOMs log should include nature of concern, behaviours witnessed, length of time that behaviours have been present, support already implemented and whether parents have similar concerns. This should be logged under **cause for concern** -> **'mental health and wellbeing'**.

Following a CPOMs log, the concern will be discussed and reviewed by the Mental Health Lead and SENDCO and (if necessary) a plan will be created, in conjunction with parents, to support the child.

Children

We teach our children about keeping positive mental health and signs of mental health difficulties and how to look after mental health and wellbeing. We also teach our children about their 'network hand' and who they can speak to when they have worries or concerns. By teaching these aspects and through our relational approach, we are confident that children will be able to recognise difficulties and report these to a member of staff.

For those children who do not feel confident to speak out, we have other ways for children to share worries such as worry boxes.

Staff CPD

In school, we have a number of staff trained in specific areas that support children with their mental health and wellbeing, they include:

- Thrive licensed practitioners,
- Team Teach
- Special Educational Needs,
- Mental Health First aider,
- Bereavement and suicide,
- Emotional Based School Avoidance,
- Attachment and Trauma.
- Self-harm support

In addition to this, all members of staff are trained in the Thrive approach and have had training delivered by the Mental Health in Schools Team to help identify signs of poor mental health, including mental health awareness, low mood and anxiety. We are committed to providing high quality CPD to all staff to help them feel confident to support children with their mental health and wellbeing.

Parental engagement

We understand that by working in partnership with parents, we get the best outcomes for our children. We are proud of the relationships that we have fostered with parents to engage them with school life and to help them understand and support their child's wellbeing and mental health. If we had any concerns regarding a child's mental health and wellbeing, then we would always consult with parents to gain their views and include parents in our plans for providing support. We have an open-door policy for parents and by fostering strong relationships with parents, we are confident that if parents had concerns about their child's mental health and wellbeing then they would raise this with a member of staff.

We offer parents support to promote positive mental health and wellbeing with their child by:

- Weekly Mental Health in Schools tips posted on Class Dojo and social media,
- Mental Health in Schools Team's parent workshops,
- Meetings with Thrive practitioners, Mental Health Lead, Family Support Worker or SENDCO
- Referrals to Early Support,
- Referrals to parenting support
- Signposting parents to appropriate mental and wellbeing support.

Roles and Responsibilities

We are committed to supporting mental health, so our school has:

- Mental Health strategic lead,
- Mental Health First Aider,
- A pastoral team, which consists of Family Support worker or Thrive practitioners,

- SENCo and SEN Team,
- Designated Safeguarding Lead (DSL) and Deputy Designated Safeguarding Lead (DDSL).

The mental health and wellbeing of children in school is a whole school and trust responsibility; every member of staff who interacts, works with and supports our children have the responsibility to support children's mental health, spot signs of mental health difficulties and report and record their concerns.

As part of our commitment to supporting mental health and wellbeing, teachers and support staff will all take responsibility of the children within their class and year groups. Senior Leaders will ensure that mental health and wellbeing are frequent agenda items for leadership meetings, including those of Trustees.

Triumph Learning Trust has a commitment to supporting mental health and wellbeing by implementing the role of strategic trust lead, who meets regularly with trustees and other members from the executive leadership team.

Measuring and monitoring children's mental health and wellbeing

We will measure children's mental health and wellbeing and the impact of this strategy through analysing:

