Les Landes School Positive Mental Health Policy

UNCRC Article 3: Everyone who works with children should do what is best for each child
UNCRC Article 36: Every child has the right to be protected from things that could harm them
UNCRC Article 19: Every child has the right not to be harmed; they should be looked after and kept safe

Policy Statement

We are committed to promoting the positive mental health and wellbeing of every pupil and member of staff. We recognise that emotional wellbeing is fundamental to children's learning, development, physical health and long-term life chances. Our approach combines whole-school provision with targeted support for those who need it most.

Our work is shaped by four core pillars that guide our ethos and practice:

- ***Development of the Child*** *- As a UNICEF Rights Respecting School – Gold Award, we place children's rights, voice and holistic development at the centre of school life. We create an environment where every child feels safe, respected, valued and empowered to participate fully.*
- ***Entitlement*** *- Every pupil is entitled to a rich curriculum and wider school experience that actively supports their mental, emotional, social and physical wellbeing. Our provision helps children develop the knowledge, skills and confidence they need for future learning and life.*
- ***Equity*** *- As an IQM Centre of Excellence for Inclusion, we ensure that all pupils—regardless of background, need or circumstance—have fair access to support. We identify needs early, remove barriers, challenge stigma and ensure that no child is overlooked or marginalised.*
- ***Quality*** *- We strive for high-quality, evidence-informed mental health provision. Staff are trained, supported and confident in promoting wellbeing, and our systems are regularly reviewed to ensure they have a positive and measurable impact.*

We aim to create a school where all children understand and manage their emotions, develop resilience and confidence, know how to seek help, and feel included and valued. We also prioritise staff wellbeing, recognising that emotionally healthy adults create emotionally healthy environments for children.

Scope

This policy sets out our school's approach to promoting and supporting positive mental health and wellbeing for all members of our community. It applies to all staff, including teaching and non-teaching colleagues, and outlines the systems, expectations and responsibilities that guide our practice. This policy should be read alongside the school's Safeguarding Policy, particularly where a pupil's mental health intersects with medical

needs or child protection concerns; the SEN Policy where a pupil has an identified special educational need; and the Counter-Bullying Policy where relevant.

The Policy Aims to:
Our mental health and wellbeing policy aims to:

- **Promote positive mental health** in all pupils and staff
- **Increase understanding and awareness** of common mental health needs and challenges.
- **Enable staff to recognise early signs** of mental ill health and understand associated risk factors.
- **Provide guidance and support for staff** working with pupils experiencing mental health difficulties.
- **Ensure appropriate support for pupils**, including those experiencing mental ill health, their peers and their parents/carers.

Lead Members of Staff
Whilst all staff have a responsibility to promote the mental health of pupils. Staff with a specific, relevant remit include:

- Vicki Charlesworth- Headteacher/Designated Child Protection/Safeguarding Officer
- Claire McMenamin - Mental Health Lead/PSHE Lead/Mental Health First Aider
- Angela Betts - Lead first aider
- Emma Le Monnier- Pastoral Lead/Deputy Mental Health Lead
- Jessica Roberts- ELSA
- Laura Webster – Deputy Head/SENCo

Any member of staff or any parent/carer who is concerned about a pupil's mental health or wellbeing should speak to the **Class Teacher**, **Mental Health Lead**, or **Pastoral Lead** in the first instance. Concerns will always be taken seriously and responded to promptly. If there is any concern that a pupil may be at **immediate risk of harm**, normal safeguarding procedures must be followed without delay. An urgent referral should be made to the **Designated Safeguarding Lead (DSL)** or, in her absence, the **Deputy DSL/SENCo**. Where a pupil presents with a **medical emergency**, staff must follow the school's established medical procedures, including alerting trained first aid staff and contacting emergency services if required.
Where a referral to **CAMHS** is appropriate, this will be coordinated and led by **Laura Webster (SENCo)**. In addition, the school holds **half-termly meetings** with the Primary Mental Health Worker from the Early Intervention CAMHS team to support early identification and intervention.

