



**Horizons Therapeutic  
Education Trust**

## **Therapeutic Education Curriculum Policy**

Approved by:  
Date approved:

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## Rationale

The Therapeutic Education Curriculum provides a framework in which our young people are carefully guided to learn, grow, recover and achieve. Our young people have adapted to cope with trauma, neglect, broken attachments and exclusion from their schools and communities. They may be at risk of admission to a specialist mental health provision or have returned from unregulated or out of county care provision. They have often been without the benefit or structure of school for a long time.

Our curriculum therefore must hold a careful balance between high academic aspiration on the one hand and careful understanding of how our young people function and cope. Our aim is to provide the optimal conditions in which a particular young person can learn and thrive. The strands of education, therapy, environment, community engagement and relational discovery are integrated as they are complimentary and necessary for safe and successful outcomes.

In keeping with this, the Therapeutic Education Curriculum offers a rich, broad and engaging vocational curriculum, along with an evidence-based series of therapeutic groups and individual psychological interventions. Timetables are created according to individual need. They are informed by a young person's goals and aspirations, multi-disciplinary team (MDT) review and the young person's psychological formulation.

Our approach to the Therapeutic Education Curriculum is guided by our values (see Homes and Horizons Vision and Values). Our values are:

- We listen to each other
- We help each other
- We learn from each other
- We believe in good relationships
- We grow through having experiences
- We are part of our communities

## Models

A young person's Therapeutic Education Curriculum is informed by established educational and psychological models. Each young person has a **psychological formulation**, which is a bringing together of a young person's presentation and an observation of how they have learned to adapt and cope with their adverse life experiences, specifically in the context of learning. This is developed in collaboration with the young person and where appropriate written for them. A young person's psychological formulation also considers their stage within the **Trauma Recovery Model** (TRM: see glossary). The TRM is used as a tool to guide decisions around a young person's readiness (or otherwise) to process their trauma in therapy. If a young person is deemed not ready to explore trauma actively, then a less

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challenging approach should be provided in the first instance. In this way, the psychological formulation also assists the MDT in understanding a young person's **Window of Tolerance** (see glossary) and their **Zone of Proximal Development** (see glossary). Teachers, therapists and practitioners are therefore able to assess which conditions will best enable learning, without triggering an unhelpful trauma response.

In addition to the above, our Therapeutic Education provision borrows from the principles of **Therapeutic Communities** (see glossary) in that it recognises the valuable and unique opportunities a community like ours can provide young people, such as participation, relationship and responsibility.

All staff are provided training and regular clinical supervision in line with these models.

These models of educational, emotional and cognitive scaffolding have been conceptualised into our key educational approach; the four levels of topic engagement that guide the development and review of a young person's educational timetable: **Relax, Explore, Practice and Stretch** (see glossary).

## **Assessment and Review**

Assessment is designed to be collaborative, ongoing, regular and iterative. The curriculum timetable is co-created with the young person and an MDT, which comprises Teachers, Therapeutic Education Practitioners (TEPs), Clinical Psychologists, an Occupational Therapist, a Speech and Language Therapist and an Art Therapist.

- **Specialist Assessment:** Typically, a young person will have had or may require specialist assessments by professionals and each professional lead within the MDT is tasked to collate and read any recommendations, in order to write a plan and guidance. If the young person can tolerate further, direct specialist assessment then this can be scheduled for the first term. However, if they do not consent or cannot participate in such an assessment, the professional will use indirect observation or creative means to explore the area so as to inform their formulation and recommendations. It is the responsibility of the MDT to find ways to remove or work around barriers to progress.
- **Educational Assessment:** The lead teacher(s), together with the TEPs, develop the education topics and their approach to teaching, collaboratively using structured conversations according to the Relax, Explore, Practice and Stretch assessment tool (see Appendix 2).

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- **Therapeutic Assessment:** In order to establish a young person's readiness to change (see glossary), each young person will be guided through a 'Change Talk' (see glossary) by a named and supervised trusted adult, which should lead to a brief collaborative report that will help shape the therapy team's curriculum offering.

As outlined above, the young person collaboration is central to the assessment and review process. We also seek out their participation in the functioning of the community, along with direct feedback on their day and their personal timetable. There are several arenas in which a young person is invited to contribute:

- Participation in and / or chairing of the therapeutic education community meeting each morning
- A request for a specific therapeutic education community meeting to address a particular issue of concern to the young person / people
- Specific feedback will be asked for creatively on a session-by-session basis
- Problem-solving with one of the project leads via a trusted adult advocate who can empower and facilitate
- Sessions with a trusted adult every 6-8 weeks to capture the young person's perception of progress and to complete an HONOSCA in preparation to review their timetable

The curriculum and related progress is reviewed by the MDT every 6-8 weeks.

Each term (i.e. every two reviews), a summary and progress letter is written by a Therapeutic Education lead to the young person with key information from the reviews. This letter is written explicitly to the young person, but they will be informed that their Social Worker (who has parental responsibility) will be sent a copy. In keeping with our values, the letter will have more than one function. It will present and summarise academic and activity progress, it will help the understanding of those with key relationships, but it will also reflect on the impact that the young person has had on us personally and on the community.

## **Impact**

Therapeutic Education is embedded in the wider Homes and Horizons project, in which a young person is supported via homes, foster carers, Child and Adolescent Mental Health Service (CAMHS) and Social Care. The impact of Therapeutic Education must be understood in this wider context of change in terms of altering the wellbeing trajectory for our young people. Nevertheless, we measure the impact of our curriculum in several qualitative and quantitative ways. We utilise the following quantitative data:

- Academic progress (including qualifications and exam results)

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- Attendance with education (in comparison to before)
- Number of and severity of risk incidents recorded daily
- Utilisation of wider services (e.g. hospital, emergency services)
- Goals and goal-based outcomes (GBOs)
- Health of the Nation Outcome Scales: Child and Adolescent (HONOSCA) Data
  - Offered to young person at review
  - Completed by 'parent' at review
  - Completed by professionals at review
- Successful and stable progress into mainstream education and work
- Therapy-specific measures

We utilise the following qualitative data:

- The young person's reflection on their progress and change (during review)
- Staff members' experience of the young person (during review)
- Movement within the Trauma Recovery Model
  - For example, from a 'Building Relationships' presentation to a 'Working Through Trauma' stage.

## **The first day at Therapeutic Education**

Our aim for the first day is for it to be successful, by being young person led and with the young person being supported by a trusted adult. This is likely to be a support worker or manager from their homes or Key Worker from CAMHS. It should be carefully curated to build trust, provide a reassuring structure and where possible to undertake or review initial assessments. We ask that a trusted adult remain in or around the Therapeutic Education building for the first day, to facilitate the process and provide direct support as necessary.

Prior to their first day, all young people will have the opportunity to prepare themselves with a trusted adult, visit the building and ask questions of any member of the MDT or leaders that they would like to. Where possible, a young person should have already engaged in a 'Change Talk' and spoken to a teacher or TEP about how their timetable is likely to look.

