



**CORLEY ACADEMY**  
Inclusion Aspiration Perseverance Independence

# Mental Health and Wellbeing Policy

**4<sup>th</sup> June 2025**

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## 1. Purpose of the Policy

“Good mental health is characterised by a person’s ability to: learn; feel, express and manage a range of emotions; form and maintain good relationships with others; cope with and manage change and uncertainty”  
(The Mental Health Foundation, 2023)

At Corley Academy, we aim to provide a highly supportive learning environment, based on autism education best practice, where all students are enabled to reach their full academic and personal potential. Our curriculum aims to develop self-confident, happy, independent and motivated learners who strive to reach aspirational goals. We take a holistic view of students and everything we do serves to advance our students personally, academically, socially, spiritually and morally. Our students are the central focus of our endeavours and their understanding of safety and well-being, and the strategies to achieve this, are firmly embedded within our curriculum.

We support our students in developing and maintaining positive relationships, promoting an understanding of their own and others’ wellbeing. We are fully committed to offer support to our students, their families, our staff and the wider community. At Corley Academy, our student’s wellbeing is at the core of everything we do. We provide our students with the opportunity to access hypnotherapy, Interventions and Student Support.

This policy aims to:

- describe the whole school approach to mental health
- provide an understanding and awareness of mental health and wellbeing
- provide intervention that supports students with mental health and wellbeing
- prevent health difficulties and crisis
- provide support and guidance to all staff, including non-teaching staff and governors
- provide support to students, parents/carers as well as the wider community

Training is provided regularly for all curriculum and non-curriculum staff.

This Policy also applies wherever staff or volunteers are working with students off-site, for example: on an educational visit.

As part of Thrive, we have a collective approach to our mental health and wellbeing strategy, which is underpinned by four key principles:

- **Belonging** – Creating inclusive environments where everyone feels valued, respected, and safe to show up as their authentic selves. Guided by the belonging principles of: safety, presence, voice, connectivity, and agency.
- **Compassion<sup>1</sup>** – Embedding a culture of care, understanding, and support across all schools.
- **Trauma-Informed** – Recognising and responding to the impact of trauma adversity on mental health and learning. Actively seeking to avoid re-traumatisation.
- **Centred on people and relationships** – Relational practice that prioritises positive, trusting relationships as the foundation for emotional wellbeing.

## 2. Why is Mental Health and Wellbeing important?

Mental health and emotional wellbeing is just as important as our physical health.

We all have mental health, in the same way we all have physical health, and it is important that we strive to look after both. Mental health lies on a continuum (see diagram 1); there are times when we are excelling and times when we are struggling or even in crisis. It is as important to know, and promote, signs of wellness as it is to recognise when we are struggling. We therefore promote a proactive approach to mental health, one which is about 'everyday mental maintenance' (Self Space, 2025) and not just about looking for signs of crisis.

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<sup>1</sup> Paul Gilbert defines **compassion** as:

**“A sensitivity to suffering in self and others with a commitment to try to alleviate and prevent it.”**

This definition forms the foundation of **Compassion Focused Therapy (CFT)** and emphasises that compassion is not just about being kind or nice — it involves two essential components:

1. **Sensitivity to suffering** – noticing and being moved by distress, both in ourselves and others.
2. **A commitment to alleviate it** – taking wise, courageous action to reduce or prevent that suffering.

Diagram 1: Mental Health Continuum (Self Space, 2025)

Excelling	Thriving	Unsettled	Struggling	In Crisis
Cheerful, joyful Solution focused Energetic High job performance Prioritising sleep and recovery 'Flow' - intense engagement Fully realising potential Actively seeking connections	Normal mood, some variations Positive Calm Functioning normally in job Sleeping well Focused Eating normally Normal social activity	Worried, nervous Edgy Irritable Frustrated Self-Doubting Sad, gloomy trouble sleeping Tired Distracted Decreased social activity	Anxious Depressed, sad Low Self Esteem Tired Poor work performance Presenteeism Poor Concentration Poor Sleep Poor Appetite Drug/Alcohol Abuse	Very Anxious Low Mood Exhausted Lots of sickness Isolation Poor Sleep Weight Loss Psychotic Break Drug/Alcohol Abuse

*"All humans go through challenging times; life is messy and we can all be a little messy at times" (Self Space, 2025).*

*"Children and young people with SEND are at a significantly higher risk of experiencing difficulties with their mental health" (Emerson & Hatton, 2007; Public Health England, 2016; NICE, 2022)*

Key findings in a recent study conducted by Mind (2025) found that school/college is where children and young people are most likely to seek help first, and that the support offered should be readily available, trauma-informed, and treat people holistically.

