Bere Clinic School

CURRICULUM POLICY

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1. Curriculum aims

1.1 School context

BCS (BCS) is an independent day school within Bere Clinic; a Tier 4 CYPMHS (Children and Young People's Mental Health Services) psychiatric hospital that specialises in eating disorders and is part of Elysium Healthcare. It is a small school with 12 young people between the ages of 12 to 17 years. Whilst young people have a primary diagnosis of an eating disorder, many may also have other mental health needs such as depression, anxiety, self-harm and may be detained under the Mental Health Act.

During admission, students are dual registered with their home school or college with BCS being the subsidiary dual-roll. Occasionally students join who are not on roll in a community school or college.

When students are admitted, it is acknowledged that some may have been out of education for a considerable amount of time and for various reasons might find re-entering a school environment challenging. Therefore, upon admission to BCS, the school endeavours to obtain detailed information about a young person's physical, emotional, and mental health needs as well as an educational history, so that reasonable adjustments can be implemented.

Our curriculum is informed by a young person's situation, health information, previous learning experiences, aspirations and the school's layout or resources.

Part of our role is to help them to gain confidence in themselves and their education and see how the knowledge learnt in school helps them invest in themselves and their future, supporting them to take their place in society upon discharge. We recognise that the key to a successful curriculum lies in being able to motivate and engage the young people it serves. We put young people at the centre of our provision and therefore the curriculum responds to their needs first and foremost.

Our school ethos is to create a culture and environment that openly encourages a young person to:

'Invest in themselves, their future and others'

It is acknowledged that young people at the school:

- Could be a long way away from home and may be detained here under the Mental Health Act.
- Are likely to be extremely physically compromised due to their low weight, which will have an impact on their cognitive ability.
- May have been in, or will move to, other care and/or mental health settings.
- May spend approximately 3-6 months over 12 months at the service. Equally this will be case by case and can either be much shorter or longer admissions.
- Sometimes have significant histories of school absence, refusal and/or disaffection.
- May have other mental health needs aside from their primary diagnosis.

- May have additional learning difficulties or neurodivergent needs including but not limited to:
    - Autism, ADHD, AuDHD, Social, Emotional and Mental Health (SEMH) and Specific Learning Difficulties (SpLD). These difficulties have often combined to pose significant disruption to each young person's learning.
- It is equally likely that they may present with additional needs that are yet to be formally diagnosed, and we will work alongside internal or external professionals to support with identification, gathering evidence and appropriate feedback for assessments.
- Will have a range of prior attainment and learning abilities. Young people could be undertaking study at GCSE, or other qualifications in a variety of subjects, which they may wish to continue throughout their admission and may possibly be examined in these subjects during the admission period.
- That we will have students who are high attaining and are anxious that their admission will adversely affect progress in their education.
- That their level of cognition will be impacted and likely to fluctuate due to their illness.

We hope to enable students to become:

- Successful learners who enjoy learning, make progress and achieve.
- Confident individuals who can live safe, healthy and fulfilling lives.
- Responsible citizens who make a positive contribution to society.

1.2 Curriculum aims

We aim to provide a broad and balanced curriculum which will:

- Promote the spiritual, moral, cultural, mental and physical development of learners at the school and within society.
- Promote British Values and the British way of life, the rule of law and our democratic form of government.
- Prepare learners at the school for the opportunities, responsibilities and experiences of adult life.
- Encourage and stimulate the best possible progress and attainment, particularly in English, Mathematics, Science and the use of ICT.
- Develop creative and physical skills.
- Build on pupils' strengths, interests and experiences.
- Ensure entitlement for all learners to a broad, balanced and relevant curriculum that offers continuity and coherence and secures high standards.
- Develop students' capacity to learn and work independently and collaboratively.
- Induct learners into the essential knowledge, skills and discourse within each subject.

- Encourage learners to take responsibility for their own health and safety,and appreciate the benefits and risks of the choices they make.
- Prepare young people for the world of employment and further/higher education.
- Develop students' sense of identity and worth.
- Make learners more aware of and engaged with, their local, national and international communities.
- Develop and promote principles for distinguishing between right and wrong and the rule of law.
- Promote understanding and an appreciation of their own and others' beliefs.
- Create an understanding around the issues of Equal Opportunities.
- Foster respect for the environment in which they live.
- Promote and develop students' self-esteem, self- worth and respect for others' wellbeing.
- Prepare students thoroughly for their next stage of education which is normally a return to mainstream school.

While the school is not legally obliged to follow the National Curriculum, we adhere to it, wherever appropriate for individual and/or the Key Stage group.