On their first day, the young person is invited to join the community meeting. This is usually a supportive and relaxed session, aimed at meeting people informally and modelling our values (as above). The question in hand is: *What do we need to know to have a successful day today?*

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Following the community meeting, session 1 will consist of a friendly walk around the school with the trusted adult and school leader. The outline of the school day will be provided. It is also necessary to recognise that the leader needs to assess the young person's mental state and be appraised of related risks. Cognisant of the risk handover earlier in the day, he/she will run through some scenarios with the young person:

- *What will make the day go well? How will we know?*
- *What might make the day go badly? How will we know?*
- *What to do if you need something practical*
- *What to do if you need something emotional*

The school leader will make themselves available throughout the day with an 'open door' as far as is practical. This basic check in / problem-solving structure is utilised on any school day when a young person's presentation requires some oversight by a leader.

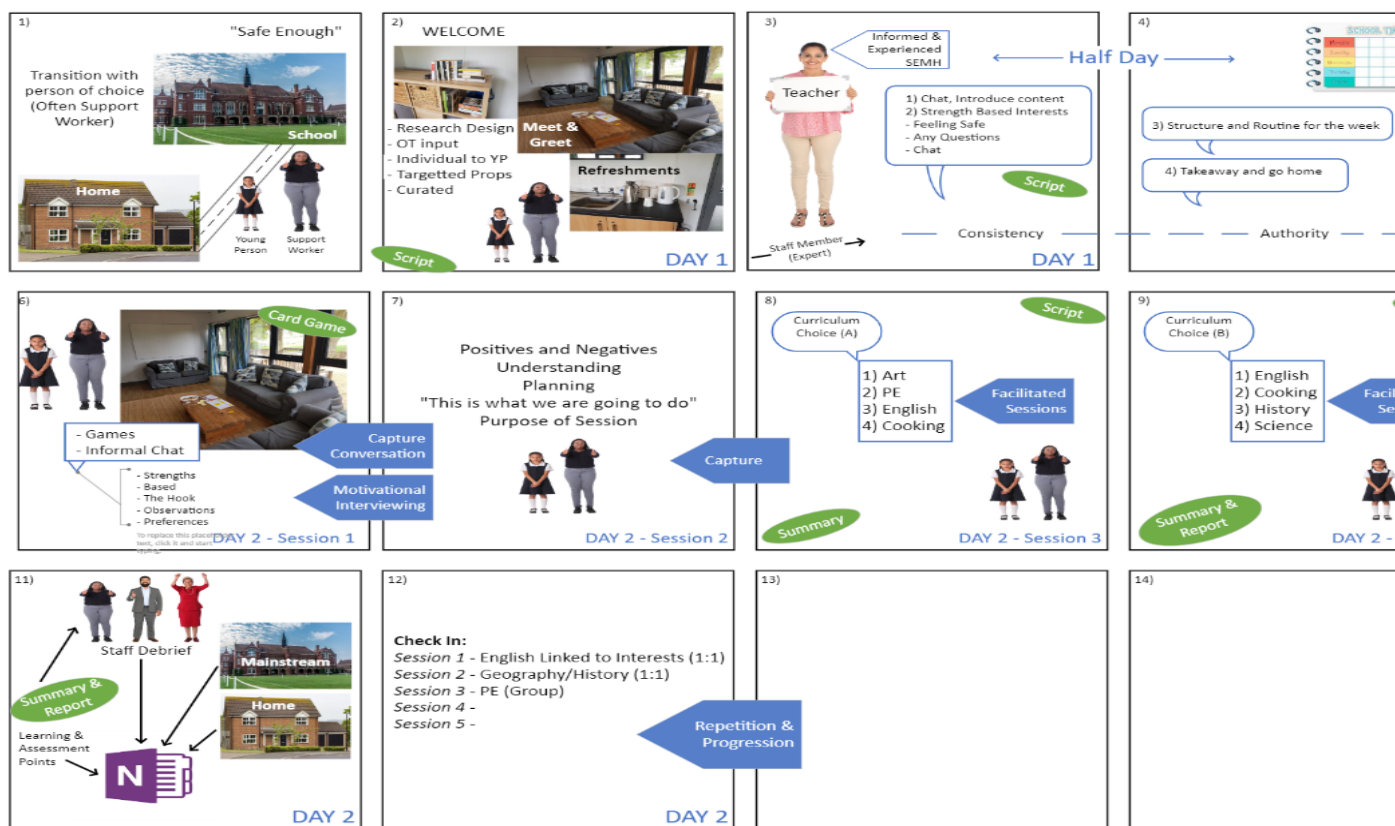


Sessions 2 and 3 will depend on the preparation work undertaken before the day. If the Relax, Explore, Practice and Stretch assessments have been completed, then session 2 can be used to review this and ensure the young person has a good idea and electronic version of their timetable. If appropriate, in session 3 the topics can be started.

The young person will be encouraged to stay for lunch, supported by their trusted adult.

After lunch, in session 4, the young person will be invited to either review or engage in the 'Change talk' process with a Clinical Psychologist and their trusted adult as appropriate.

A storyboard outlining the 'typical' first two days at the provision:



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## A typical day at Therapeutic Education

Timetable	Session	Notes on therapeutic impact
09.00-09.20	<b>Check in</b> for staff, and staff handover	Ensuring all staff are aware of key issues for young people
09.30-09.55	<b>Community Meeting</b> for all learners and available members of the community	Circle discussion and check in. Creates 'transition' space and time for young people. Q: <i>What do we need to know to have a successful day today?</i>
10.00-10.45	<b>Session 1</b>	Learning and therapy sessions.
Break		
11.00-11.45	<b>Session 2</b>	Learning and therapy sessions
Break		
12.00-12.50	<b>Session 3</b>	Learning and therapy sessions
12.50-13.30	<b>Lunch</b>	Young people prepare and eat together with staff around a large table
13:30 – 13:50	<b>Drop Everything and Read (DEAR)</b>	A time to enjoy reading, modelled by staff
13.50-14.45	<b>Session 4</b>	Learning and therapy sessions
14.45-15:00	<b>Community Meeting</b> for all learners and available members of the community	Circle discussion and review. Q: <i>How successful was your day today?</i>
15.15-16.15	Optional <b>after school activities</b> for learners.	Linking with community activities. Staff supervisions, planning and meetings at the same time

## Educational within the Trauma Recovery Model

The Trauma Recovery Model (see glossary) is used as a dynamic scaffolding framework to guide our approach and our expectations in terms of the young person's capacity to learn.

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## **Redeemability**

The foundation of the model is our belief that young people can transcend their difficult early lives through our efforts (see Vision and Values Policy). Our guiding intent is to help our young people to grow and achieve beyond all expectations.

## **Unstable / chaotic**

When our young people are in an unstable / chaotic phase, our focus is the maintenance of consistent, predictable and reliable boundaries. We support their homes to ensure the provision of basic needs (such as sleep, hygiene, meals, safety) and resiliently maintaining routine as far as possible. Even in this phase, Therapeutic Education can be a rewarding outlet and an important part of establishing structure and stability. We work with home staff and our family support workers to encourage and scaffold engagement in Therapeutic Education through short visits, transport and drop-in sessions.

## **Trust / relationship building**

Once our young people begin to develop relationships of sufficient quality to maintain a more compressive curriculum timetable, they are provided learning activities with the aim of experiencing success, improving self-esteem and developing trust in the practitioners working with them.