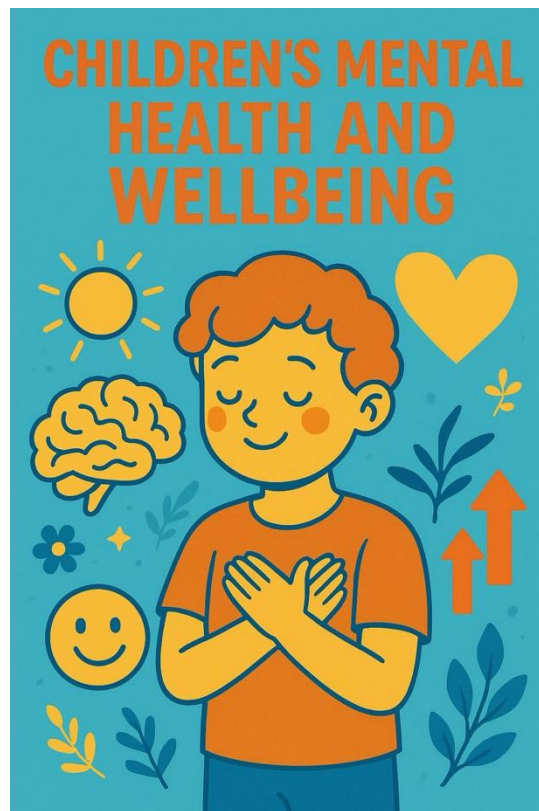
- Attendance data,
- Behaviour logs,
- Pupil outcomes,
- Reviews of practice e.g. safeguarding review,
- Thrive profiling.

We will also gain further information through:

- Pupil/staff/parent voice,
- Observations,
- Case studies.

Please read this strategy in conjunction with:

- Special Educational Needs Policy,
- Relational Behaviour Policy,
- Attendance Policy.



Appendix 1



Connect (Autumn 1): spending time with others, laughing, talking and playing games. Team building activities, creating belonging artwork (for display), circle time and creating connections with others.

Give (Autumn 2): charity events, giving compliments, random acts of kindness, secret student and buddy systems.

Learn (Spring 1): learn a new skill or new knowledge, trying something new, teach each other new skills or knowledge or create a TedTalk!

Take Notice (Spring 2): gratitude journals, what is good about me? Mindfulness, yoga, colouring and nature walks!

Be active (Summer 1): join a club, have more movement breaks, walk and talk, do some exercise, active travel to school and the daily mile.

Celebrate and reflect (Summer 2): what have I achieved? How have I added to my wellbeing toolbox? What else could I add to my wellbeing toolbox? Awards, achievement assemblies and shout outs!

Appendix 2

Contents

Generalised anxiety disorder
Depression
Separation anxiety
Social anxiety disorder
Obsessive compulsive disorder
Panic disorder
Phobias
Post-traumatic stress disorder
Illness anxiety disorder

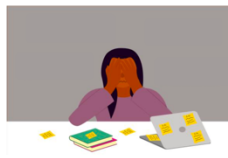


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Generalised anxiety disorder (GAD)

Signs and symptoms to look out for:

- Excessive anxiety and worry about a variety of topics, events or activities.
- Edginess or restlessness.
- Muscle aches or soreness.
- Difficulty concentrating.
- Avoidance of social situations.
- Feeling paralysed when faced with unexpected situations.
- Tiring easily.
- Being irritable.
- Headaches.
- Feeling like the mind has 'gone blank'.



Depression

Signs and symptoms to look out for:

- Depressed or low mood most of the day, nearly every day.
- Markedly diminished interest or pleasure in all, or almost all, activities for most of the day, nearly every day.
- Changes in appetite (increased or decreased).
- Appearing tired and sleepy due to difficulty sleeping or lacking in energy and motivation. May report sleeping more frequently than usual.
- Appearing restless or irritable.
- Decreased concentration.
- Self harm.
- Sad facial expression.
- Poor eye contact.
- May describe feeling numb, empty or 'nothing'.

*There can be difficulties noticing depression as a depressed pre-school child may have periods of brightening or normal functioning.



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Separation anxiety disorder

Separation anxiety appears more frequently in situations such as a change of school, starting a new term, changing friends, being bullied or suffering a medical illness².