At Corley Academy we have a role to ensure that children are able to manage times of change and stress, and can access help and support when needed. We also have a responsibility to ensure that students learn about how they can maintain positive mental health, what affects it and where they can go if they need help and support. We want to build a culture in which:

- Students feels accepted, valued and celebrated for *who* they are, not what they achieve or how they behave
- Students have a sense of belonging
- Students feel safe - psychologically and emotionally, as well as physically
- Students feel able to talk openly with a compassionate and trusted person, without fear of judgement or stigma
- Students feel positive mental health is promoted and valued

- Interactions are guided by relational practice
- Trauma-informed practice is embedded into our infrastructure, not treated as an add-on

### **3. Child Protection Responsibilities**

Corley Academy is committed to safeguarding and promoting the welfare of children and young people, including their mental health and wellbeing. We recognise that children have a fundamental right to be protected from harm and that students cannot learn effectively unless they feel secure. We therefore aim to provide a school environment which promotes self-confidence, a feeling of self-worth and the knowledge that students' concerns will be listened to and acted upon.

*“Every student should feel safe, be healthy, enjoy and achieve, make a positive contribution and achieve wellbeing” (Every Child Matters, 2004, DfES).*

The governors take their responsibility to uphold the aims of Corley Academy very seriously as well as their duty in promoting an environment, in which children can feel secure and safe from harm. A nominated Governor instigates a review of the school's safeguarding procedures, reports are shared and reviewed regularly.

The Headteacher is responsible for ensuring that the procedures outlined in this policy are followed on a day to day basis.

Corley Academy has appointed a senior member of staff with the necessary status and authority (Headteacher) to be responsible for matters relating to child protection and welfare. Parents and carers are welcome to approach the Designated Safeguarding Lead if they have any concerns about the welfare of any child in the school, whether these concerns relate to their own child or any other. If preferred, parents and carers may discuss concerns in private with the child's Mentor, Head of Year, Mental Health Lead or the Headteacher (DSL).

In addition to the child protection measures outlined in the School's child protection policy, our Academy has a duty of care to protect and promote a child or young person's mental or wellbeing.

#### 4. Background and Trauma

*1 in 5 school – age or young person has a mental health difficulty. Only a third were able to access treatment last year in England.*

*In England 11% of 8-16 year olds with a mental health difficulty had missed more than 15 days of school in 1 term.*

*Children and Young people in England with a Mental Health Difficulty were significantly more likely to have been bullied online compared to those without.*

(The Big Mental Health Report, Mind published 2024)

Corley Academy understands developing knowledge about trauma and its links with mental health are fundamental in removing barriers to a child's development and learning. Trauma can hijack a person's attention, leaning it towards safety and survival with little or no room left for exploration and learning.

Trauma is a lasting response to a distressing or overwhelming experience that exceeds a person's ability to cope or make sense of it at the time. It is not the event, but what happens to a person because of the experience, especially if the person felt powerless, unsafe, or unsupported. Trauma affects the body, brain, emotions, and relationships.

Whether or not something may lead to traumatisation is subject to a number of factors, however, the three 'Es' of trauma (SAMHSA, 2014) can be a helpful guideline:

- **Events** – whether the event or experience include actual or perceived threat of physical or psychological harm (which includes severe neglect).
- **Experience** – how a person labels, assigns meaning to, and is disrupted by an experience or event. Feeling of humiliation, guilt, shame, betrayal, or silencing often shape the experience. How something is experienced may also be linked to a person's culture, availability of social support, or their developmental stage.

- **Effects** – the lasting effects are a critical component. These may have immediate or delayed onset, and may not, on the surface, directly link to the event itself.

Traumatic experiences are generally stored in sensory and emotional memories rather than as cognitive narratives (van der Kolk, 2014). The person may not be able to recall all of any of what happened and may not be able to link their present experience, and response, to what happened. We therefore acknowledge that a person's behaviour may indicate a trauma-response. Effects of trauma may include, but are not limited to:

- Disruptions to neurological development
- Low tolerance to the stresses of daily living
- Difficulties with cognition, including, focus, learning, and processing information
- Difficulties with emotion regulation
- Heightened or blunted emotional states (e.g. aggression or emotional numbness)
- Impact on self esteem
- Difficulties with regulating behaviour
- Hypervigilance, such as a constant state of high alert and difficulty focusing
- Hypoarousal, such as emotional numbness and tuning out
- Difficulties with making and maintaining relationships

The links between trauma and mental ill-health are complex and well-established (van der Kolk, 2014). The impact of trauma on brain development, emotional expression and regulation, self-esteem, sensory processing, and relational patterns can increase a person's risk to distress and mental ill-health. Children with autism and/or a learning disability are more vulnerable to this as their distress may be missed or mis-attributed to their autism or learning disability (diagnostic overshadowing).