We recognise the importance of keeping abreast of curriculum development and opportunities that we develop and exploit to promote and extend young people's learning. The aim of which is to create a learning experience as close to what their peers will have enjoyed.

2. Roles and responsibilities

2.1 The Governing Board

The Management Committee will monitor the effectiveness of this policy and hold the headteacher to account for its implementation.

The Management Committee will also make sure that:

- A robust framework is in place for planning and delivering "broad and balanced curriculum" which includes English, Maths, Science and (subject to providing the right to withdraw) Religious Education.
- Proper provision is made for pupils with different abilities and needs, including pupils with special educational needs (SEND).
- The school supports home schools with the relevant statutory assessment arrangements.
- It participates actively in decision-making about the breadth and balance of the curriculum.
- Pupils from year 7 onwards are provided with independent, impartial careers guidance, and that this is appropriately resourced.

2.2 Headteacher

The headteacher is responsible for ensuring that this policy is adhered to, and that:

- All required elements of the curriculum, and those subjects which the school chooses to offer, have aims and objectives which reflect the aims of the school and indicate how the needs of individual pupils will be met.
- The amount of time provided for teaching the required elements of the curriculum is adequate and is reviewed by the governing board.
- They manage requests to withdraw children from curriculum subjects, where appropriate.
- The school's procedures for assessment meet all legal requirements.
- The Management Committee is fully involved in decision-making processes that relate to the breadth and balance of the curriculum.
- The Management Committee is advised on whole-school targets, in order to make informed decisions.
- Proper provision is in place for pupils with different abilities and needs, including pupils with SEN.

2.3 Key teacher

Key teacher will:

- Liaise with home schools, student and school staff to ascertain what subjects, exam boards and curriculum a student is following in their home school.
- Setting up the Individual Learning Plan (ILP) for the student and liaising with subject staff to ensure they set their subject area objectives half termly.
- Attending CPA meetings to feedback on progress towards their ILP and curriculum studies.
- Meet with students on a 1:1 basis to assess progress towards their ILP objectives and liaise with school staff to adjust objectives on a case-by-case basis.
- To meet with the Headteacher and or Deputy to feedback on progress students are making towards their ILPs.

Both the Deputy and Key teacher will liaise with the medical team, the students homeschool, and parents/carers about the work within the educational department here at the hospital.

2.4 Other staff

Other staff will make sure that the school curriculum is implemented in accordance with this policy.

3. Organisation and planning

3.1 Planning our curriculum

Our school curriculum is aimed to promote the students' intellectual and personal development with regard to their illness and the constraints of the hospital environment within which students and staff work. It is our belief that all students in this setting deserve and should receive the very best education provision. Part of the role we have is to help students gain skills and self-esteem, to value education, and to see how the knowledge & skills gained helps support them to be successful in all aspects of life.

The curriculum is planned with the young person on their admission to hospital with their key teacher. The time arrangements and curricular content are flexible and determined largely balanced by the student's physical and psychological well-being, medical appointments or visitors and the availability of subject specialist staff.

When planning our curriculum for individual subjects we first seek out the topic titles, prior attainment, schemes of work and curriculum maps from their home school or college. We then assess where they are within these subject areas and identify if there are any gaps which need addressing or if it is in their best interest to reduce anxiety by simply starting on the same topics as their peers. This is done on a case-by-case basis as each student will be at a different point on their recovery journey. We then use the information gained to plan the focus on their ILPs and work through this in a sequential manner each half term. Note: it is likely that in many cases there may not be prior information due to their absence from home school because they were in hospital, in this case we will use what we learn from working with them to alter their plan as we progress through the term. In addition, it is very likely that we will come across gaps in their learning, where we will pause and address these before moving on.

3.2 Curriculum content and delivery

Curriculum content - Subjects

Although we do not have a statutory responsibility to follow the National Curriculum, the school operates under legislation from the Independent School Standards and opportunities to access a broad curriculum are obtained under the following statutory areas:

- Linguistic
- Mathematical
- Scientific
- Technological
- Human and Social
- Physical
- Aesthetic and Creative Education

The school delivers a core curriculum and specialist teachers in English, Maths, Science and PSHE, we also have specialist teachers in Humanities and Art. All of these subjects are scheduled for the mornings. The remainder of the curriculum and option choices in KS3, GCSE remain flexible to accommodate the various demands and challenges presented to us by the student cohorts. Otherwise, these are scheduled for afternoon lessons, alongside a variety of enrichment opportunities, Finance, Basic life support and debate. See example of typical KS3/KS4 timetable further on.