Signs and symptoms to look out for:

- Developmentally inappropriate and excessive fear or anxiety when separated from a person they are attached to.
- Crying and clinging to attachment figures or searching or calling for them after they leave.
- When separated from their attachment figure, the child may exhibit social withdrawal, sadness, difficulty concentrating and a lack of motivation.
- Reluctance or refusal to leave the house. The child may be frequently absent from school or reluctant to come to school.
- Reluctance or refusal to sleep away from home.
- A lack of independence.
- Physical symptoms when separated from their attachment figure, such as headaches, dizziness, vomiting and nausea.

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Social anxiety disorder

Signs and symptoms to look out for:

- Intense fear or anxiety about one or more social situations where the individual is exposed to possible scrutiny by others. This must occur in peer settings, not just with adults.
- Fear of acting in a way or showing anxiety symptoms that will be negatively judged as them being anxious, weak, crazy, stupid, boring, intimidating, dirty or unlikeable.
- The fear or anxiety may be expressed by crying, tantrums, freezing, clinging, shrinking or failing to speak in social situations.
- Students may avoid eye contact, not raise their hand, eat lunch alone, avoid presenting to the class and struggle to interact with peers.

* There may be cultural differences about what is considered appropriate in social situations.



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Obsessive compulsive disorder (OCD)

Signs and symptoms to look out for:

- The presence of obsessions, compulsions or both.
- Obsessions – recurrent and persistent thoughts, urges or images that are experienced as intrusive and unwanted and cause anxiety or distress for the individual.
- Compulsions – repetitive behaviours or mental acts that the individual feels driven to perform. They are aimed at reducing anxiety or distress.
- Examples of repetitive behaviours may be actions such as washing or checking. Mental acts may be counting or repeating words silently.
- Children might ask to go to the bathroom frequently, ask repetitive questions, feel that they need to finish all tasks to completion, erase and rewrite letters or retrace their steps.



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Panic disorder

Signs and symptoms to look out for:

- ❑ Recurrent unexpected panic attacks. A panic attack is an abrupt surge of intense fear or intense discomfort that reaches a peak within minutes.
- ❑ Persistently worrying about having another panic attack.
- ❑ Shortness of breath or feelings of choking.
- ❑ Feeling dizzy or light headed.
- ❑ Fear of 'going crazy' or dying.
- ❑ Feeling of being detached from oneself.
- ❑ Chest pain or discomfort.
- ❑ Avoiding situations where a panic attack may occur.
- ❑ Trembling or shaking.
- ❑ Pounding heart.
- ❑ Sweating.
- ❑ Nausea.

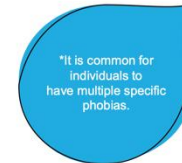


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Phobia

Signs and symptoms to look out for:

- ❑ Intense fear or anxiety about a specific object or situation.
- ❑ The fear may be expressed by crying, tantrums, freezing or clinging.
- ❑ The phobic object or situation always causes immediate fear or anxiety.
- ❑ The phobic object or situation is actively avoided or endured with intense fear or anxiety.
- ❑ The fear or anxiety is out of proportion to the danger posed by the object or situation.
- ❑ The fear or anxiety may cause a panic attack.
- ❑ Individuals with a blood phobia may exhibit a fainting response.



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Post-traumatic stress disorder (PTSD)

Post-traumatic stress disorder (PTSD) occurs after exposure to one or more traumatic events.

Trauma is defined¹ as: Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways: **directly experiencing** the traumatic event(s). **Witnessing**, in person, the event(s) as it occurred to others. **Learning that the traumatic event(s) occurred** to a close family member or close friend¹.

Signs and symptoms to look out for:

- ❑ Recurrent, involuntary and intrusive distressing memories of the traumatic event. This may be expressed through repetitive play in younger students.
- ❑ Flashbacks where the individual feels or acts as if the traumatic event is happening. Trauma-specific re-enactment may occur in play.
- ❑ Intense distress when exposed to events or physical sensations that trigger or symbolise the traumatic event.
- ❑ A persistent negative mood state, for example, fear, horror, anger, guilt or shame.
- ❑ Difficulties forming relationships with teachers.
- ❑ Negative thoughts about themselves.
- ❑ Being jumpy and looking for danger.
- ❑ Children's memory, attention and ability to plan may be affected.