Home staff are asked to support the young people to attend Therapeutic Education, discuss risk formulations at handover and facilitate the young person's participation throughout the day. It is likely that the young person's Window of Tolerance will be narrow, and we therefore will need to consider positive risk taking, and problem-solving around difficult behaviours, whilst offering more 'relax' activities within the curriculum. It is felt that a full curriculum can be a grounding and rewarding experience and therefore this is our aspiration in this phase. The building is designed to provide calming and stimulating spaces in which dysregulated students can be supported to regulate themselves before continuing their sessions.

In this phase, the therapeutic work is carefully scaffolded to work at the edges of a student's window of tolerance but is explicitly not addressing childhood trauma. Clinical Psychology assessments and interventions will be offered around specific issues (such as anxiety or obsessive-compulsive disorder) as appropriate. However, the main therapeutic offering is within clinical groups, led by Clinical Psychology, OT, and Art therapy.

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○ Mindful Connections	(Mapping out patterns of relationships)
○ OT group	(Occupational Therapy and life skills)
○ U & Me	(DBT Skills)
○ Juggling Life	(CBT-based psychoeducation)
○ Keeping safe	(Boundaries and self-care)
○ Expression Group	(Creative ways of expressing ourselves)

The groups are co-created with teachers, so as to provide most of the requisite Personal Social and Health Education (PSHE) and ASDAN elements of the curriculum.

### **Working Through Trauma**

For our young people, ‘trauma’ often refers to complex developmental trauma as opposed to discrete frightening events. Their traumas often relate to neglect, loss, bereavement and broken attachments. For this group, therapy often needs to be over a longer period with a specialist, supervised therapist. For a psychological therapy to be effective, the young person needs to have some degree of trust and sufficient space within their window of tolerance. Therapeutic Education will offer evidence-based psychological interventions with skilled professionals in order to manage disclosures safely and establish a collaborative therapy plan. Our individual psychological therapies include:

○ Clinical Psychology interventions
○ Eye Movement Desensitisation and Reprocessing (EMDR)
○ Cognitive Behavioural Therapy
○ Art Therapy
○ Cognitive Analytic Therapy
○ Dialectical Behaviour Therapy

### **Developing insight and awareness**

A key indirect aim of a young person engaging in Therapeutic Education is the development of reflective capacity, sometimes referred to as the ability to ‘mentalise’ (see glossary). The community approach along with intensive interaction and feedback allows young people to become more skilled at recognising others’ needs, feelings and intentions. These are the building blocks for empathy, co-operation, integrated sense of self and self-worth.

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For children who present with particular risk behaviours, interventions can be offered at this stage around such issues as aggression, violence and sexually harmful behaviour if necessary.

Life story work and the development of a coherent narrative around their journey (and what is to come) is best undertaken at this stage.

This is also an opportunity for strategies to develop the young person's sense of self and agency within and beyond the community. We engineer opportunities for young people to chair meetings, support the running of groups and to mentor and advise within the wider project wherever possible. We look for group participation and team membership outside the Therapeutic Education provision, either within their mainstream school or local to their homes.

## **Future Planning**

The focus from the start of a young person's journey with us is to start to plan their future beyond their time with us. Our aim is to utilise high quality mainstream education Somerset provision wherever possible; this is at the heart of our vision of inclusion.

Therapeutic Education can offer bespoke re-engagement packages where our staff and clinicians can begin to work with mainstream settings to help them meet the needs of the young people and have the confidence to support them achieve their goals. We have sufficient expertise to inform EHC Plans and to make coherent, evidence-based recommendations. Specific support around making reasonable adjustments will be provided to all schools who have a young person from Homes and Horizons on role.

## **Confidence and achievement of goals**

The ultimate aspiration of our project, of which Therapeutic Education is central, is for our young people to achieve self-determination, and live healthy, independent lives in the community with low or no levels of additional support.

The therapeutic education provision's literacy programme is supported by a speech and language therapist who will offer individual observations and assessment to ensure work is appropriate and accessible.

## **The Educational Curriculum**

Each young person's curriculum offer is personalised. We are able to provide all of the following:

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Education	Therapy	Activities
English	Clinical Psychology	Animation
Maths	Creative (Art therapy)	Arts Award
Science	Occupational Therapy	Baking / Cooking
PSHE	Speech Therapy	Craft
RSE	DBT	Photography
Languages	CBT	Our Voice
Geography	EMDR	Memory Books
History		Sport
Design Technology		Gardening
IT		Games
ASDAN		Enterprise
DEAR (drop everything and read)		Music

Each young person will have at least one session of Maths and English during their week but will have regular access to these in addition to this.

Research suggests that our young people are more likely to experience difficulties with communication. Communication in turn is the basis of both relationship and education. It is essential that we understand our young people's level of functioning in communication in order to deliver our curriculum within their ZPD. The Therapeutic Education Provision's curriculum and literacy programme is therefore supported by a Speech and Language Therapist, who will assess our young people's reading level, expressive and receptive language skills. They work closely with the teachers and TEPs to ensure work is appropriate and accessible. They also have provision to support groups and offer a limited number of individual therapy sessions.

Our vision and values encompass that young people leaving the provision continue to be successful in the future. Careful planning and transition work regarding the learner's next stages will be carried out and well communicated. Where required, the school will remain able to offer support until a successful transition has been achieved.

At the heart of the bespoke curriculum design, is the ambition and intention to support learners back into mainstream and local SEND provision. To support this, there will be targeted resource to support effective communication with each school a child is dual registered with. It is essential that we are aspirational and ambitious for Somerset's young people with complex needs. The below diagram maps out the journey young people would take as they progress through a therapeutic education environment.

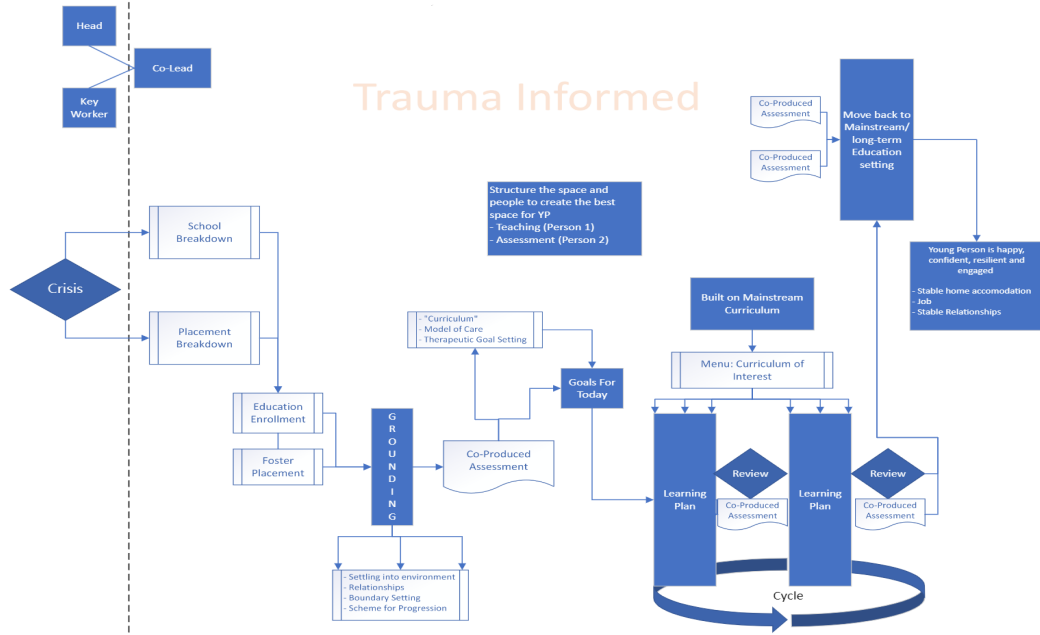
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Register of risk?  
 - YP, allocated key workers  
 - Allows earlier interventions

