Cohort Provision Outcome

Department: ACP Alternative Curriculum Provision

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ACP Cohort	Provision	Outcome
The cohort is primarily year 10 and 11, however on occasion lower years are accepted into the ACP. The cohort has had significant negative experiences with not only education but also with professionals, often being out of school for significant periods of time. The young people have increased anxiety, which is often school based, and are disengaged with learning experiences. The primary diagnoses for young people in the cohort are ADHD and ASD, incurring difficulties in social interaction. Some of the cohort are also involved in criminal or anti-social behaviours within the community. A number of young people within the cohort display volatility when in distressing situations which can trigger post-event causing their behaviour to be misunderstood by peers and professionals alike.	The cohort requires an individualised approach to each young person, based on their own personal history and their identified difficulties. Each student has a bespoke timetable which includes a variety of vocational, academic and therapeutic elements. Teaching is primarily on a 1:1 basis, with vocational teaching occurring in small groups of up to 5 students. Engagement sessions are used to build trust and establish working relationships with students, this is based on mutual respect and positive reinforcement of expected behaviour. Sessions are structured to provide a consistent approach to learning with embedded emotional regulation and calming strategies discussed regularly. Therapeutic provision is available to those with trauma and are in the bespoke timetable, if this is applicable to the individual. Provision is holistic involving the young person, parents and external professionals to obtain the best possible outcomes for all students.	 To be able to have sustained relationships with family and those within the community. To build confidence in themselves as a learner/individual. To identify a post 16 option for each individual. To provide functional living skills to enable the young person to have an independent life as much as possible. To restore individual trust in adults who offer support to them.

Social interaction is supported in unstructured	
time by staff, encouraging game play and	
discussions.	