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Illness anxiety disorder

Previously referred to as 'health anxiety'³

Signs and symptoms to look out for:

- ❑ Pre-occupation with either having or developing a serious physical illness ('I am sick', 'there's something wrong with me' or 'I will become ill').
- ❑ There may be no physical symptoms as a basis for this or normal bodily sensations may be interpreted as a sign of illness.
- ❑ Hypervigilance and self-monitoring (checking) for signs of illness.
- ❑ Avoidance of medical care (afraid of a 'bad diagnosis') or
- ❑ Constantly seeking reassurance about symptoms or illness (this may include leaving the classroom to seek support).
- ❑ Reassurance (including test results) from medical professionals will often not result in the young person feeling comforted.
- ❑ Searching for illness or medical related issues online.
- ❑ Being afraid of physical activities like sports because they think they will hurt themselves.

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Children's Mental Health and Wellbeing: Our Graduated Response

If you have any concerns about your child's mental health and wellbeing, please talk to the class teacher or contact Mrs Brookes.

Wave 1 Universal provision	Wave 2 Specific, additional and time-limited intervention	Wave 3 Targeted, specialist provision highly tailored to need
<p>We ensure that our curriculum provides all children with knowledge and skills that ensure all children know how to keep themselves and others physically and mentally healthy and safe.</p> <p>Our positive school culture Promotion of inclusion and appreciating difference Our school core values Use of restorative approach PSHE curriculum and lessons Thrive and Shine Thursday sessions Children's mental health week Workshops for children and parents Whole class and individual Thrive profiling Thrive action plans Use of mindfulness, yoga and regulating techniques Support from class teachers eg. help with schoolwork, check ins & help with friendship difficulties Support from support staff and access to Thrive action plans Low level support from Thrive practitioners Embedded Jigsaw PSHE Curriculum in all year groups Whole class Thrive targets Regular Assemblies with Mental Health and Wellbeing focus Themed Days/weeks linked to Mental Health and Wellbeing Displays in the school Worry boxes in every classroom and outside Deputy Heads office Access to wellbeing spaces around the school Use of Class Calming Toolkits Implementation of our '5 ways to help your mind feel happy and strong'</p>	<p>Occasionally some children may need a little extra school targeted support.</p> <p>Thrive Practitioners - Where Thrive profiling suggests that further support is needed, group or 1:1 Thrive sessions with a Thrive practitioner.</p> <p>Class teams supporting social and emotional development through tailored Thrive action plans. Additional support and Interventions eg. Lego Therapy, Zones of regulation, friendship groups</p> <p>Further adaptations implemented to support wellbeing eg. timetabled sensory box time, safety plans, movement breaks.</p> <p>Calm start club</p> <p>Peer support / Wellbeing ambassador support</p> <p>Drawing and Talking 1:1 or whole class</p> <p>Completion of the Dimensions Toolkit; this includes advice, and help leaflets for school staff and parents.</p> <p>Workshops</p> <p>Input and advice from SEMHL or Specialist practitioner.</p>	<p>Occasionally a child may have more complex mental health needs. We can signpost and support referrals to specialist agencies such as behaviour and emotional health teams.</p> <p>Mental Health Support Team (MHST) We have a named Educational Mental Health Practitioner. Small group interventions on shared need 1:1 interventions following referral Low level CBT sessions for parents</p> <p>Connect for Health, School Nursing, Team Referral</p> <p>RISE referral - Child and Adolescent Mental Health Services (CAMHS)</p> <p>Young Carers referral</p> <p>Open Early Support Plan/Children's services</p> <p>MIND</p> <p>Bereavement Support</p> <p>Victim Support groups</p> <p>Referral to Warwickshire SEND services</p>