



WOODSIDE SCHOOL

What we do: our seamless therapeutic approach at Woodside School

Independent school standards: paragraphs 2, 3, 4, 5 and 34.

Policy content includes:

- our innovative, seamless therapeutic approach
- the therapies we offer, and how we offer them
- the support we provide to families, including home visits.

Last external review	September 2024
Next external review	September 2025
Latest update	September 2024

OUR PUPILS

- Every pupil at Woodside School has an education, health and care plan (EHCP) for social, emotional and mental health (SEMH) difficulties, most of which are borne out of their adverse childhood experiences (ACEs). A significant proportion of our pupils have additional special educational needs and/or disabilities (SEND), including attention deficit hyperactivity disorder (ADHD), oppositional defiant disorder (ODD), conduct disorder (CD) and autistic spectrum condition (ASC).

WHAT WE DO

- **As therapeutic schools, therapy is at the heart of everything we do.** All staff work seamlessly together to teach and proactively support pupils who have endured (and continue to endure) ACEs, including trauma, toxic stress and associated mental health difficulties
- As well as the range of therapies offered to pupils on a pupil-by-pupil basis, therapists work seamlessly in class alongside teachers, deliver small group sessions and workshops and work collaboratively with staff, raising awareness of ACEs and associated needs and to ensure that the full curriculum offer is accessible to all pupils
- The range of therapies at Woodside School are offered on both a structured and self-referral basis across the school sites to all pupils identified as needing them. They are crucial elements of pupils' curricula and not 'bolt-ons' or 'distractions' from 'real lessons'; they are timetabled flexibly, sensitively and effectively so as to maximise engagement and progress
- The curriculum is underpinned by our values-centred curriculum (available on our website and displayed around the school) which permeates our assembly programme (at the beginning of every day), our PSHCE programme, our daily circle time sessions and the conversations staff have with pupils
- The curriculum design is strongly differentiated to meet class and individual needs and to accommodate the various therapies offered. We are extremely flexible in our timetabling, school day timings and use of additional support
- All parts of the school day including breakfast and morning exercise, breaktimes, lunchtimes, assembly and extra-curricular activities are seen as opportunities to deliver the therapeutic aspects of the curriculum, especially SMSC through the PSHCE programme. There is no 'pupils go out for break or lunch'; breaktimes and lunchtimes have to be structured and community activities (including eating together) are again fundamental elements of our curriculum

- All pupils new to us and if necessary, will receive in their first 12 weeks a speech and language assessment and an occupational therapy assessment. In addition, a welcome interview will be held in which we ascertain:

- a) whether there have been or are currently any visual or hearing needs. If this is the case, we will support parents in attending necessary appointments
- b) vital information regarding adverse childhood experiences (ACEs), which will inform subsequent interventions; ACE scores are not static and will be updated during a pupil's placement if further significant adversity is experienced
- c) past and present professional involvement and their input with the family.

AVAILABLE THERAPIES

The range of therapies we offer include:

- Play therapy
- Dramatherapy
- Music therapy
- Art therapy
- Canine therapy
- Speech & language therapy (SaLT)
- Occupational therapy (OT)
- Educational psychology (EP).

Consent

- There is an underlying assumption that consent is given for therapeutic interventions by virtue of the fact that families know and accept their child is being placed in a therapeutic school. However, we additionally request written consent for all therapies and no therapy ever goes ahead without at least verbal consent from the family.

Ethics

- Our therapists follow the ethical framework of their regulating bodies such as the HCPC and BATP. As per their requirements, each therapist has external, confidential supervision in which they discuss and monitor their practice.

Who can have therapy?

- All of our pupils may benefit from having some form of therapy. We tailor each pupil's therapeutic programme so that it meets their individual needs.

In general, therapy is likely to especially helps those who:

- have experienced ACEs and/or high levels of stress and unpredictability
- have social, emotional and mental health needs
- have social communication difficulties
- experience low self-esteem and fear of failure
- are struggling with life events e.g. grief and loss, changes within the family or home, illness
- have suffered abuse, bullying or other trauma
- have learning difficulties.

The support may be accessed as and when it is required: on a day-to-day basis or through more regular one-to-one or group sessions. Our range of therapies is not entirely dependent on spoken language. Our experienced arts therapists facilitate sessions in which art, play, drama and movement are a primary means of communication, which can be helpful to pupils who find it difficult to express their thoughts and feelings verbally.

How can therapy help?

Pupils who have endured ACEs, toxic stress and/or associated mental health difficulties will likely have high cortisol (stress) levels and low self-esteem.

Therapy works to:

- provide the pupil with an opportunity to express and reflect on their thoughts, feelings and experiences in a safe environment
- allow the pupil to build a positive therapeutic relationship with the therapist, which raises self-esteem and can alter negative attachment strategies
- enhance a pupil's emotional wellbeing and encourages creative problem solving
- improve self-esteem, confidence and self-worth
- help to develop the pupil's emotional vocabulary, encouraging and enabling them to identify and name their emotions
- help develop strategies to manage their behaviour and their ability to regulate their emotions
- help to remove barriers to learning.