Curriculum and Teaching

Positive mental health and wellbeing are promoted throughout our curriculum, with a strong emphasis on building healthy, respectful and supportive relationships. We recognise that secure relationships are the foundation for emotional safety, resilience and personal growth, and this principle underpins all aspects of our teaching and wider provision.

The skills, knowledge and understanding pupils need to keep themselves and others physically and mentally healthy are taught through our developmental PSHE curriculum. We follow **myHappymind**, a whole-school programme grounded in neuroscience and positive psychology, to ensure that mental health and emotional wellbeing are taught in a safe, structured and sensitive way. Lessons focus on developing self-awareness, emotional regulation, resilience, character strengths and positive relationships.

Children are encouraged and supported to access the lesson content in ways that are meaningful and accessible to them, using strategies that help them engage successfully with the learning.

We promote positive mental health and wellbeing across the school through a wide range of approaches, including:

- Strong, trusting relationships between staff and pupils.
- Recognising the background, lived experiences and individual needs of each pupil.
- Daily check-ins with all pupils to support emotional awareness and connection.
- Adaptive teaching that responds to pupils' strengths, needs and starting points.
- Clear routines and expectations that create predictability and emotional safety.
- Opportunities for reflection, creativity and spiritual development across the curriculum, including RE and PSHE.
- Consistent support for vulnerable pupils and those with SEND, involving external agencies where appropriate.
- A range of teaching and learning styles that support engagement, progress and wellbeing.
- Sensory breaks timetabled for each class.
- Enhancing classroom environments, facilities and resources to meet pupils' needs (e.g., focus boxes, stand-up desks).
- Encouraging independence, self-confidence and resilience in learning.
- Promoting a growth mindset and celebrating effort and progress.
- Regular assemblies focused on mental health, wellbeing and positive relationships.
- Support from the Mental Health Lead and Mental Health First Aider, including access to the *Time-to-Talk* box.
- Access to the Sensory Room for pupils who need regulation or calming support.
- Access to the Wellbeing Chalet for pupils, parents and staff, located in a private area of the school grounds.

Pupils in Upper Key Stage 2 are invited to apply for the role of **Mental Health Ambassadors**. Ambassadors receive training from the Deputy Mental Health Lead and

are available at playtime and lunchtime to support peers, promote positive wellbeing and signpost children to appropriate help.

One Page Profile

Our school uses a one-page profile to support positive mental health and wellbeing by helping staff understand each pupil's individual needs, strengths and preferences. A one-page profile may be created for pupils who have a diagnosed mental health need or identified developmental or learning differences, and it is developed collaboratively with the pupil, their parents or carers, and relevant health professionals. The profile outlines what helps the pupil feel safe and supported, what people admire about them, what is important to them, their strengths and talents, their favourite things, any fears or worries they may experience, and their aspirations for the future. This approach ensures that support is personalised, consistent and responsive, enabling pupils to feel valued and able to thrive.

Pupil Voice

We believe that involving children in decisions that affect them is central to their emotional health and wellbeing. When pupils feel heard, valued and able to influence aspects of school life, they develop a stronger sense of belonging, agency and connection to their community. We aim to empower all children to make informed decisions and healthy choices in their lives.

Pupils have regular opportunities to contribute to decision-making through Class Council and School Council. They are also encouraged to join and lead groups that reflect their interests and strengths, such as the P4C (Philosophy for Children) Group, Digital Leaders, the Rights Respecting Team, Anti-Bullying Ambassadors and Mental Health Ambassadors. These roles help pupils develop confidence, leadership skills and a deeper understanding of how they can positively influence the wellbeing of themselves and others.

Supporting Peers

When a pupil is experiencing emotional or mental health difficulties, their friends may also need support. Children often want to help but may be unsure how to do so safely. We will identify, on a case-by-case basis, which peers may benefit from additional guidance and offer this individually or in small groups. These conversations will focus on what friends need to know, how they can be supportive and what to avoid saying or doing. We will also help peers understand how to get support for themselves and healthy ways to manage their own feelings.