## **5. Trauma-Informed Approach**

Corley Academy understands that a trauma and mental-health informed approach can transform the educational experience of children and young people who have experienced difficulties and adversity. Environments that are trauma-sensitive, and staff that are trauma-informed can help mitigate the effects of trauma and make space for a child to enjoy and make the most of their learning journey.

A trauma-informed approach is a culture that is informed, proactive, and embedded at all levels. It encompasses policies, training, physical environments, leadership style, and communication style which seeks to be supportive, and actively avoid re-traumatisation. The implementation of these follow four key assumptions (SAMHSA, 2014):

- **Realisation** – all staff at all levels understand the meaning of trauma and its effects. People's behaviour is understood in the context of coping and survival strategies, which may persist and be reactivated in the here and now. Depending on their role, some staff have access to more in-depth training.
- **Recognise** – all staff recognise the signs and manifestations of trauma.
- **Respond** – schools' understanding of trauma is integrated into processes and practices at all levels. This includes an understanding of vicarious trauma (that we can be hurt by witnessing or hearing about the hurt of others), and know that staff need sufficient support, training, and resources to offer support to others.
- **Resist re-traumatisation** – recognising and consistently evaluating processes and practices to ensure they are trauma-informed and trauma sensitive.

## 6. Early Intervention to support mental health and wellbeing

Staff at Corley Academy understand the risk factors linked to mental-ill health.

Early identification is key to preventing and mitigating mental ill-health. Below are the procedures that are followed when a member of staff has a concern about a student, if another student raises concerns about one of their friends or if an individual student speaks to a member of staff specifically about how they are feeling.

These include:

- Identify individuals that might need support through observation and reporting.
- Use of the school's MHL referral system to communicate concerns to the MHL.
- Use of CPOMs for staff to document voice of the child, incidents and safeguarding concerns.
- Analysing behaviour, exclusions and attendance through use of CPOMs.
- Information through the child's EHCP.
- Gathering parental views through parent meetings and parent questionnaire

- Enabling pupils to raise concerns to their class teacher or other staff members.
- Enabling parents and carers to raise concerns through the class teacher, Mental Health Lead, SENCo or other staff members.
- Discussions with Outside Agencies.

### 6.1. Procedures following a concern

#### Ask, Assess, Act

Where a young person is distressed, the member of staff should ask them what support they need and want. Assess the risk of harm to self or others and try to reduce any risk that is present. Seek support from youth mental health first aiders or mental health champions if needed.

#### Listen non-judgementally

Give them time to talk and gain their confidence to take the issue to someone who could help further.

#### Give reassurance and information

Reassure them. Gently explain that you would like to help them. Do not promise confidentiality - it could be a child protection matter.

#### Enable the young person to get help

Work through the avenues of support within school. Explain that you would like to share their thoughts with someone else so that they can get the best support. Encourage them to speak to someone - offer to go with them.

### 6.2. High Risk

If a student is considered to be at risk, then the Child Protection procedures are followed and concerns are directly reported to the Designated Safeguarding Team through completing a CPOMS entry.

## 7. Confidentiality and information sharing

Students may choose to confide in a member of school staff if they are concerned about their own welfare or that of a peer. Students should be made aware that it may not be possible for staff to offer complete confidentiality. If a member of staff considers a student is at serious risk of causing themselves harm, then confidentiality cannot be kept. It is important not to make promises of confidentiality that cannot be kept even if a student puts pressure on a member of staff to do so.

Parents may discuss any known mental health problem or any concerns they may have about a student's mental health or wellbeing with the students' mentor, senior link or Headteacher. This includes any changes in family circumstances that may impact the student's wellbeing.

## **8. Mental Health First Aid**

In order to ensure adequate mental health first aid provision and awareness it is our policy that:

- There are sufficient numbers of trained personnel to support those students who are experiencing mental and/or emotional difficulties.
- Students have access to Youth Mental Health First Aiders, Mental Health Champions, Interventions and External Support.

## **9. Responsibilities under the policy relating to Mental Health and Wellbeing**

The Designated Safeguarding Lead is responsible for maintaining accurate records of all safeguarding and child protection issues.