Confidentiality

- Typically, therapists ensure that all sessions are kept confidential in order to maintain trust within the therapeutic relationship and to create a space that feels safe to explore sensitive and

meaningful aspects of the pupil's life.

- However, a therapist may break confidentiality if they become concerned about a safeguarding risk. The decision to break confidentiality is subject to

the professional judgement of the therapist but will always be made with the best interests of the pupil in mind and with full consideration given to the full context within which the disclosure was made and the foreseeable risks surrounding the concern. Where possible, the therapist will seek consent from the pupil/client before making an external disclosure or reporting a concern, unless there is an immediate risk of harm.

Sharing of information/therapists' notes

- Therapists keep records securely, electronically, on password protected files
- Records are kept in order to assist and inform the work with pupils.
- In addition, termly reports help to ensure that the provision is accountable, and such a system is required for monitoring and evaluation purposes.
- Limited information about pupils' progress in therapy sessions (in terms of their social and emotional wellbeing and development) is provided to leaders and in written summary reports, which can be viewed by staff, families and professionals.

SUPPORTING FAMILIES

Our therapy team supports families in a targeted and responsive way. Each site's lead therapist meets parents when their child joins our schools to gain a picture of family life, the needs of the pupil and family and how we can best support them. We are able to offer parents emotional and practical support through counselling or arts therapy, emotion focused family therapy (EFFT). We are also able to act as a strong link between the family and social care, CAMHS and paediatric care, and facilitate regular meetings and/or conversations in which we can support strategies in the home.

Home visits

Home visits are an integral part of our practice, with their core aims being to:

- gain insight into the pupil's home environment in order to understand the whole child. This is **non-judgemental** and helps to meet our pupils' needs
- lower school anxiety and increase attendance
- build positive relationships with the family
- offer time to the family in their own environment to show a greater sense of support.

Risk assessing home visits

- Home visits will be undertaken by teachers and therapists
- Staff will always gain consent from families prior to the visit
- Robust home visit risk assessments, alongside individual risk assessments will be completed in

advance.

PROMOTING SOCIAL, EMOTIONAL & BEHAVIOURAL DEVELOPMENT

Social and emotional development is central to our curriculum and ethos. Breakfast, morning exercise, soft start, circle time, assemblies, break time, lunch and PSHCE

are focal points for the facilitation of this development, however, it is acutely important that social and emotional learning is embedded throughout the entire day, facilitated by therapists and teachers 'as one'. Daily activities at all Woodside Schools that help to develop social skills and learning about emotions include:

- story-reading and storytelling
- circle time
- drama and role-play
- mindfulness
- dance and movement
- sport and games
- sensory play
- group art activities
- discussing films and news stories
- speaking and listening activities
- mediation, time for reflection and conflict resolution after incidents.

Play

Play is vital to pupils' development as it teaches them about the emotional and social world they live in. We ensure that pupils have the opportunity for directed and spontaneous play as part of their personal and social development during every school day. Boundaries are important in play and are made explicit.

Communicating emotions

Pupils need to be encouraged to communicate appropriately about their feelings instead of acting out their emotions through challenging behaviour. We support them to achieve this the following ways:

- **Modelling** – talking about our own feelings and emotional reactions
- **Praising** pupils whenever they are able to tell you about their feelings
- **Labelling emotions for pupils** (this is communicating their feelings for them if they're unable to do it themselves)
- **Providing opportunities for emotional communication** – communicating care and opening the door to sharing
- **Validating their feelings** – normalise what they're expressing by letting them know that we all have these feelings (**"It makes sense that you're upset about that because it must have made you feel alone"**)
- **Meeting their emotional need:**
 - shame needs reassurance

- fear needs safety (emotional safety through containment)
- sadness needs comfort
- anger needs space/boundaries

- anxiety needs to be challenged.

Trusted adults

- We recognise how important it is for our pupils to develop **secure attachment strategies** with adults within our school community, and how pivotal this is in ensuring all pupils enjoy a successful therapeutic placement.
- We operate a system whereby each pupil is assigned to a specific member of staff (their 'trusted adult'), who makes daily contact with the pupil, supports their emotional wellbeing in school and acts as the first point of contact for families.
- Every new pupil will be allocated a trusted adult within their first two weeks. Pupils are observed during their first weeks at school in order to see if there is any staff member whom they have formed a significant attachment to, and would therefore be an appropriate trusted adult.

The aims of our trusted adult system are to:

- enable all pupils to form **secure emotional attachments** to adults within school, and provide them with a consistent significant other in their life outside of the home.
- support pupils with their **emotional development** and reinforce the values and skills taught through our PSHCE curriculum and therapeutic approach.
- provide pupils with a **positive adult role model** who can support them to make positive behaviour choices.
- form a **close and consistent link** between school and home: the key person acts as the first point of contact for parents and carers.
- support pupils as they **settle into school, transition** from one class to another, or go through any other **significant changes** in their life.