**Long Term Goal:** Education, at its best is growing happy, resilient people, confident they can achieve/contribute

- GP
- Crisis Manager
- Accute Hospitals
- Social Worker
- Virtual School
- CAMHS
- Teachers (Pre-Engagement)
- Young Person**
- Parent/Carer
- New Residential Setting
- New Education Setting
- New Fostering Setting
- Home Team
- Crisis Home (Crash Pad)



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Where young people are attending in Y10 and Y11 the curriculum will include access to a broad range of appropriate GCSEs and recognised qualifications. This will be linked to the learning and curriculum on offer at the other school a learner is dual registered with, and this will include access to a full range of EBacc subjects.

### **Early engagement and assessment strategies:**

Early engagement with a child (as set out in the circled part of the diagram above) is critical. The way the education provision creates a curriculum around the needs of young people is fundamentally important to the relationship developed with the young person's mainstream/local school offer. This not only ensures young people integrate back into this provision swiftly, but it is also a key mechanism which will allow the therapeutic education provision to share learning with the wider education system and practically support a trauma-informed approach in other education settings.

Therapeutic Education principles, linked to assessment and progress:

- a. The structure of the day is key, with a tight and defined timetable being essential. Within this, group sessions at the start and end of each day and evidence-based therapeutic activities such as art and drama therapy as well as a communal eating experience will all contribute towards the therapeutic environment. Designing the look and feel of spaces was also something undertaken during this week.
- b. Education itself has therapeutic benefits, providing a sense of belonging, structure, and 'normality' for young people, which they say they value. Often, education curriculums are limited in their aspirations. However, within this provision the aim is to offer a rich curriculum tailored to the needs of each young person. To do this an assessment model was developed to create an innovative curriculum with 4 stages of engagement: 'relax', 'explore', 'practice' and 'stretch'.
- c. A multidisciplinary team approach is central to success, and a draft staffing structure and assessment approach was developed embodying this key principle.
- d. The aim is to support young people to re-engage with specialist provision but also return to more mainstream settings. In Somerset, the aim is to support and utilise high quality mainstream education provision wherever possible; this is at the heart of our vision of inclusion.

### **Measuring Pupil Performance**

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Regular assessment of learning is utilised to construct a continually adapting bespoke curriculum for learners. By ensuring that this is ongoing and regularly reviewed, we will ensure that each assessment is relatively 'low stakes' and significantly reduces pressure on young people, but also affords the opportunity to ensure progress is charted effectively.

Assessments will be multi-disciplinary in nature, with CAMHS therapeutic staff integrated within it. Where young people are not able to engage effectively with a curriculum focused discussion, CAMHS will lead on the assessment, and inform the short-term planning for the young person to get to this point of engagement.

Simple education and therapeutic assessment tools will be utilised to map engagement with the curriculum. This would include utilising simple questions on what young people liked to engage with (examples are outlined below). In addition to questions to find out about a young person, the learner also maps out their views on different national curriculum subjects, outlining how much they feel they like it, and their view on how successful they are as learners in each subject. Depending on where on the spectrum they map their engagement indicates the approach to curriculum design which will be taken.

#### *Exploring what a young person engages with (examples)*

- *I feel happy when ...*
  - *I feel angry when...*
  - *I am good at...*
  - *I am motivated by...*
  - *When I need cheering up, I...*
  - *To look after my mental health, I...*
  - *I like to play...*
  - *I am interested in...*
  - *I'd like to work as...*
  - *I feel positive when...*
  - *I want to work in...*
  - *I am worried about...*
  - *I am scared of...*
  - *I would like to be better at...*
  - *I have never tried...*
  - *When I'm tired, I...*
  - *Being outside makes me feel...*
  - *I believe in...*
  - *I like the smell of...*
  - *Things that help me learn best are...*
  - *When things don't go to plan, I...*
  - *Success looks like...*
  - *I am passionate about...*
1. *Draw what success looks like for you ?*
  2. *What is my goal in 3/6 months' time?*
  3. *Find out:*
    - a. *3 Things I need to learn/achieve to reach this goal*
    - b. *2 Questions I would like to ask an expert*
    - c. *1 Question I need to research*

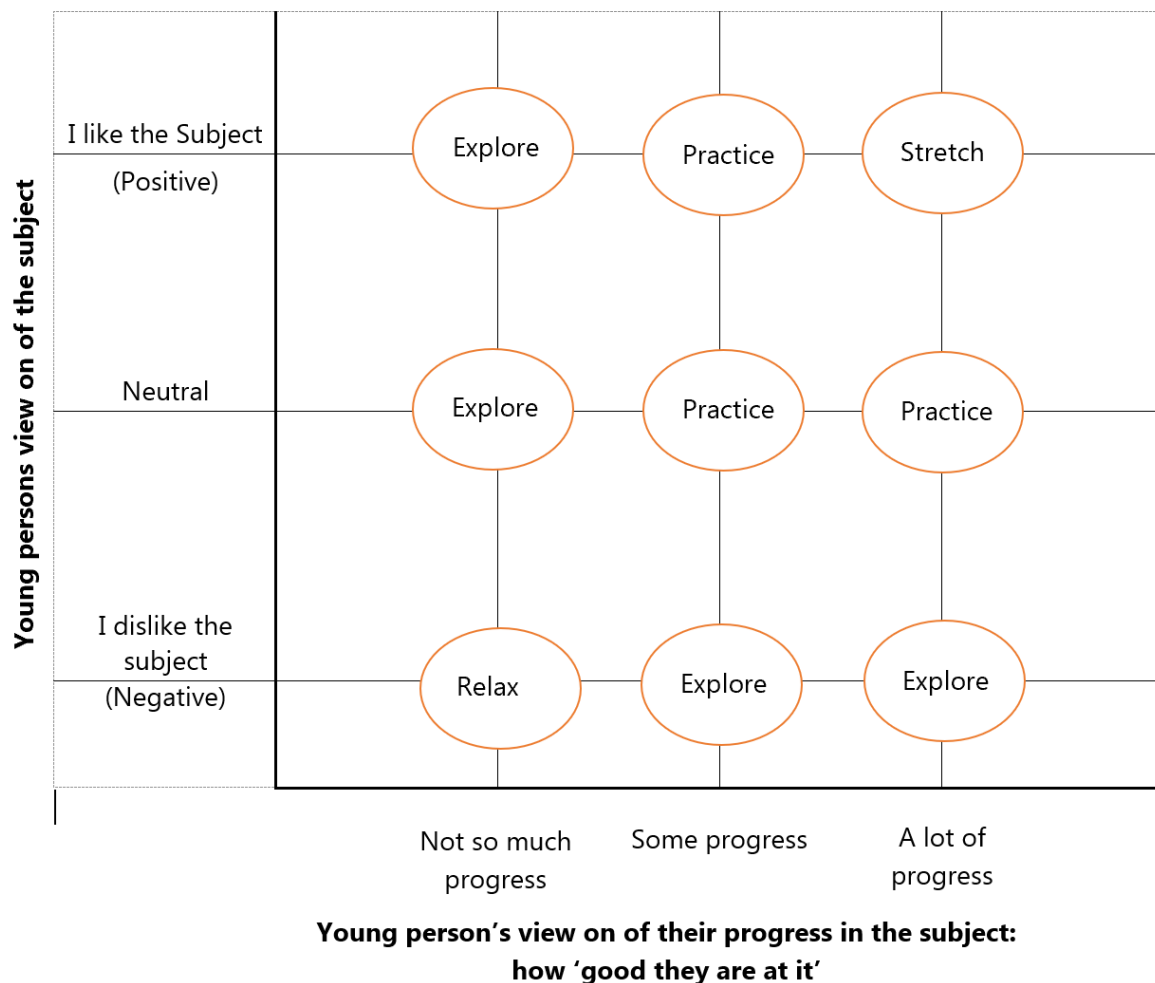
A variety of carefully considered software packages will be used to evidence, assess, and track achievements and attainment, including attendance data. Software