Linguistic - Our curriculum focuses on experience in the four areas of reading, writing, speaking and listening found in English and English Literature. This also applies to the learning of a foreign language. Reading for enjoyment and creative writing, in addition to debate and discussion are encouraged. Debate is scheduled each week in the classroom. A new reading theme is also presented each month in the book nook and DEAR (drop everything and read) is after break each day.

Mathematical-The focus is on building strong numeracy skills and problem-solving techniques to apply the mathematics learnt to a wide variety of problems, including real world contexts. This is reinforced with wordy Wednesdays in the starter for Mathematics. A high standard of numeracy is promoted and expected in all areas of the curriculum.

Scientific- This area is taught through Biology, Chemistry and Physics in addition to exploration of the world around us in subjects like Geography, to provide young people with the opportunity to acquire and develop scientific knowledge and skills.

Technological – ICT this aspect is delivered across the curriculum. Due to the nature of our young people, some of whom present with high-risk behaviours, it may not be possible to offer the practical aspect of some technology subjects that use potentially dangerous items such as those found in a workshop for woodwork, nor offer food technology to a young person with an Eating Disorder, however activities will be considered on a case by case basis in consultation with the hospital team. They will be risk assessed, supervised and as a minimum theory will be supported. It is often supported via drop down events and enrichment sessions.

Human and Social - PSHE, Citizenship, RE and Finance is timetabled each week. History and Geography is offered through Humanities. RSE is taught as part of the PHSE and Science curriculum.

Physical - Due to the nature of our young people, strenuous exercise is not suitable for those who are physically compromised so we are not able to timetable Physical Education except as theory based. The clinical team take responsibility for the physical side of their health. Therefore, as part of their therapeutic timetable with the MDT team students will be offered the opportunity able to participate in gentle exercise such as expressive movement, yoga and dance; as their illness allows.

Aesthetic and Creative Education - is delivered as part of the Art and Design and enrichment, and through extra-curricular activities such as art and craft.

Whilst our teachers have several subject specialisms, we are unable at present to supply teachers with every subject specialism that may be required. This is due to the nature of our staffing provision here at BCS. However, we also understand that students in KS4 and KS5 have often made subject choices which are outside of our specialism. As we understand how de-motivating it can be to not continue in these options, each teacher supports them in these subject options. This is achieved either through liaising with the home school or college for specialist materials, schemes of work or resources and or organising online sessions with their home school where there is accessible or through CPD, research in their PPA time. Subject choices are not limited to GCSE & A level qualifications, some will already have chosen vocational options such as BTEC, and others may not be in a position to do progress in GCSE so vocational qualifications such as entry level and functional skills will be considered where appropriate.

Table: subjects which are offered and supported at Bere Clinic – NB this is not an exhaustive list

Core Subjects Offered	**Subjects facilitated with support from the home school / college**	**Subjects considered / Theory only**
English (including Literature and Language at KS3, KS4 and KS5)	Economics	Food Technology (limited practical within facilities)
Maths (KS3, KS4, KS5)	Psychology, Sociology	Design and Technology
Science (including Biology, Physics and Chemistry at all Key Stages)	Media, ICT (across the curriculum)	Practical / Experiment components of Science
History, Geography, RE, Citizenship and PSHE (at all Key Stages)	Philosophy and Ethics	GCSE PE / Sport Studies
Art (all Key Stages)	Law, Business Studies	
Asdan Short Courses	Music, Health and Social Care, Childcare	Theatre studies or Drama components involving group performances
	Other vocational qualifications	Physical Education (determined by and in agreement with the hospital)

	French, Spanish, German	Other languages such as Italian or Latin
	Textiles, Drama	

Social, Moral, Spiritual and Cultural Aspects of the Curriculum (SMSC) & Fundamental British Values (FBV)

We recognise the importance of SMSC development and highlight opportunities within each curriculum subject offered to address, explore and teach these aspects and values accordingly. The Fundamental British Values of democracy, the rule of the law; individual liberty and mutual respect for and tolerance of those with different faiths and beliefs and for those without faith are also addressed and embedded in the curriculum. In addition, RE and Citizenship are timetable fortnightly. In addition, we will do drop down afternoons to learn and celebrate events throughout the year in line with these values.

PSHE

Our PSHE curriculum is designed to be appropriate and personalised to the young person's mental health needs. The PSHE curriculum is taught each week and covers a wide range of topics across the key themes:

Health and Well-being (such as; mental health, stress, resilience, emotions, substance education, drugs, alcohol and vaping, sleep hygiene, online safety) Topics on diet, body image and nutrition are delivered in bespoke individual or group therapy sessions, in order to be specific and mindful of the physical and mental health needs of our students during their hospital admission and recovery.

