

## CURRICULUM POLICY

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### 1. CONTEXT

- 1.1. Cygnet hospital schools provide opportunities for young people who are admitted to our co-located Tier 4 Child and Adolescent Mental Health Services (CAMHS) to access high quality education. Admissions to our hospitals usually occur following a mental health crisis and, due to the emergency nature of this, are predominantly unplanned. It is also quite common for young people to have been placed outside of their home local authority area.
- 1.2. Young people are admitted as either informal patients or those requiring to be sectioned under the Mental Health Act, and the length of stay is dependent on the needs of the individual (for acute wards the average stay is 6-8 weeks whereas low secure 12+ months). The range of need includes those young people who are still actively involved in education at school or college to those that have not attended education in any format for either a short or longer period of time. There is also a possibility that certain young people will be required to sit external examinations during their period of inpatient admission. Due to these factors, the curriculum has to be specifically tailored to meet this range of needs.
- 1.3. By the very nature of their mental health needs at the time of admission, young people accessing our services are highly vulnerable.

### 2. INTENT

- 2.1. Cygnet hospital schools aspire to maintain and develop current educational pathways and/or promote future re-engagement with education, employment or training. In doing so, we believe that students leaving our provision will stand the best chance of reintegration with community life and therefore a successful recovery journey.

Our curriculum will be:

- **Bespoke** according to the specific needs and intended outcomes of our students.
- **Ambitious**, in line with our group vision 'Learning to be all you can be.'
- Broad & balanced.

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- **Planned collaboratively** with the home school/college, parents, and the student themselves.
  - **Adaptable** according to current mental health presentation.
  - **Complementary** to and consistent with the hospital therapy programme
  - Mindful to **promote British values and SMSC** (Social, Moral, Spiritual and Cultural development).
  - **Inclusive** of the diverse groups we serve.
- 2.2. Explicit pathways for each student will vary according to their personal goals and needs. This might mean mirroring a current educational pathway or choosing from a range of courses offered at our schools (or a combination of both).
- 2.3. Qualification type, level, tier etc. will be planned on an individual basis, and with reference to the overarching curriculum intent. Other factors such as predicted length of stay and examination plans may also need to be considered.
- 2.4. Due to the fluctuating nature of mental health conditions, a flexible curriculum approach is required. During particularly acute periods of presentation it may be appropriate to instead focus on stabilisation and engagement. In this situation, activities will be planned as a vehicle to improve mental health functioning in education (MHFE) with the intention to re-establish readiness for learning.

### Reading

- 2.5. We acknowledge the importance of reading proficiency in supporting all of our students to access their curriculum. Reading is also an essential skill to understand and navigate the world around us so improving reading will enhance communication, independence, and wellbeing in students.
- 2.6. At Cygnet Schools we will look for opportunities to read across all curriculum areas, and also during dedicated reading sessions.
- 2.7. A love of reading is an important catalyst to develop proficiency as it increases motivation to read, and therefore opportunities to practice. For this reason we will promote reading for pleasure in our schools.
- 2.8. Reading assessments on entry will support targeted approaches for our cohorts.

### Exams

- 2.9. We will support running of examinations in our schools for entries made either by ourselves, or community providers. Acquisition of qualifications is a key factor in gaining entry to further education or work, but the potential impact of examinations on wellbeing will also form part of decision making. Our main considerations will be:
- Wishes of the student.
  - Views of parents/carers.
  - Academic readiness (or likelihood of, by the examination date).
  - Views of teaching staff and the hospital multi-disciplinary team (MDT)
  - Current mental health presentation and general progress in their recovery pathway.
  - The likely impact of predicted examination outcomes on wellbeing (both negative or positive).
  - What is needed to access their next steps in learning.

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## 3. IMPLEMENTATION

### Curriculum time

- 3.1. Students at Cygnet schools follow an equal program of schooling and therapy, due to the acute mental health condition associated with inpatient admission to our services.
- 3.2. When a student reaches a level of wellness to access a greater proportion of schooling, they will be supported to reintegrate with their community education setting, usually in a graded fashion.
- 3.3. If for any reason this is not possible, individuals programs will be reconsidered by the hospital school and multi-disciplinary team to ensure they are receiving the required level of schooling in order to achieve our curriculum aims.

### Planning

- 3.4. Headteachers will ensure that curriculum plans for every subject are available and adaptable for the range of situations in which they may be required e.g. 6-8 weeks or 12+ months.
- 3.5. Subject teachers will plan a sequence of learning in line with the normal care program approach (CPA) meeting cycle, as this will allow progress reports to be submitted alongside other hospital disciplines and for the contents to be discussed with each student and their support network (including community education provider).
- 3.6. We have developed a range of schemes of work for each key stage and subject which teachers draw upon, as appropriate, to ensure learning is relevant and always pitched at the right level based on individual need. Specific content may be prioritised through discussions with the student, the school/college, and/or the outcomes of subject diagnostic assessments.
- 3.7. Diagnostic assessments will be used in the majority of subject areas in order to assess which knowledge is secure, identify misconceptions, and as a result plan a personalised sequence of learning. Diagnostic assessments will look different in different subject areas, and may also be adapted according to mental health presentation or behavioural mindset.
- 3.8. Where a student has the need for a bespoke approach due to complex, multiple needs or dual diagnoses that include ASD as the primary need (for example ASD, LD and SEMH), then an individual curriculum may be devised based on needs, talents, interests and aspirations.