Pupil Mental Health and Wellbeing: Warning Signs

School staff may notice changes in a pupil's behaviour, emotions or presentation that suggest they may be experiencing difficulties with their mental health or emotional wellbeing. These signs should always be taken seriously, and any concerns should be shared with one of the Mental Health Leads (Miss Claire McMenamin or Mrs Emma Le Monnier) or SENCo (Mrs Laura Webster) in the first instance.

Warning signs may present differently depending on a child's age, developmental stage, communication style, SEND profile or lived experiences. Staff should use their professional curiosity and seek advice if unsure.

The presence of one sign alone does not confirm a mental health difficulty, but sharing concerns helps us to identify patterns early and offer timely support.

Possible warning signs in primary-aged pupils include:

- **Unexplained injuries** - marks or physical signs that are repeated or do not appear accidental
- **Changes in eating or sleeping** - eating much more or much less, appearing very tired or struggling to sleep
- **Becoming withdrawn** - spending less time with friends, avoiding play, or seeming unusually quiet
- **Noticeable changes in mood** -increased tearfulness, irritability, worry or anger
- **Loss of interest** - no longer enjoying activities they usually like
- **Difficulty concentrating** - struggling to focus in class or complete tasks
- **Decline in school engagement** - reduced participation, reluctance to come to school, or a drop in progress
- **Talking about feeling sad or hopeless** - expressing negative thoughts about themselves or their abilities
- **Changes in appearance or self-care** - wearing clothing that seems unusual for the weather, or a decline in personal care
- **Increased physical complaints** - frequent headaches, stomach aches or feeling unwell without a clear cause
- **Avoiding certain activities** - reluctance to join PE, group work or other routine parts of the school day
- **Changes in attendance** - increased lateness or absence
- Staff should remain alert to behaviours linked to gender-based harm, as outlined in Jersey's VAWG Strategy.

Concerns will be handled sensitively and shared only with relevant staff on a need-to-know basis, in line with safeguarding and data protection requirements.
All concerns should be recorded on the school's safeguarding/wellbeing system so that patterns can be monitored over time and early intervention can be provided.
Staff should trust their professional judgement; if something feels concerning, it is always appropriate to share it.

Staff Mental Health and Wellbeing: Warning Signs
The school recognises that staff may also experience changes in their wellbeing, mental health or emotional resilience. Colleagues should remain mindful of their own wellbeing and that of others, and any concerns should be shared with a member of the Senior Leadership Team or the Mental Health Leads in the first instance. Warning signs may

present differently for each individual, depending on personal circumstances, workload, health, communication style or lived experiences. Staff should use professional curiosity, sensitivity and discretion, and seek advice if unsure. The presence of one sign alone does not confirm a mental health difficulty, but noticing and sharing concerns early will help the school provide appropriate support and prevent difficulties from escalating.

Possible warning signs in staff may include:

- **Noticeable changes in mood or behaviour** - increased irritability, tearfulness, anxiety or withdrawal
- **Reduced engagement** - avoiding interactions, meetings or collaborative work
- **Changes in performance** - difficulty concentrating, reduced productivity or increased errors
- **Increased physical complaints** - headaches, fatigue or frequent illness without a clear cause
- **Changes in attendance** - increased lateness, absence or difficulty remaining at work
- **Expressions of overwhelm** - comments about stress, coping difficulties or feeling unable to manage
- **Changes in appearance or self-care** - looking unusually tired, unwell or less able to maintain usual routines
- **Withdrawing from staffroom or social spaces** - avoiding breaks, lunch or informal interactions

Concerns will be handled sensitively and confidentially, shared only with relevant staff on a need-to-know basis and in line with safeguarding, HR and data protection requirements. Sign-posting will be offered for further support.