Living in the wider world: (such as careers planning, post 16 options, employment, apprenticeships, critical thinking, prejudice, discrimination, equality, media literacy, personal safety, county lines, knife crime, extremism and radicalisation)

Citizenship and **Finance** will be taught as separate subjects and in addition to PSHE to ensure a breadth and depth of coverage.

We offer **careers** guidance through our PSHE curriculum and through an independent career's provider who visit's once a term. We also tailor more individualised and differentiated work addressing careers pathways and interests on an individual basis and facilitate work experience if/where possible.

Relationship and Sex Education (RSHE)

Relationships, Sex and Health Education is taught across all year groups as part of the discrete curriculum of PSHE and the Science curriculum. The curriculum has been adapted to reach all young people whilst they are admitted to hospital and content is taught age appropriately, but it is also recognised that some students may have significant gaps in knowledge due to hospital admissions and long periods of absence from education.

The delivery of the curriculum is inclusive of all young people to ensure that they receive accurate, clear, comprehensive and up to date relationships and sex education that is LGBTQ+ inclusive, prepares them for responsibilities and experiences of life, and to develop positive attitudes to sexuality.

All staff involved in the delivery of RSE will be sensitive to the young persons' experiences and emotions and some young people will receive a higher level of support and input due to their needs and past experiences; working on particular areas of the RSE curriculum more intensively, through 1:1 and/or therapeutic support.

BCS's RSHE Policy provides further details regarding the intent and implementation of RSHE within the curriculum. This is in line with the updated DofE statutory guidance and changes made for schools to implement by September 2026.

Cultural Capital

Cultural capital is embodied in the school's ethos, its collaboration with the Multi-Disciplinary Team (MDT) at all levels in delivering a holistic package of care and education. This education will empower young people to be on a pathway to become safe, responsible and resilient members of society.

The cultural capital of young people at the school will be delivered and supported through lessons, their PSHE curriculum. Every opportunity to embrace cultural capital for the young people will be made throughout their admission at the school.

Reading across the Curriculum

BCS will make use of every opportunity the curriculum offers to teach young people to become life-long readers in both in English lessons and across other curriculum areas. Extra-curricular activities such as DEAR (Drop Everything and Read) will promote the enjoyment of reading and will give both staff and young people the opportunity to 'drop everything' and spend some time reading in a quiet, calm and relaxed environment.

3.3 Delivering the curriculum

The curriculum is delivered through a mixture of teacher led lessons, supportive guidance with their own schoolwork provided by home schools, self-study, and one-to-one tuition. Where possible we also arrange school trips and external visitors to further enrich their learning experience.

School Timetable

There is a structured school timetable offering a balance of educational activities and learning throughout the school day and across the school week. Lessons are timetabled to include opportunities to address gaps in and build on new knowledge and skills so that young people make progress and achieve well, and to ensure that a continuity with home school learning is maintained

In collaboration with the hospital team the school closes earlier on a Wednesday and alternate Thursdays to allow for group therapies within the hospital. This allows a more holistic approach to their education and prevents conflict between attending school and therapy. We recognise that the sooner a young person is able to engage with therapy and psychology the more they are able recover, which in turn means the sooner they can cognitively engage with school studies.

Example of KS3/KS4 timetable shown below

	Monday	Tuesday	Wednesday	Thursday	Friday
09:00-09:30	News quiz	Science skills	Wordy Wed	Word of week	PSHE skills
09:30-10:30	Science	Science	Maths	English	PSHE
Break					
11:00-11:10	DEAR	DEAR	DEAR	DEAR	DEAR
11:10-12:45	Maths	Science	English	Humanities	ART/options
Lunch					
13:45-14:30	Options	Options	Debate	Options	Options
14:30-15:00	Finance/BLS	Enrichment	Therapy gp*	Citizenship/RS or N2F *	Art enrichment

NB there may be topic changes in first half and last half an hour of each day to adapt to the needs of changing cohorts

Key

***Therapy group school closes at 14:15 pm, *N2F is Nourish to Flourish school closes at 14:15 pm–** nutrition therapy group run by dietitian – run on alternate weeks, both are run on the ward and not in the school room. **BLS** is basic life support, **DEAR** -drop everything and read.

Due to ward routines, medical treatment and doctors' appointments, inpatient students may come to the classroom after the start of a lesson or even mid-session, and they may be taken out of a lesson for treatment and return later. Some students will be keen to attend a lesson in the classroom despite being unwell, whilst others will find the levels of concentration demanding at times and consequently tire more easily.