### Staff development

- 3.9. Strong subject expertise is essential so that a curriculum is translated effectively to students in the classroom. We will Sustain and develop this through:
  - Curriculum development groups for Maths, English, Science, PSHEE and Post-16, led by a group 'subject ambassador'. Time will be allocated for staff to meet within their groups to have conversations about curriculum thinking, pedagogy and assessment. Subsequent developments are coordinated here and joint planning activities are arranged.

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- Specific CPD for all staff (identified through the performance management process) that is related to an area of their teaching and intended to enhance their expertise.
- Opportunities at least annually to visit external schools. The focus of these visits will be to share best practice in regards curriculum development, teaching & learning etc.

### **4. IMPACT**

- 4.1. We will evaluate the effectiveness of our curriculum by:
- Assessing academic and personal progress according to our assessment & marking policy.
  - Analysis of other outcome measures such as an individuals examination results or attendance/behaviour improvements.
  - Holding Progress meetings in the school to analyse and discuss positive progress and also preventative factors. Outcomes may result in e.g. changes to teaching practice, setting up of interventions, use of new resources, organising SENCO support, additional CPD, or adapting curriculum plans.
  - Having a protocol to build an evidence-based picture of the experience of our students and their progress and outcomes post-discharge. We will use these insights to support improvement in the quality of education and care we provide.
  - Quality assurance activities by leaders at each school.

### **5. INCLUSION**

- 5.1. Teachers set high expectations for all students. They will use academic information obtained from community education providers along with results of any additional assessments to set ambitious targets and plan challenging work for all groups, including:
- More able students
  - Students with low prior attainment
  - Students from disadvantaged backgrounds
  - Students with SEND (including severe and complex mental health conditions)
  - Students with English as an additional language (EAL)
- 5.2. Teachers will plan lessons so that students with SEND can meet individual curriculum requirements wherever possible, and ensure that there are no barriers to every student achieving. Teachers will work with the hospital MDT (multi-disciplinary team) to identify barriers to learning that may be caused by mental health presentation, and will co-devise effective support strategies to ensure a holistic approach.
- 5.3. A national SEND case coordinator works with all Cygnet hospital schools to ensure that staff are adequately trained, are aware of specific support strategies, and can access additional specialist support if required.
- 5.4. Where appropriate, teachers will work with the national SEND case coordinator to plan and deliver specific and time limited interventions, where a need for these is identified within an EHCP, or by the MDT (multi-disciplinary team).
- 5.5. A key consideration is to avoid mental health presentation being a barrier to accessing high quality education. The flexible nature of our curriculum helps

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accommodate changeable mental health presentations so that staff can adapt their approach if required. Where necessary (and as far as practicable) our teachers also adapt lesson activities so that students who are judged to be high risk can still participate.

- 5.6. Students are taught in small groups, and on an individual basis, depending on the needs of the students. This approach allows teachers to match curriculum based tasks to the ability and interest of individual students. Students are occasionally taught on a one-to-one basis on the wards because of their individual health needs, or where their level of risk prevents access to the school environment.
- 5.7. Teachers will also take account of the needs of students whose first language is not English. Lessons will be planned so that teaching opportunities help students to develop their written and spoken English skills, and to support students to take part in all subjects.
- 5.8. Further information can be found in our statement of equality and accessibility, and in our SEND policy.

### 6. SMSC AND BRITISH VALUES

- 6.1. British values and SMSC are both addressed through timetabled PSHE/Citizenship lessons.
- 6.2. In addition to this, calendared opportunities take place throughout the school year including the celebration of religious festivals, educational visits (e.g. to places of worship), external visitors (e.g. expert by experience), and charity fundraising events.
- 6.3. All additional subjects taught at Cygnet schools are designed to incorporate aspects of SMSC and British value requirements.
- 6.4. The document '**SMSC and British Values Strategy**' encompasses what a Cygnet school promotes.

### 7. ENRICHMENT

- 7.1. Educational visits and/or in-school experiences may be included in the curriculum, where appropriate, to provide learning opportunities that are complementary to and extend beyond classroom based activities. They enable students to:
  - Undergo experiences not available in the classroom.
  - Learn from first hand experiences.
  - Develop investigate skills.
  - Gain confidence in travelling outside the Centre.
  - Interact with the general public.
  - Develop independence.

### 8. MONITORING, EVALUATION, AND POLICY REVIEW

- 8.1. Cygnet's national education board will co-ordinate the monitoring cycle. This will include:
  - School score cards.
  - Headteachers report cards.
  - Head of education/peer reviews of the schools.

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- External school reviews.
- Meetings with the subject ambassadors.
- Curriculum development and co- planning opportunities.
- Initiating training/workshop opportunities with specific focus.
- This policy will be reviewed by the board annually.

### **9. STANDARD DOCUMENTS, LETTERS AND REFERENCES**

- 9.1. SMSC and British Values Strategy (8-07)