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capable of measuring the impact of the therapeutic setting and monitoring the progress of students in both academic and wellbeing frameworks will be utilised. Where necessary, health professionals will also contribute to this process. This data, along with daily reports on progress and activities, will be shared with either the foster carers and/or care home staff. A regular two-way dialogue will be in place, to ensure both home and school are aware of any progress or concerns requiring discussion or action, which may impact on the young person but also allows for the celebration of success.

### Assessment: Therapeutic Education Progress



The above assessment model allows each curriculum area to be placed in one of the following areas:

**'Relax'**: where curriculum activities focus on building confidence and are pitched at creating 'success' with 'non-threatening' activities, where failure is very unlikely. Examples would include watching a section of a Jane Austin film related to English Literature, or drawing straight lines in art.

1. It is important that the activities are carefully explained, so learners understand the relevance of these activities (for example understanding the storyline of a key text, or the challenge of drawing lines free hand has been an ongoing skill

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prospective artists have worked on through time this is to ensure learners do not think they are just being given 'holding' activities which are not helping them progress).

2. Where possible, TEPs, support workers or foster carers from the young person's home can engage with these activities (and illustrate how the child is often better at achieving success than they are, to again help build confidence) during these early sessions, particularly where they have an established, trusted relationship with young people.
  
3. The key to this curriculum area is to build confidence quickly as young people need to move onto 'Explore' activities as rapidly as possible (this would usually be within 2 or 3 sessions for each curriculum area) so young people do not become entrenched in activities where the only likely outcome is unmitigated success with limited intellectual challenge.

**'Explore'**: sessions related to a curriculum area, focusing on building on a young person's area of interest to link into a subject, and creating a bespoke series of lessons which illustrate the relevance of a subject for a learner. For example, from the timetables developed during the 'Sprint', there was a teenager who loved fashion and they thought they were ok at history but did not like it. Their timetable therefore included a 2-week series of lessons linked to development of shoes from the 16<sup>th</sup> century to the modern day and relating changing fashions to the wider geopolitical context.

A key strength of these sessions is young people make links with a subject on 'their level' and the subject is linked to their own web of understanding and personal experience. 'Practice' sessions also illustrate to a young person that they have been 'heard', and their views matter. This was clearly evidenced during 'Sprint' feedback sessions where young people responded positively to activities and commented on how they felt listened to and were excited to come to a school that would provide these types of activities.

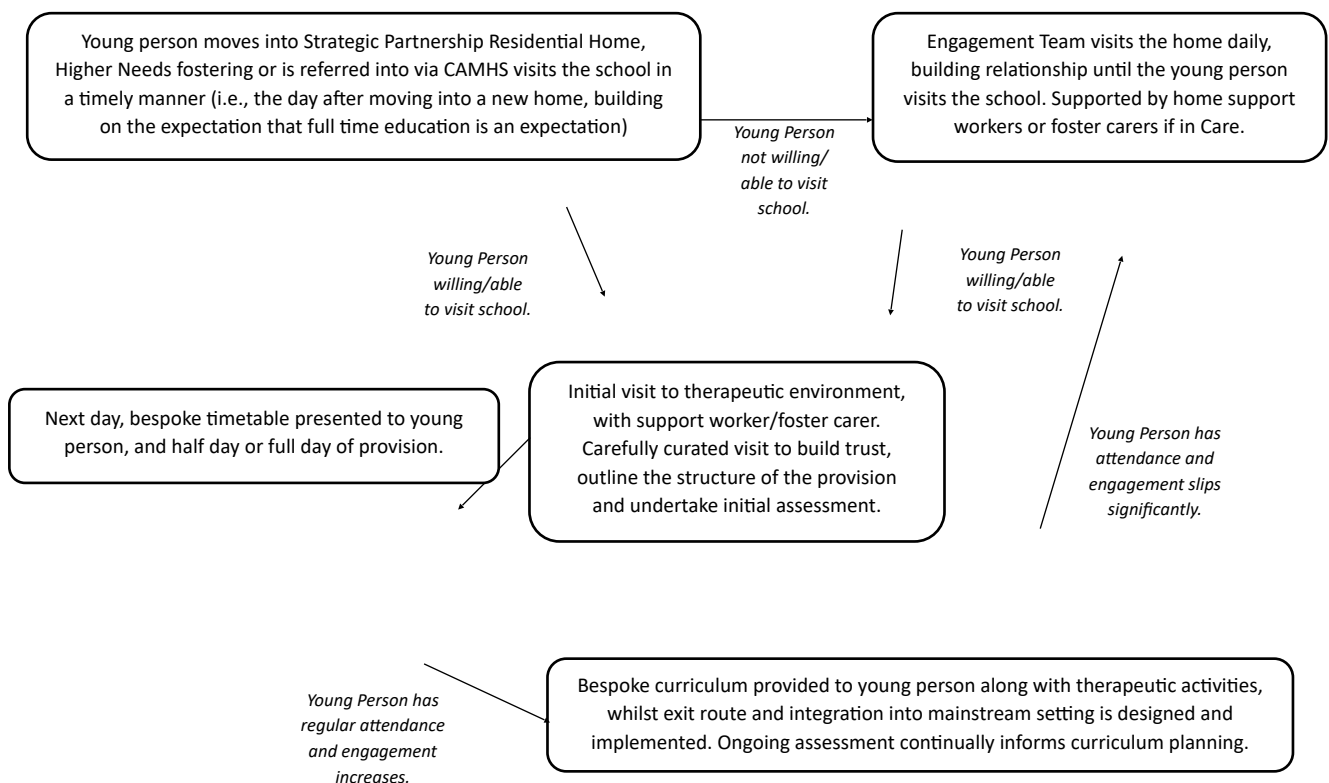
**'Practice'** provision focuses on linking the programme of provision more robustly with the curriculum topics a young person is engaging with in their mainstream/local school offer. The lead teacher, designing the curriculum for the young person, would design activities which would help the young person at their regular school setting and ensure they have a wider understanding of the topics they are covering; this can be done within the 'Explore', and 'Relax' activities, such as watching a Romeo and Juliet film if this is the play a learner is doing in their dual registered school, but there will be greater challenge within the 'Practice' sphere.