3.4 Learning environment

BCS gives students some normalcy to their learning experience while they are hospitalised. The school aims to reduce young people's anxiety and lack of confidence towards their learning, as many may have fallen behind in their studies or have been out of formal education for a considerable period of time and are overwhelmed with thoughts of being unable to catch up or match their target or prior attainment due to their medical diagnosis. The best way to achieve this and reassure them is to match their studies to peers at home school or those nationally and to subtly address subject knowledge or skills gaps they may have as their studies progress. To do this, where possible we use a student's home school curriculum to plan teaching and learning.

In order for learning to take place, we aim to provide an environment which is:

- Safe, secure, stimulating and welcoming.
- Minimise as much as possible the disruption to the student's education during their admission.
- Encourage the social aspects of learning by establishing and encouraging positive relationships with peers and teachers.
- Fosters self- confidence and self- esteem.
- Provide students as far as possible within a hospital environment with a broad and balanced curriculum and the opportunity to study.
- Promotes equal opportunities and provide as part of our areas of study essential life and independent skills.
- Accredits learning through recognised schemes and qualifications.
- Recognises and celebrates student progress and achievements, as well as nurturing talent and skills.

We will employ an effective range of teaching strategies and technology to deliver a positive experience for the students throughout their stay with us. It is hoped that through an imaginative and creative management of the curriculum and enrichment opportunities by all staff, students will engage in the learning process and thrive.

3.5 Home schools

Upon admission, we gain consent from parents to contact a student's home school, and our key teacher makes contact to establish open communication. The ideal scenario is that topic titles, exam boards, schemes of work, attainment levels, predicted grades, assessments and resources are then sent by the home school for our own teachers to adapt, plan, differentiate and guide a young person through. This liaison helps to reassure the young person that they are in line with their peers and that their educational progress is not disadvantaged due to admission.

Where communication from their home school is not as timely as we expect, our teaching staff will use the curriculum maps published on the home school's website as a basis for planning alongside the student's input or recollection to establish the home school's current subject coverage. If the home school's curriculum maps are vague or have limited information, we will use the national curriculum age related content, diagnostic assessments as well as discussion with the student to identify starting points and possible content. This initial discussion with the student and diagnostic assessments helps to identify where there are potential gaps in understanding or knowledge due to hospital admission or non-attendance. The teacher will use the information gained from student's discussions and diagnostic assessments to check for confirmation of prior knowledge or levels of retention through a variety of in-class assessment strategies, such as quizzes, checklists, recall or baseline tests and prioritise with the student a starting point within the subject.

If communication from homeschool continues to be vague, marginal, or limited curriculum information is received, our teachers will use and adapt our own schemes of work or resources, until work has been sent through from home school or continue to adapt our curriculum coverage. When gaps or misconceptions are identified in the student's knowledge when studying a unit of work, the teacher will halt the current scheme of work to address this gap or correct misconceptions.

In cases where a young person is admitted and has missed a substantial amount of time in education, we will seek to identify the gaps in skills/subject knowledge and balance the need to keep in line with their peers at home school and to catch up on learning that has been missed prior to admission.

If the young person admitted is due to sit their exams (GCSE or A level) imminently but has missed a significant amount of content the teacher will not follow a sequential scheme of work lesson by lesson but concentrate on key skills, exam technique, themes or subjects identified as critical to the success of that subject. This could be determined simply by sitting an exam paper in this subject and working through areas of low attainment.

3.6 Personalised learning

The curriculum is negotiated with the young person on their admission to hospital with their key teacher. The time arrangements and curricular content are flexible and determined largely balanced by the student's physical and psychological well-being, whether visitors are present and the availability of specialist staff. Stakeholders acknowledge that the primary purpose of a young person's admission to the hospital is to address their prevailing physical and mental health needs and education forms a part of their care and treatment programme. Consequently, a student's educational timetable may be interrupted by activities such as additional therapy sessions, Care Programme Approach meetings or leave from the site. The school has a good relationship with the hospital's MDT and therefore disruptions are kept to a minimum.

Whilst we liaise closely with home school, parents and the hospital's MDT to achieve this, we must also recognise that their school curriculum is tailored within a holistic hospital programme to which the school contributes and participates.

A student's attendance to the on-site school may also be severely affected by their presenting physical and mental health needs and therefore not in line with the national averages. Some students are keen to attend school sessions when it is evident that they are extremely unwell, others will have poor levels of concentration due physical health or medication. The effect of small group teaching can be more demanding than their mainstream school experience and consequently they may tire easily, and cognition levels will be affected by the stage of their recovery.

3.7 Assessment

The teachers at BCS have the same high standards as their colleagues in mainstream schools. We have high expectations of ourselves and those in our care. So, our aim with the content and delivery is to have the young people achieving at a level appropriate to their age and ability in line with or beyond the National Curriculum. These expectations are qualified by the teachers' initial and continuous assessment of the students in their care.