All staff have a duty of care towards the students and should respond accordingly when first-aid situations arise.

The support available to students includes:

- Occupational Therapy
- Speech and Language Therapy
- Educational psychologists
- Low-level interventions such as Lego Intervention, Sensory Circuits, Drawing and Talking and Animal Intervention.
- Links with external mental health specialists such as CAMHS and RISE
- Mental Health Lead
- Mental Health Champions (trained by Self Space)
- Student Support
- School Nurse
- Youth Mental Health First Aiders

## **10. Student Absence from school**

If a student is absent from school for any length of time, then appropriate arrangements will be made to send work home. This may be in discussion with any medical professionals who may be treating a student.

The school will offer support through external agencies and local authority services to support the student for example reduced timetables or staggered returns if the following is considered:

- The presence of a student in school is having a detrimental effect on the wellbeing and safety of other members of the community
- The student's mental health concern cannot be managed effectively and safely within the school.

### **10.1. Reintegration to school**

Should a pupil require some time out of school, the school will be fully supportive of this and every step will be taken in order to ensure a smooth reintegration back into school when they are ready. Our academy Attendance and Inclusion Manager will work with families to ensure appropriate strategies are put in place to support both the student and families with the re-integration back into school. This may involve support from our Work Placements/Work Related Learning Co-ordinator and Transition Support.

## **11. Involving Children and Young People**

Children and young people can offer unique perspectives on what it is like to be a student. We know that involving them in decision-making creates meaningful change and improves identified outcomes, as well as facilitating a sense of agency, voice and belonging.

At Corley Academy, we recognise the importance of providing children with access to information about their health, encouraging their participation in decisions that affect their wellbeing, and ensuring a supportive environment where they feel safe and able to voice their concerns.

Through our commitment to the Rights Respecting Schools programme and the UNCRC (United Nations Convention on the Rights of the Child), we focus particularly on Article 24, which emphasises every child's right to the best possible health, including mental health. This article also underlines the importance of access to health information and the right to be involved in decisions about their wellbeing. In addition, Article 12 ensures that students have the right to express their views on matters that affect them, including their mental health. We strive to create a safe, supportive environment where children feel comfortable sharing their thoughts and feelings.

To involve students in our school, we ensure the following:

- Regular opportunities to share their experiences, views and hopes e.g. through school council, pupil questionnaires and other pupil voice activities.
- A safe and non-judgemental space for students to express their views on what happens at school.
- That what they say is valued.
- That they will be listened to, and their views considered.

## **12. Supporting and Training Staff**

At Corley Academy we want all staff to:

- Be confident in their knowledge of mental health and wellbeing
- To be able to promote positive mental health and wellbeing
- To be able to identify mental health needs early and to know what to do and where to get help/support.

Staff training is primarily led by national and local specialist services/professionals in the field. It is important that any training provided is up to date, relevant and evidence based. These are tracked and identified using the following measures:

- Staff and student surveys and focus groups, e.g. CORC
- Edupod audit and evaluation tool.
- MHLs Networking meeting (half-termly)
- Discussions between the school's MHL, Mental Health Champions, SLT, and Pastoral Leads, and the Head of Therapeutic Services.

## **13. Links with other policies**

The Student Mental Health and Wellbeing policy is linked to

- Child Protection and Safeguarding Policy
- Behaviour and Anti-bullying policy
- Exclusions policy
- SEND and Inclusion Policy
- Attendance Policy

## Appendix 1: Protective and Risk Factors

(adapted from Mental Health and Behaviour DfE March 2016)

	<b>Risk Factors</b>	<b>Protective Factors</b>
In the Child	<ul style="list-style-type: none"> <li>• Genetic influences</li> <li>• Specific development delay</li> <li>• Communication difficulties</li> <li>• Physical illness</li> <li>• Academic failure</li> <li>• Low self-esteem</li> <li>• SEND</li> </ul>	<ul style="list-style-type: none"> <li>• Secure attachment experience</li> <li>• Outgoing temperament as an infant</li> <li>• Good communication skills, sociability</li> <li>• Being a planner and having belief that you have control over your life outcomes</li> <li>• Humour</li> <li>• Problem solving skills and a positive attitude</li> <li>• Experiences of success and achievement</li> <li>• Faith or spirituality</li> <li>• Capacity to reflect</li> </ul>
In the Family	<ul style="list-style-type: none"> <li>• Overt parental conflict including domestic violence</li> <li>• Family breakdown (including where children are taken into care or adopted)</li> <li>• Inconsistent experiences of care</li> <li>• Inconsistent or unclear discipline</li> <li>• Hostile and rejecting relationships</li> <li>• Failure to adapt to a child's changing needs</li> <li>• Physical, sexual, emotional abuse or neglect</li> <li>• Parental psychiatric illness</li> <li>• Parental criminality, substance misuse</li> </ul>	<ul style="list-style-type: none"> <li>• At least one good parent-child relationship (or another consistent, emotionally supportive adult)</li> <li>• Affection</li> <li>• Clear, consistent boundaries</li> <li>• Support for education</li> <li>• Supportive long-term relationship or the absence of severe discord</li> </ul>