Managing disclosures

If a pupil shares a worry, concern or upsetting experience with any member of staff, the response should be calm, supportive and non-judgemental. Staff should listen carefully, offer appropriate reassurance or guidance, and prioritise the child's emotional and physical safety. If a child appears unusually worried, distressed or upset, staff should acknowledge the concern sensitively and follow the school's procedures for recording and reporting.

When a pupil shares that they are worried or unusually upset, this should be recorded on the Wellbeing Log and reported to the Mental Health Leads/SENCo in the first instance. The Mental Health Leads and SENCo will discuss whether the concern should continue to be monitored, whether parents/carers need to be informed, or whether additional support is required.

If a discussion with parents/carers is needed, this communication will be logged on the pupil's confidential record as part of the communication log.

If a child reports a safeguarding concern, the school's safeguarding policy will be followed immediately and without exception.

All wellbeing disclosures should be recorded clearly, including:

- Date
- Name of the staff member receiving the disclosure
- Main points shared
- Agreed next steps

Records will be stored appropriately in line with safeguarding and data protection requirements. The Mental Health Leads and/or SENCo will review the information and determine next steps, including whether ongoing monitoring, early help, or further support is required.

If a member of staff shares a worry or difficulty about their own mental health or wellbeing, they may speak to any trusted colleague, but concerns should be passed to the Senior Leadership Team or Mental Health Leads so that appropriate support can be considered. Any disclosure that indicates a safeguarding concern will be managed in line with the Safeguarding Policy.

Confidentiality

Staff should be honest with pupils about confidentiality. If information needs to be shared, staff should explain who it will be shared with and why. While we aim to inform pupils before information is passed on, consent is not required when sharing information that helps us keep a child safe or monitor their wellbeing effectively. At times, information may need to be shared with several relevant staff members—such as the Mental Health Leads, SENCo, Pastoral Lead or class team—to ensure consistent monitoring and support. If a child appears to be at immediate risk of harm, advice may be sought from external agencies without consent. Parents/carers must be informed if a referral is being made, unless there is a safeguarding concern, in which case the Designated Safeguarding Lead must be informed immediately and parents must not be contacted.

Staff wellbeing information is shared on a need-to-know basis only.

Signposting

We ensure that staff, pupils and parents are aware of sources of support available in school and in the local community. The support we offer is outlined in **Appendix C**. Information about support services is displayed in communal areas such as the Community Kitchen and shared through the school newsletter and website. Pupils are regularly reminded of available support through assemblies and PSHE lessons. When signposting, we help families understand what support is available, who it is for, how to access it, why they might access it and what to expect next.

Working with Parents

We recognise that parents and carers play a key role in supporting children's emotional and mental health, and we aim to build positive, trusting relationships with families. When it is appropriate to inform parents about a concern, we approach this sensitively and

consider the most suitable way to meet, who should attend and what the aims of the conversation are.

Parents may find it difficult or upsetting to hear that their child is struggling. We allow time for them to process information and provide clear explanations, written information where helpful, and signposting to further support. We ensure parents know how to contact us with questions and, where appropriate, arrange follow-up contact. A brief record of all meetings is kept on the child's confidential record.

To support families more broadly, we will highlight reliable sources of information on our website, ensure parents know who to speak to if they have concerns, make our mental health policy accessible, share ideas for supporting children's wellbeing at home, and keep parents informed about the mental health topics covered in PSHE.

Training

As a minimum, all staff will receive regular training about recognising and responding to mental health issues as part of their regular CYPES Safeguarding training in order to enable them to keep students safe.

We will aim to provide links to relevant information in our staffroom for staff who wish to learn more about mental health. The Anna Freud Charity[1] provides online training suitable for staff wishing to know more about a specific issue. In addition, some training modules can be accessed via My Happy Mind.

Training opportunities for staff who require more in-depth knowledge will be considered as part of our appraisal process and additional CPD will be supported throughout the year where appropriate. This includes training a mental health first aider (Miss C. McMenamin).

Where the need to do so becomes evident, we will host twilight training sessions for all staff to promote learning or understanding about specific issues related to mental health.