However, educational progress for our students is not linear, and attainment may go up and down due to health and other external factors. Therefore, teachers at BCS are aware that a student's attainment may be impaired by several factors:

- Preoccupation with their own illness
- Unfamiliar environment, psychologically or physically at their best
- Effects of medication

Often in the case of eating disorders, patients are so underweight and under nourished, cognitively they are less able to reason and retain knowledge, although observing them they appear to do so. In addition, there may be changes in a student's presentation, for example if a student arrives having had a psychotic episode their level of concentration and ability to take part in any learning process is severely impaired. A new patient arriving on the ward is enough to create anxiety and generate competition between patients over their illness. It is usually only when their weight and health improve that learning can take place.

We will assess their gaps using baseline assessments and subject specific tests where appropriate. We will also assess their reading and spelling age where possible and screen for dyslexia where suspected. Assessment will be individual to the student and subject. It will vary from multiple choice quiz to exam questions or test papers and potentially will vary from student to student even within the same subject due to the presentation of the student. The overall aim is for all students' experience in our school to be enjoyable, purposeful and to strengthen current knowledge and wherever possible lead to educational progress. This may mean that on occasions an initial baseline assessment is deferred until a student is able to cognitively engage in school activities or is confident enough to try.

We will then use this information alongside formal and informal information collected from:

- MDT colleagues
- Home schools
- Young person
- Parent/Carer

Information gathered at this stage will form the basis of their bespoke Individual learning plans (ILP). This will be planned for half termly and this will be objective based.

The key teacher will liaise with student and subject teachers to form this plan.

In addition, learning objectives will be recorded in the Education Record System (ERS) system which will track and RAG rate (Red, Amber and green) progress against targets daily, weekly and half termly. This will be informed by teachers using a 'Daily Objectives sheet' which will be shared with students at the beginning of the day and their progress against these assessed continuously throughout the day using a range of Afl strategies. The Subject teacher and Key teacher will use information gathered during the lesson to review and if necessary, adjust their ILP which will be reviewed half termly by SLT.

In addition to this each student is rated by their teacher every day on their Mental Health Functioning in Education (see appendix 1), allowing us to assess how they are ability to function, where they may need additional support and when they may be ready to attend their home school (See appendix 1). This is recorded on the ERS system.

To quality assure the rigour and challenge of the students' progress in their studies the key teacher will monitor this through:

- One to one meetings with the students
- ERS system
- ILPs
- Meeting with SLT

3.8 Individual learning plans

Each student has an Individual learning plan (ILP). The ILP contains personalised objectives for the half term and is reviewed every half term. The objectives and topics are set by the teacher after a discussion with the student and where possible liaison with home school. This is a live document which is added to throughout admission.

3.9 Reporting

The ERS system will be used to generate reports to parent/carers every six weeks which will show the progress students have made towards their objectives and towards their target grades during this time period and will be feedback into the MDT meetings and CPA Care plan Approach meetings.

This will be shared with the young person, parents, home school and Local authority.

3.10 Careers

We provide a robust and individualised careers programme for each student based on their interests, age and previous careers work at their home school. We provide careers advice to all students and can put pupils in touch with local careers advice services.

We are not always able to offer external work experience placements due to the nature of the students' illness (e.g. they need to be regularly monitored by nursing staff or are under section). The school's careers lead works with the hospital's occupational therapist to provide meaningful work experience within the hospital where appropriate. We have provided opportunities to experience different workplaces with one-off trips (e.g. to a local farm), volunteering opportunities, external speakers, young enterprise, and charity fundraising schemes. We also utilise online work experience opportunities.

Further details can be found in our careers policy.

3.11 Sixth form students

Here at BCS, we aim to help and support all students with their studies beyond years 11/12, this includes help with careers and careers advice. Patients who have reached year 11 without formal qualifications we endeavour to engage in a meaningful and worthwhile programme of study. Those who for whatever reason have missed out on the education process we would assess using various testing tools and if required test their reading age and numeracy and literacy skills. We will then enter these students on an appropriate course of study (e.g. ASDAN) in order to support their career and/or education goals. The advantages of this are several:

1. It enables the patient/student to achieve success in an examination setting.
2. It allows them to take exams in a secure and safe environment, away from large numbers of students.
3. With our particular groups of patients, it has a massive positive impact on self-esteem and self- worth.
4. It gives the patients a meaningful first step in enabling them to engage in the education process (we have in the past been able to get students into further education colleges based upon these results as proof of a level of attainment).
5. It also helps us to encourage the patients/students to keep on our program of studies (often moving on to GCSEs)

Those patients who have started or are about to start their A-Levels/vocational studies when they join us, we support in several ways. If on roll at a school or college we liaise with their schools or colleges, often making sure the student has access to the school or college via their VLP systems.