	<ul style="list-style-type: none"> <li>• Death and loss – including loss of friendship</li> </ul>	
In the School	<ul style="list-style-type: none"> <li>• Bullying</li> <li>• Discrimination</li> <li>• Breakdown in or lack of positive friendships</li> <li>• Negative peer influences</li> <li>• Peer pressure</li> <li>• Poor pupil to teacher relationships</li> <li>• Expectations that are not in line with a child's social, emotional and/or cognitive abilities</li> </ul>	<ul style="list-style-type: none"> <li>• Clear boundaries and expectations</li> <li>• 'Open door' policy for children to raise problems</li> <li>• A whole-school approach to promoting good mental health</li> <li>• Positive classroom management</li> <li>• A sense of belonging</li> <li>• Positive peer influences</li> <li>• A sense of achievement and purpose</li> </ul>
In the Community	<ul style="list-style-type: none"> <li>• Socio-economic disadvantage</li> <li>• Homelessness</li> <li>• Disaster, accidents, war or other overwhelming events</li> <li>• Discrimination</li> <li>• Lack of resources in social, physical, health and mental health care</li> <li>• Other significant life events</li> </ul>	<ul style="list-style-type: none"> <li>• Wider supportive network</li> <li>• Good housing</li> <li>• High standard of living</li> <li>• High morale school with positive policies for behaviour, attitudes, and anti-bullying</li> <li>• Opportunities for valued social roles</li> <li>• Range of sport/leisure activities</li> </ul>

## Appendix 2: Glossary of language

Language is a powerful tool for shaping compassionate, and trauma-informed environments, and a space where people belong. The following glossary is not exhaustive but offers guidance on terms to use which align with a trauma-informed and relational approach.

Words we avoid	Words we use instead	Why this matters
"SEMH/PMLD kids"	"Children with additional or complex [physical/learning/emotional] needs"	Shifts the focus from the need to the person in our primary description of them.
"Behaviour problem"	"Communicating a need"	Shifts focus from judgment to curiosity about unmet needs
"Non-compliant"	"Struggling to engage" or "unable to engage right now"	Recognises possible reasons for resistance (trauma, overwhelm, confusion)
"Attention-seeking"	"Connection-seeking"	Reflects the human need for relational safety
"Refuses or unwilling"	"Unable"	Communicates developmental readiness, not wilful disobedience
"High/low functioning"	"With/without additional support needs"	Avoids harmful hierarchies and respects individual capacity
"Manipulative"	"Trying to get needs met"	A trauma-informed lens sees behaviour as adaptive, not malicious
"Control issues" or "they're just trying to take control"	"Seeking predictability/safety"	Often rooted in experiences of chaos or powerlessness
"Acting out"	"Expressing distress"	Focuses on emotional roots, not

Words we avoid	Words we use instead	Why this matters
		punitive interpretations
"Failed placement"	"Placement ended / didn't meet needs"	Reduces blame; shifts focus to systemic fit
"Aggressive"	"Overwhelmed /distressed"	Behaviour often arises from nervous system overload
"Attachment disorder"	"Attachment strategies"	Focuses on adaptive responses to relational needs, not fixed deficits. Strategies are not fixed. They are activated in the context of a relationship for connection and survival.
"They're choosing to behave like this"	"They don't know another way right now" or "they're doing the best they can with what they have"	Shifts from blame to understanding; assumes skill-building and emotional needs rather than deliberate misbehaviour.
"They need therapy"	"They need support"	Shifts focus from 'fixing' the person to recognising their need for care and contextual understanding.
"Normal/abnormal"	"Neurotypical" / "Neurodivergent"	Acknowledges difference without judgment or hierarchy. Ideally, we will ask the child and their family how they describe themselves.

<b>Words we avoid</b>	<b>Words we use instead</b>	<b>Why this matters</b>
"Meltdown" (used judgmentally)	"Sensory overload response"	Describes what's happening, not blaming.