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**‘Stretch’:** this curriculum aims to do ‘tricky stuff’ which is beyond what young people might usually do in their mainstream school provision. It is explicitly flagged as difficult to the young person and utilises their interests to help ensure the young person remains engaged. An example from the sprint timetable was a child who loved looking at the night sky and felt they were good at maths. Their timetable included maths problems that were related to planets and stars.

Each subject area will be mapped out using the ‘Relax’ to ‘Stretch’ spectrum, and this will be revisited regularly (this would normally be two or three times per half term), so it is constantly under review and progress through the different levels of engagement can be tracked effectively. If an assessment occurs when a young person is having uncharacteristic ‘bad’ day, this is mitigated by the extra data provided by ongoing assessment. To ensure young people do not feel constantly under assessment it is important that this is done swiftly, in small, short bursts, with continual feedback from staff and the learner.

Rapid and effective feedback from ongoing assessment is an essential component of the model. When utilising the model of assessment, outlined in the flowchart above, the proposed curriculum design should be expeditive. The envisaged model for learners first entering the provision is charted below (the detailed storyboard of a young person’s likely first two days of provision and what this will look like is also charted in Appendix 13):



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To provide tailored curriculum offers, the staff structure has lead teachers who undertake education assessments and design innovative curriculum provision for each child. This will then be delivered by a mix of teachers and teaching assistants in 1-to-1 sessions or very small groups (of up to 4 young people). Children will be undertaking individualised curriculum activities in these sessions, and this requires high staff ratios.

Curriculum experts will also be needed to aid the development of specific curriculum activities and resource has been allocated within the model and budget to draw in this expertise from surrounding schools. For example, where a young person needs a specific targeted provision stretching them around a physics topic, this expertise will be commissioned locally through this network. These activities can then be delivered by staff at the Therapeutic Education provision and/or via remote, virtual learning environments. The teaching expertise to ensure the curriculum rapidly moves beyond a 'Relax' curriculum is essential, whether this be the specific knowledge to link a curriculum area to a young person's personal interests ('Explore' tier), closely align it with the topics at the learner's mainstream/local provision ('Practice' tier) or create an innovative 'Stretch' curriculum.

## **Personal Social and Health Education (PSHE)**

It is recognised that the adverse childhood experiences of our young people make them vulnerable to difficulties in self-care, relationships, personal boundaries and poorer health outcomes.

In keeping with the Trauma Recovery Model, all young people are offered a 12 week therapeutic / educational group which is co-facilitated by health professionals and TEPs, from an educational background. The Mindful Connections group focusses on relationships with ourselves and other people and is designed to cover core PSHE topics. Related to this, the Keeping Safe group, OT group and U&Me groups overlap to support the PSHE need.

This links closely to the wider Partnership's key Principles of Care:

## **Spiritual, Moral, Social and Cultural (SMSC), British Values and Cultural Capital**

Therapeutic Education has a strong commitment to the personal and social development of all young people who attend. There is a personalised approach for all young people in this area, in addition to the content which can be delivered in small groups.

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# Layers: Our Principles of Care

For professionals	For young people
<b>Listen to the child</b> <ul style="list-style-type: none"> <li>Promoting age-appropriate independence</li> <li>Safe uncertainty</li> <li>Children &amp; staff have meaningful choice and a voice in decisions</li> <li>Openness</li> </ul>	We will listen to you. We will empower you to make informed decisions. We want you to have choices and freedom, which will be part of the way we look after you and care for you. You need to know that there will also be some rules to keep you safe, and we are always happy to explain and discuss decisions with you.
<b>Advice and help</b> <ul style="list-style-type: none"> <li>Team around the child</li> <li>Promote good mental &amp; physical health</li> </ul>	We will make sure you have right help at the right time, from who you need it from and that professionals only stay in your life for as long as you need them.
<b>You</b>	You come first and are at the centre of all we do.
<b>Education</b> Every child should have an education which meets their needs, celebrates success and motivates them to achieve	We will make sure you go to school and celebrate your successes and motivate you to achieve.
<b>Relational Stability</b> <ul style="list-style-type: none"> <li>Emotional warmth</li> <li>Tenacity</li> <li>Sense of belonging</li> <li>Planned transitions (with 'no cliff edges' of provision)</li> <li>Importance of child's family/carers</li> </ul>	Your house, is your home, where we want you to have fun, feel safe and live with adults who will be kind, and stay as part of your life wherever you live, and care about you even in difficult times. We know your family will always be important to you and where it is safe to do so we want to help keep them as part of your life. We will be honest with you, and tell you when we make mistakes, apologise, learn from those mistakes and try and put things right. We know you are not always going to be living with us, and we care about supporting you when you move to your next home and education setting.
<b>Strengths based</b>	Help you work out what you enjoy and what you do well and motivate you to achieve.

**Spiritual development is when we:** Explore a range of beliefs and experiences, faiths, feelings and values; learn about ourselves, others and the surrounding world and reflect as a result.

**Moral development is when we:** Recognise conventional right and wrong; respect the given laws; identify consequences; consider moral and ethical issues; accept reasoned views.

**Social development is when we:** Participate in the local community; use appropriate social skills, appreciate alternative views; resolve conflict; engage with democracy, the rule of law, respect and tolerance.

**Cultural development is when we:** Appreciate cultural influences; appreciate the role of Britain's parliamentary system; participate in culture opportunities; understand, accept, respect, and celebrate diversity.

In the Therapeutic Education community, SMSC development is embedded in the therapeutic community principles from which we borrow (see glossary) and our unique geographical position within the natural environment of Somerset. Therefore SMSC is fostered by:

- Participating in the community meetings (social skills, expressing views, understanding right and wrong, appreciating diversity)
- Using community meetings to convey particular topics (traditionally given in school assemblies)
- Collaborating on the development of a young person's curriculum (developing the communication skills to convey likes and dislikes)

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- Interacting and working with staff and peers from diverse backgrounds (awareness and respect for diversity)
- Problem-solving around rules and boundaries (expressing oneself and developing an understanding of right and wrong).

As a small provision, we utilise the natural, cultural and sporting opportunities around us in Somerset, Dorset and Devon through:

- Taking part in and watching sport
- Taking part in and watching music, art and theatre
- Appreciating and spending time in the natural world through walking, running, beach activities, cycling

SMSC is embedded throughout the Therapeutic Education curriculum. This ensures SMSC is considered in all subject areas. The senior leadership team therefore audits the quality of SMSC and it is monitored by The Trustees.

### **Impact of the SMSC curriculum**

When reflecting, we engage Trustees, homes, carers, and community to:

- Hear our young people voice
- Observe community interactions
- Support Social Behaviour and thinking
- Reflect on resources and practices.