We also have alternatives we can offer:

1. We can use a distance learning platform for help or support
2. Supply teachers in order to meet a particular need
3. See if we can place a student in a college or a school, we have done this in the past as part of a patient's reintegration and treatment after discharge from hospital

If there are students who have not achieved their grade 4 in Maths and English GCSEs, they will have the opportunity to be entered for the following year's exams if they are in a position to do so.

3.12 Examinations

The school is a registered exam centre and can enter patients who are well enough and able to do their exams. We principally act as a host centre, which allows students to sit their exams which they have been entered for by their home schools. This has an added advantage in that students feel more comfortable and less overwhelmed than having to sit their exams in a large hall with their peers or to ease their anxiety about not being able to leave the clinic to sit their exams in the community.

It also means we are in a position to enter a student who may not have been able to sit their exams prior to admission because they were not on roll in a school in the community or college, or when the gaps in education mean that accessing a GCSE may be beyond their current capacity but being entered for functional skills or entry level exams would allow them some qualifications to assist in applying to college in their future pathways.

4. Inclusion

Due to the nature of our setting, all our students are unable to attend mainstream school because of health needs. They should be able to access suitable and flexible education appropriate to their needs. The nature of the provision is responsive to the demands of what may be a changing health status.

Teachers at BCS set high expectations for all pupils. They will use appropriate assessment to set ambitious targets and plan challenging work for all groups, including:

- More able pupils
- Pupils with low prior attainment
- Pupils from disadvantaged backgrounds
- Pupils with SEN
- Pupils with English as an additional language (EAL)

Teachers will plan lessons so that pupils with SEN and/or disabilities can study every National Curriculum subject, wherever possible, and they will make sure that there are no barriers to every pupil achieving.

Teachers will also take account of the needs of pupils whose first language is not English. Lessons will be planned so that teaching opportunities help pupils to develop their English, and to support pupils to take part in all subjects.

Further information can be found in our statement of equality information and objectives, and in our SEN policy and information report.

5. Monitoring arrangements

The Management Committee monitors whether the school is planning and teaching a "broad and balanced curriculum" which includes the required subjects through:

- Management Committee meetings
- Headteacher meetings
- Head of Education meetings

The Headteacher will monitor the way their subject is taught throughout the school by:

- Learning conversations
- Book checks
- Supervision meetings

Teaching staff also have responsibility for monitoring the way in which resources are stored and managed.

This policy will be reviewed every year by the Headteacher. At every review the policy will be shared with the Head of Education.

6. Links with other policies

This policy links to the following policies and procedures:

- Examinations policy
- Careers policy
- RSE policy
- SEND policy
- Careers policy
- Equality opportunity policy

Appendix 1 -Screenshot showing ERS system and grid for Mental Health Grid. Next page descriptions for each category with examples.

Name: Pupil A	Reporting period: 12 Nov to 18 Nov 2018		
Key Teacher: Teacher B	EHCP	Section Y	LAC N

The letters ABCDE relate to the categories as described in the 'Mental Health Focus' table (p2).

Mental Health Functioning in Education:	A	B	C	D	E	Total
05 Nov 2018	3	1	1	1	2	8
29 Oct 2018	2	4	1	2	1	10
21 Oct 2018	1	3	1	1	1	7
08 Oct 2018	6	6	1	2	3	18
01 Oct 2018	5	5	1	1	2	14

The 'total' column here shows a score from a maximum of 50 (see page 2 for a full explanation of the system).

Mental Health Focus	
A	Communication with adults
Will offer limited verbal responses to a known adult	
B	Relationships with peers
No relationship with peers	
C	Impact of Mental Health difficulty on ability to concentrate
Unable to participate in lessons – stays on the ward	
D	Willingness to engage/Motivation
Refuses to attend lessons and refuses to work on the ward	
E	Hope for the future
Regularly verbalising or displaying intent to commit suicide. Struggles to visualise a future.	

Learning Outcomes		E	M	P	N	X
Maths						
Tue	To be able to factorise simple expressions				N1	
	Pupil A refused to attend despite encouragement. She made eye contact and smiled a little but was non-verbal in her communication.					
Wed	To be able to work on problems involving changing the subject of a formula.					