Suggestions for individual, group or whole school CPD should be discussed with a member of SLT who can also highlight sources of relevant training and support for individuals as needed.

Policy Review

If you have a question or suggestion about improving this policy, this should be addressed to the Headteacher: admin@leslandes.sch.je. This policy will always be immediately updated to reflect personnel changes.

[1] Mental Health Charity | Anna Freud

Reviewed: June 2026

Miss C. McMenamin/Mrs Emma Le Monnier

Appendix A:
Further information and sources of support about common mental health issues

Prevalence of Mental Health and Emotional Wellbeing Issues[2]

- Data from England shows that the number of children and young people aged 5-16 presenting with probable mental health disorders has risen from 1 in 9 in 2017 to 1 in 6 in 2021.
- Around half of all lifetime mental health problems start by age 14 and three-quarters by the mid-20s.
- The most recent survey by NHS Digital of children and young people's mental health in England, undertaken in October 2020 estimated that 1 in 6 children (16%) aged 5-16 years will have a probable mental disorder. This increased from 1 in 9 in 2017. Using this proportion (16%) and applying it to Jersey's estimated number of children aged 5 to 16 gives a total estimate of 2,250 children and young people with a probable mental health disorder.
- The same report states that 1 in 5 (20%) of those aged 17 to 22 were identified as having a probable mental disorder. Applying Jersey's population estimate to this % gives a total of 1,400 young people in Jersey aged 17 to 22 with a probable mental health disorder.

Below, we have sign-posted information and guidance about the issues most commonly seen in school-aged children. The links will take you through to the most relevant page of the listed website. Some pages are aimed primarily at parents but they are listed here because we think they are useful for school staff too.

Support on all of these issues can be accessed via Young Minds (www.youngminds.org.uk), Mind (www.mind.org.uk) and (for e-learning opportunities) Minded (www.minded.org.uk).

[2]Source: https://www.gov.je/Health/Mental/ChildAdolescentMentalHealthService/Pages/CYPEmotionalWellbeingAndMentalHealthStrategy.aspx

Appendix A:
Further information and sources of support about common mental health issues

Prevalence of Mental Health and Emotional Wellbeing Issues in England[3] (2023)

- In 2023, around 1 in 5 children and young people aged 8 to 25 had a *probable mental disorder*. • 20.3% of 8–16-year-olds • 23.3% of 17–19-year-olds • 21.7% of 20–25-year-olds
- Rates rose between 2017 and 2020, but have remained stable from 2022 to 2023.
- Among 8–16-year-olds, boys and girls had similar rates of probable mental disorder.
- Eating disorders have increased significantly since 2017: • 12.5% of 17–19-year-olds had an eating disorder in 2023 (up from 0.8% in 2017). • 2.6% of 11–16-year-olds had an eating disorder (up from 0.5% in 2017).

Applying to Jersey
Using the current 2023 England prevalence (20.3% for 8–16):

- If Jersey has approximately 14,000 children aged 5–16, then: 20.3% ≈ 2,842 children with a probable mental disorder.

Below, we have sign-posted information and guidance about the issues most commonly seen in school-aged children. The links will take you through to the most relevant page of the listed website. Some pages are aimed primarily at parents but they are listed here because we think they are useful for school staff too.

Support on all of these issues can be accessed via Young Minds (www.youngminds.org.uk), Mind Jersey and (for e-learning opportunities) MindEd (https://www.minded.org.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
SelfHarm.co.uk: www.selfharm.co.uk
National Self-Harm Network: www.nshn.co.uk

[3]Source: Mental Health of Children and Young People in England, 2023 - wave 4 follow up to the 2017 survey - NHS England Digital

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.

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.

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: ChildLine spotlight report on suicide: www.nspcc.org.uk/preventing-abuse/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.

