**Alternative Education Provision**

**Student Referral Process**

**Overview**

Cambridge Acorn Project provides holistic and bespoke therapeutic interventions on a one-to-one basis. These programmes combine direct long-term therapy delivered weekly (one session per week) by a registered, experienced practitioner as well as access to family worker who will support the family. This combination of approaches is designed to reduce inequality around the young person and promote long term positive outcomes. The aim of this therapeutic work would be to work holistically with the young person and the structures around them (family, home, school) to increase their wellbeing and support them to reengage with education. Our therapeutic work is grounded in attachment theory, empathy, and reflective practice. Our model prioritises shared decision making and feedback informed treatment ensuring children and young people are at the heart of their own therapeutic journeys.

This supportive multi-faceted approach gives the child or young person the time needed to build strong positive relationships facilitating long-term change. Our interventions work across multiple domains to improve wellbeing and support young people to transition back into mainstream/other provision. We work structurally with the young person and their environment (social/material) to reduce disadvantage and inequality. This work includes increasing opportunities for attachment-related activities, decreasing familial stress and increasing social freedom.

**Cost for an academic year/term/weekly or sessional basis:**

One-to-one bespoke therapeutic programme: £2000 for the academic year (or across three continuous academic terms). If funding is a barrier Cambridge Acorn Project may be able to support with part-funding on an individual basis (through grant applications).

This cost includes (but is not limited to):

* Initial inequality assessment (shared decision-making tool) undertaken by a trained assessor to develop the most appropriate bespoke therapeutic programme
* 39 sessions (1 hour) of direct therapeutic work delivered by an experienced and registered therapeutic practitioner (e.g. HCPC, SWE, UKCP, BACP, BPS). Sessions are delivered weekly and we engage in long term work in order to generate emotional recovery and long-term positive growth.
* 20 hours of family work with and around the child or young person delivered by an experienced family worker on an as needed basis.
* Access to a programme coordinator who will be a point of contact for school and be able to work with multi-disciplinary teams

Please note: Our therapeutic model, based on attachment theory, provides a young person with long-term engagement to make sustained and long-lasting positive change. Therefore, we are only able to consider working with children and young people where there is the commitment from the school to fund across one academic year/three consecutive terms. Should the young person not engage with the provision it is possible to end the contract early – see service level agreement for more information.

**Expected outcomes for Students:**

* Re-engaging with school
* Improved wellbeing
* Greater readiness to be able to engage with education
* Improved relationships at home and at school
* Children we work with will sometimes return to mainstream provision
* Lowered risk of NEET progression
* Improved self-esteem and self-reported happiness.

**Pastoral Support on Offer:**

Cambridge Acorn Project provides bespoke therapeutic intervention programmes and as such, pastoral support is core to our work. Our programmes are delivered on a one-to-one basis by experienced practitioners who work using principles of attachment theory to develop strong, positive, safe and professional relationships with children and young people. As part of this we monitor all attendance and engagement and track progress through detailed case work. Our shared decision-making principles and feedback informed treatment processes ensures the child or young person is at the centre of our work and all the support is built around them and their specific needs.

As well as working with the child or young person themselves, we work across multiple domains ensuring that we are in regular contact with parents/carers as well as working closely with the school and any other agencies involved.

**Referral process:**

We have an initial referral form and, once a package is agreed it is followed up with a complete inequality assessment to understand the child or young person’s need and develop a bespoke therapeutic package.

We can also accept an Early Help Assessment (or equivalent) with the family’s consent to reduce the paperwork burden on schools.

**What quality assurance processes do you have:**

Our work is delivered by our multi-disciplinary team of therapists (counsellors, music therapists, art therapists and social workers) and we match the individual child or young person to the therapist to enable the best chance of engagement and succeeding over the long-term. All our therapists are experienced and hold relevant professional qualifications (e.g. counselling, social work, psychology) and are fully registered with their specialist professions and meet the ongoing professional registrations in their discipline (e.g. HCPC, SWE, UKCP, BACP, BPS). Our family workers and academic enrichment support workers are all provided with in-house training to ensure all practitioners are working using the same model of change underpinned by attachment theory and tackling inequalities (particularly where these have been the product of Adverse Childhood Experiences – ACES). All staff are given both internal (management) and external (clinical) supervision. We provide regular CPD for all staff (a recent example includes a training and assessment morning from a clinical psychologist regarding the practical difficulties of assessing trauma and attachment vs neurodevelopmental difficulties) and an annual safeguarding day led by an external expert consultant where we discuss safeguarding updates and reflect, together, on safeguarding issues and complexities which have arisen across our caseload during the academic year.

We closely monitor each young person’s therapeutic journey, and we evaluate the work we do using two primary methods, firstly the Strength and Difficulties Questionnaire (SDQ) (pre and post intervention) and, secondly, through feedback informed treatment (FIT) using Child Outcome Rating Scale (CORS) and Child Sessions Rating Scale (CSRS) each time the young person and therapist meet. The SDQ gives a reliable indicator of change pre and post intervention and FIT scales are scored on a weekly basis with children and young people and these measures ask for feedback on different domains and enable therapists to monitor and evaluate whether the work is on track, is meeting the needs of children and young people and the therapeutic alliance is strong.