Learning outcomes:
E = exceeded objective
M = met objective
P = partially met objective
N4 = objective not met
(NB We do not use N1-3 at Cotswold Spa)
X = not here

	1	2	3	4	5	6	7	8	9	10
A Communication with adults	Avoids communication with adults With adults – To be able to offer a basic response to a known adult	Avoids communication with known adults, but will respond if spoken to directly With adults – To be able to offer limited responses to known adults	Will offer limited verbal responses to a known adult With adults – To be able to responds to open and closed questions with known adults	Responds to open and closed questions to a known adult With adults – To be able to give extended answers to known adults	Will give extended answers to questions, more than just 'yes' or 'no' With adults – To be able to engage in conversations with known adults	Engages in conversation with known adults, but uneasy doing so With adults – To be able to engage in conversations with arrange of adults when in a familiar environment	Engages in conversation with adults in a familiar environment With adults – To be at ease conversing with adults	At ease when speaking with adults With adults – To be able to converse freely and start conversations with adults	At ease when speaking with adults, and will start conversations With adults – To be at ease speaking with adults in a range of situations	At ease when speaking with any adults in any situation e.g. job interview

B Relationship with peers	No relationship with peers With peers – To manage to be with peers	Some interaction with peers maybe negative With peers – To have a little interaction with a peer or peers	Some indirect contact with at least one peer, e.g. Letter, card, note With peers – To have direct or indirect contact with a peer	Avoids speaking to peers except when necessary With peers - To speak to peers when spoken to	Interacts with at least one peer With peers – To show positive interaction with at least one peer	Positive relationship with at least one peer – initiates and responds appropriately With peers – To be at ease relating to peers in more than one setting	Positive relationship with at least one peer extends beyond one setting To have positive relationship with more than one peer	Positive relationships with more than one peer With peers – To be consistently at ease relating to more than one peer	Positive relationships with more than one peer, maintained over time With peers – To be consistently at ease relating to peers	Positive relationships with more than one peer, in more than one setting, maintained over time

C Impact of Mental Health difficulty on ability to concentrate	Unable to participate in lessons – stays on the ward Concentration - To be able to spend brief periods in class	Is able to stay in the classroom for brief periods Concentration - To be able to concentrate for brief periods on therapeutic/ distraction activities	Is able to concentrate on therapeutic/ distraction activities for short periods Concentration - To be able to concentrate for most of the session on therapeutic activities	Stays in class for most of the lesson concentrating on therapeutic activities Concentration - To be able to concentrate for short periods on academic work with support	Is able to be in class and to concentrate for short periods on academic work with support Concentration - To be able to complete some academic work with support	Completes some academic work with support Concentration - To be able to concentrate sufficiently to complete some academic work independently and to continue with support	Level of concentration is sufficient for some tasks to be completed independently and can continue with support Concentration - To be able to concentrate sufficiently to start and complete some academic work independently	Is able to concentrate sufficiently to start and complete short academic tasks independently Concentration - To be able to concentrate all session but may need help to stay on task	Able to concentrate all lesson but may need a little help to stay on task Concentration - To be able to concentrate well enough to organise work and complete it independently	Is able to concentrate and to organise and complete work independently

	1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**
D Willingness to engage/Motivation	Refuses to attend lessons and refuses to work on the ward Motivation – To be able to do some activities on the ward	Refuses to attend lessons but will do some activities on the ward Motivation – To be able to attend some sessions or parts of sessions	Attends some lessons or part of some lessons but is non-compliant Motivation – To be able to engage in parts of sessions	Engages in part of lesson, or in some lessons but still frequently rejects education Motivation – To be able to engage in parts of their IEP	Engages in aspects of IEP for part of lesson, or in some lessons Motivation – To be able to engage in half of sessions	Engages in aspects of IEP for half of lesson, of half lessons Motivation – To be able to engage more positively in elements of the IEP for half of sessions	Engages more positively in elements of the IEP for half of lesson, or half lessons Motivation – To be able to engage in all elements of the IEP most sessions	Engages in all elements of the IEP most lessons Motivation – To be able to engage positively in all elements of the IEP most sessions	Engages positively in all elements of the IEP most of the lesson or most lessons Motivation – To be able to engage fully in every session	Positively engages fully in every lesson

E Hope for the future	Not attending school or doing schoolwork on unit.	Has taken schoolwork from Key teacher or home may be attempting work on ward not in school.	Has attended school but has not managed to engage in lessons	Is taking an interest in lessons but not doing any written work. Leaves early	Attempts to do written work but unable to maintain interest or motivation for very long. Attends less than 50%	Can now concentrate on task and produce written work and is able to contribute to lessons orally	Able to follow objectives and lesson expectations in a positive manner working towards lesson goals. Is contributing orally.	Staying on task at appropriate level, staying on task and in class most of session.	On task, good concentration fulfilling learning objectives, completing set tasks, on target for exam success	Working Above the Requirement For exam Success High motivatio and Work quality