Online support
https://www.beateatingdisorders.org.uk/about-eating-disorders/

Eating Difficulties in Younger Children and when to worry: www.inourhands.com/eating-difficulties-in-younger-children

Books
Bryan Lask and Lucy Watson (2014) *Can I tell you about Eating Disorders?: A Guide for Friends, Family and Professionals*. London: Jessica Kingsley Publishers

Pooky Knightsmith (2015) *Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies*. London: Jessica Kingsley Publishers

Pooky Knightsmith (2012) *Eating Disorders Pocketbook*. Teachers' Pocketbooks

Appendix B:
Guidance and advice documents

Mental health and behaviour in schools - departmental advice for school staff. Department for Education (2014)

Counselling in schools: a blueprint for the future - departmental advice for school staff and counsellors. Department for Education (2015)
Teacher Guidance: Preparing to teach about mental health and emotional wellbeing (2015). PSHE Association. Funded by the Department for Education (2015)
Keeping children safe in education - statutory guidance for schools and colleges. Department for Education (2014)

Supporting pupils at school with medical conditions - statutory guidance for governing bodies of maintained schools and proprietors of academies in England. Department for Education (2014)

Healthy child programme from 5 to 19 years old is a recommended framework of universal and progressive services for children and young people to promote optimal health and wellbeing. Department of Health (2009)

Future in mind – promoting, protecting and improving our children and young people's mental health and wellbeing - a report produced by the Children and Young People's Mental Health and Wellbeing Taskforce to examine how to improve mental health services for children and young people. Department of Health (2015)
NICE guidance on social and emotional wellbeing in primary education
NICE guidance on social and emotional wellbeing in secondary education

ncb_framework_for_promoting_well-being_and_responding_to_mental_health_in_schools_0.pdf
Advice for schools and framework
document written by Professor Katherine Weare. National Children's Bureau (2015)

Appendix C: Sources of support at school and in the local community

School based support for staff

We support staff wellbeing through a culture of trust, respect and practical support. This includes opportunities to connect socially, strong teamwork, access to supervision and regular time to discuss pupils. Staff are treated with a non-judgemental approach, their views are valued, and confidentiality is respected. A professional culture of mutual respect, collegiality and genuine community spirit is central to our daily practice, and we ensure staff have time, support when needed. Staff are also supported through eh Employee Assistance Programme, which can be accessed via the Government Wellbeing Team.

School Based Support for children

We promote positive wellbeing every day through consistent relationships, supportive routines and purposeful opportunities. This includes:

- **Warm daily interactions** — greeting children as they arrive and leave, offering regular check-ins and ensuring pupils have trusted adults to talk to.
- **Strong communication with families** — using a range of methods to stay connected and drawing on our knowledge of families to support pupils effectively.
- **Positive learning culture** — using Growth Mindset language, learning partners, individual feedback and pupil conferencing to build confidence and resilience.
- **Staff collaboration** — discussing pupils in staff meetings to ensure consistent support and early identification of needs.
- **Supportive environments** — providing outdoor learning, access to the sensory room and calm spaces for pupils who need time to regulate. Selected children also participate in the My Happy Mind group to support Wellbeing
- **Peer support opportunities** — involving Anti-Bullying Ambassadors and Mental Health Ambassadors to promote kindness and inclusion.
- **Flexible provision** — offering reduced timetables or alternative provision when needed to support individual wellbeing.

Local Support

There are many local support services or charities that might be accessed by school or by families, many of these have no cost. Some organisations offering support are listed below:

- *ADHD Foundation*
- *Autism Jersey*
- *Bosdet Foundation*
- *Centre Point*
- *Child and Adolescent Mental Health Services (CAMHS)*
- *Childline*
- *Children and Family Hub*
- *Education Psychology*
- *Education Welfare Service*
- *Freeda*
- *Jersey Adult Mental Health Services (JAMHS)*
- *Jersey Hospice Care*
- *Jersey Talking Therapies*
- *Kairos Arts*
- *Kooth*
- *Liberate*
- *Listening Lounge*
- *MIND Jersey*
- *NSPCC*
- *Relate*
- *Samaritans*
- *Silkworth*
- *You Matter*
- *Youth Service/YES Project*

More information can be found at: Support Services Directory - Live Support Pack