Within Therapeutic Education, SMSC is also woven through, but not limited to, the following principles, sessions, and experiences:

Personal: Careers, finance, work experience, growth mind set, interview skills

Social: Volunteering/charity work, political awareness, mental health

Physical: Food preparation & nutrition, lifestyles, sports, healthy eating

Spiritual: Mindful Garden area, Faith in the community

Moral: Community Values, charitable work, justice, law, and order

Cultural: Music, alternative cultures, languages, equality, community cohesion

### **Cultural capital**

A young person's level of cultural capital is a known indicator of much they could achieve academically and how well they could engage in wider society. Cultural

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capital draws the link between a person's background and their access to knowledge. It is intrinsically linked to economic and social capital. Access to economic and social capital, allows greater access to cultural capital and research confirms that, as a side effect, cultural capital is often linked to social class and as a result reinforces social divisions, hierarchies of power and inequality within society.

Within the therapeutic education service, we aim to reduce inequalities and to support the young people to be culturally literate is to possess the basic information needed to thrive in the modern world and the importance of social capital and the opportunities and skills required for young people to be successful in the delivery of themselves. Exposure to culture and situations in which they might not have previous experiences, is of paramount importance to any ongoing successes.

As a therapeutic education service, we ensure that we are enabling young people to function as well-informed individuals, well after they leave therapeutic education and go into adulthood. It is common for our young people accessing the service, to join us with very little cultural and social input from elsewhere and therefore, we want to ensure the curriculum focus in this area does not let the young people miss opportunities that their non disadvantaged/vulnerable peers are able to access and that they then make decisions as a result, that are less informed than they could have been.

## **British Values**

We promote 'British Values' through our spiritual, moral, social, and cultural education and the support of the 'whole young person.'

This is most successful when those values and attitudes are promoted by all the therapeutic education community and are modelled for our young people.

'British Values' have been identified as:

## **Democracy**

We ensure that young people are given a 'voice' to communicate. This 'voice' could be using spoken or written words, objects, photographs, pictures, symbols, touch cues, eye pointing or body language.

We empower our young people, by giving them opportunities to make choices about the things that they believe to be important. By listening and responding to every voice, we model democracy and liberty.

We have an active Young People Forum within our community meetings.

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## **Rule of Law**

We involve young people in evolving the codes of behaviour; helping young people to make decisions and choices that are acceptable to the therapeutic education community and society at large.

Young people are helped to learn to manage their behaviour and take responsibility for their actions. The therapeutic education community are committed to providing a consistent and predictable environment within the building and beyond. We can help some young people to understand the connection between actions and consequences. This type of environment supports young people to feel safe and secure; so that there is an opportunity for engagement to take place.

## **Individual Liberty**

Young people are encouraged to become good and valued citizens. We do this by supporting them to become as independent as possible. We will demonstrate that everyone has rights; this includes the right to say 'Yes' or 'No' to ideas or activities. Some young people will be able to take responsibility for certain roles and to understand that this additionally comes with a level of responsibility. We support others, through charitable events.

## **Mutual Respect**

We promote each young person's inclusion in activities, settings, and locations, that are appropriate to individually meeting their additional needs. Within the therapeutic education community, young people work with a range of people and interactions with others are always positively promoted on a personalised basis. The curriculum may include going into the wider community, to meet with a range of people in a variety of situations, which could include sports events, community events and shared participation with other schools/colleges.

We believe it is important to facilitate opportunities to be part of the community as the young people, through the development of community cohesion.

## **Tolerance of different faiths and beliefs**

We are part of a community, where each person is respected and valued equally without regard to ability, gender, faith, heritage, or race. Cultural appreciation and development forms part of our curriculum. We place great emphasis on events and celebrations, to broaden all young people's experiences and awareness of others.

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Our weekly focus topics (similar in concept to an assembly rota), help all young people to find out about themselves and others linking their lives to the communities in which they belong, for example, friendships, helping others and celebrations from a range of faiths and world events.

## **Roles and responsibilities**

### **The Trustees**

The Trustees approve the Curriculum Policy, taking account of any updated guidance.

### **The Senior Leadership Team**

Design and implement the Curriculum Policy, to ensure that young people have the most aspirational, appropriate and therapeutic curriculum offer in line with the curriculum intent.

### **The Lead Teacher**

The Lead Teacher is responsible for ensuring that curriculum is delivered on a needs-led basis across the provision and monitoring related data and progress.

### **Therapeutic Education Community**

The curriculum is delivered by teachers, therapists, and support workers. The therapeutic education community are responsible for:

- Planning and delivering bespoke sessions to meet each young person's needs.
- Promoting the key strands and key skills as set out in this policy.
- Engaging in any professional development training that will positively impact on the curriculum delivery.
- Being role models within the therapeutic day
- Responding to the needs of individual young people
- Ensuring personal beliefs and attitudes do not prevent them from providing a balanced curriculum offer.
- Tracking and recording progress
- Liaising with external agencies, homes staff, parents/carers and colleagues to provide well communicated information, to assist a young person's needs to be met by all supporting.

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## **Young people**

Young people attending the provision will be given skills and supported to:

Attend the provision for their timetabled sessions.

- Engage with staff in the sessions that they have been timetabled to attend and during community time, where appropriate and in line with need.
- Be guided to identify and discuss any issues that may impact on their attendance or engagement with the therapeutic community and their bespoke sessions

## **Home staff, Parents and carers and social workers**

Home staff and carers/parents are expected to support the provision curriculum by:

- Supporting good attendance for their young person to the provision
- Communicating any concerns around the curriculum to their young person's identified keyworker, lead teacher, or leadership team, so that these can be considered.

# Appendices

## Appendix 1: Glossary

### Change Talk

A '**Change Talk**' is a series of constructive conversations aimed at establishing whether a young person is **ready, willing and able** to work on a particular issue that is causing them a problem. The MDT are then in a position to make better decisions about the type of intervention that will be effective.

At the most basic level, for someone to be '**ready**' for a therapeutic activity, they need to be able to be physically, emotionally and cognitively in a space, for a particular period of time without presenting a significant risk or disruption. For our young people, we do not expect them to be able to regulate their emotions skilfully or to remain engaged throughout. However, we do need them to be able to form some sort of helpful relationship with the therapist or group.

To be **willing** to work on a change area relates to a decision that a young person makes, in other words they are guided to offer informed consent to attend or accept a therapeutic activity. This can be improved by an exploration of what the emotional or physical barriers might be. We aim to understand the young person's previous experiences of talking or therapy. It is also our responsibility to explain what the therapeutic activity is, how it might help, who will be involved and how long it will take.

A young person's **ability** to engage in a therapeutic activity relates to our understanding of their **Window of Tolerance** and places the responsibility on all of us to scaffold their experience with planning, skill and compassion.

### Mentalise / Mentalisation

(Developed by Anthony Bateman and Peter Fonagy). A key role of our parents is to help us recognise our feelings, wishes and intentions. If they help us, we become skilled at recognising our internal states and those of others. We become good at knowing what other people are feeling and what their thoughts and intentions might be. In other words, we can mentalise or imagine what is going on for people, which is important for relationships, empathy and being less reactive. Children who have experienced attachment difficulties, neglect and trauma are often less skilled in terms of mentalising, which can lead to relational and behavioural problems in later life.

### Readiness for Change

Research (e.g. DiClemente and Prochaska 1991) shows that readiness to change is not linear or straightforward. Instead, change is a process that can be explored, guided and facilitated. It is highly influenced by the relationship with and skills of the person supporting or guiding that change. All members of our MDT and trusted

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adults carrying out Change Talks are therefore provided training and supervision in Motivational Interviewing (Miller and Rollnick).

### **Relax, Explore, Practice and Stretch**

The sessions within the curriculum are assessed and planned according to 4 levels of engagement: Relax, Explore, Practice and Stretch. **Relax** activities focus on building confidence and are pitched at creating 'success' with 'non-threatening' activities, where failure is very unlikely. **Explore** sessions focus on building on a young person's area of interest and link into a particular subject. They are a bespoke series of lessons 'on a young person's level', with their interests and motivations as a starting point. They illustrate the relevance of a subject for that learner. **Practice** sessions focus on linking more robustly with the curriculum topics a young person will be engaging with back in their mainstream offer. The **stretch** part of the curriculum is explicitly flagged as a challenge for the young person and they are guided to remain motivated and engaged despite the challenge. For some learners, stretch topics and activities may require more specialist input from the wider educational network.

### **Therapeutic Community Principles:**

**Attachment:** Healthy attachment is a developmental requirement for all human beings.

**Containment:** A safe and supportive environment is required for an individual to develop, to grow, or to change.

**Respect:** People need to feel respected and valued by others to be healthy. Everybody is unique and nobody should be defined or described by their problems alone.

**Communication:** All behaviour has meaning and represents communication which deserves understanding.

**Interdependence:** Personal well-being arises from one's ability to develop relationships which recognise mutual need.

**Relationships:** Understanding how you relate to others and how others relate to you leads to better intimate, family, social and working relationships.

**Participation:** Ability to influence one's environment and relationships is necessary for personal well-being. Being involved in decision-making is required for shared participation, responsibility, and ownership.

**Process:** There is not always a right answer and it is often useful for individuals, groups and larger organisations to reflect rather than act immediately.

**Balance:** Positive and negative experiences are necessary for healthy development of individuals, groups and the community.

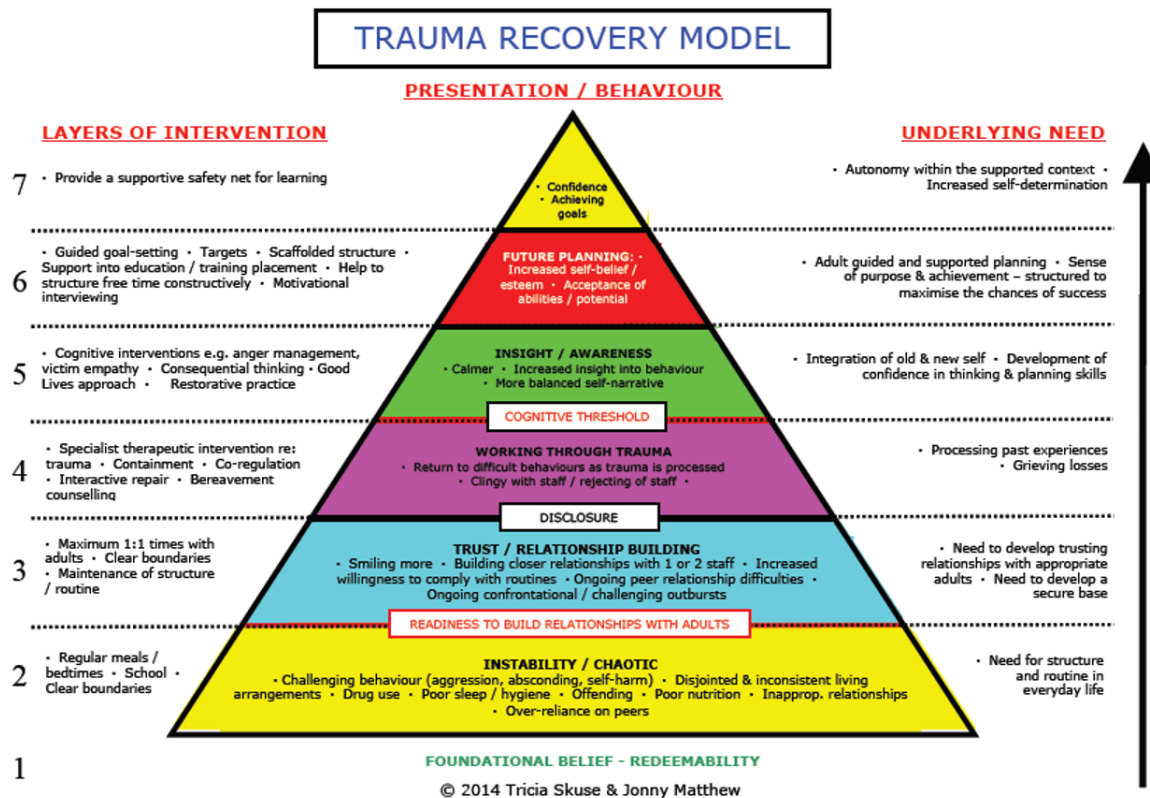
**Responsibility:** Each individual has responsibility to the group, and the group in turn has collective responsibility to all individuals in it.

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## The Trauma Recovery Model (TRM)

Developed by Skuse and Mathew (2014). The TRM is used to guide a young person's MDT as to their stage of recovery from adverse childhood experiences. In terms of the Therapeutic Education Curriculum, consideration of the TRM enables more effective tailoring of the timetable, so that it is trauma-informed, risk-aware and operates within the young person's **window of tolerance** and **ZPD**.



## Window of Tolerance

Developed by Dan Siegel (e.g. 1999). The model shows how we each have a 'window of tolerance' in which we can feel comfortable, can think, process information and generally be okay. If our nervous systems become over-aroused, we start to find life difficult, cannot process new information and tend to do things to cope with the distress, rather than do what is best for us. In the hyper-aroused zone, we tend to be motivated to fight or flight from our perceived threat. Also, we can in the face of perceived threat we can become under-aroused and dissociated to deal with it. This is similar to a freeze or shut down response. This is relevant to our young people as their traumatic early lives means their window of tolerance can be quite narrow. If their threat response is triggered, they can quickly become over or under-aroused and their brains and bodies are no longer available for learning. However, it is necessary to carefully push at the edges of a person's window of tolerance in order to widen it and enable growth. Nevertheless, our practitioners observe and the physical state of the young people they are working with and adjust their response accordingly.

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## **Zone of Proximal Development (ZPD)**

Developed by Lev Vygotsky (e.g. 1978). To understand a young person's ZPD is to understand how best to support that young person's learning experience. A more thorough understanding of a young person's cognitive or emotional challenges should allow their teacher or therapist to skilfully 'scaffold' the process. New insights are therefore best developed through encouragement, modelling problem-solving and presenting new information according to what that young person can process at that moment.

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