A Curriculum for Recovery

Contents

Introduction

"The curriculum is a framework for setting out the aims of a programme of education, including the knowledge and skills to be gained at each stage (intent); for translating that framework over time into a structure and narrative , within an institutional context (implementation) and for evaluating what knowledge and skills pupils have gained against expectations (impact/achievement)." Harford, (2019)

During a period of enforced social isolation as a result of pandemic, national disaster or traumatic event, the research evidence suggests there are a number of risk factors for the health, wellbeing and education of children[1]. These include:

Health

- Reduced access to FSM and other support services (health)
- Increased risk of neglect
- Changes in children's levels of physical activity
- Increased risk of lack of self-care

Wellbeing

- Reduced social interaction
- Increased anxiety
- Changes in support for children with SEN
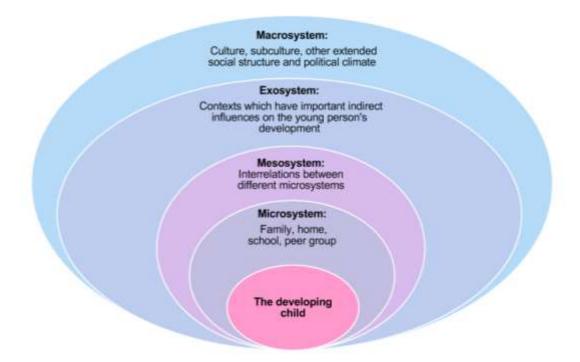
Education

- Transition between primary and secondary schooling disrupted
- Transition into school from nursery interrupted
- Teaching through online means is a potential source of discrimination
- Lack of independent learning skills/resilience
- Attendance is lower when schools reopen
- Basic skill development compromised
- Some curriculum subjects not supported by online learning
- School achievements based on subjective measures (not exams)
- Children with SEN lose additional support

These risk factors can be divided into 3 themes forming the foundations of a recovery curriculum intent, implementation and impact:

- **Health**: communication competencies, self-care, physical activity, nutrition
- **Wellbeing**; social and psychological competencies, anxiety, trauma and bereavement, emotional resilience
- **Education**: attendance, transition, access to the wider curriculum including art, music, drama, basic skills (literacy, maths, language), development of independent learning skills and resilience

Bronfenbrenner's bio-ecological model[2] (see fig 1) is useful when considering the breadth and scope of influences that affect a child as they develop.

---

[1] Kneale D, O'Mara-Eves A, Rees R and Thomas J. School closure in response to epidemic outbreaks: F1000Research 2020:352 Systems-based logic model of downstream impacts [version 1; peer review: awaiting peer review] 9 https://doi.org/10.12688/f1000research.23631.1

Macrosystem:
Culture, subculture, other extended social structure and political climate

Exosystem:
Contexts which have important indirect influences on the young person's development

Mesosystem:
Interrelations between different microsystems

Microsystem:
Family, home, school, peer group

The developing child

The return should be planned for and considered from each of the four perspectives and to consider the different level of need this will present:

Those involved with planning the return to school should ensure that their response considers:

 • the influence of social structures, political policy and culture (the macrosystem),

• community and local authority services (the Exosystem),

 • school and family influences (the Microsystem),

• a focus on the individual in their context

Although we cannot influence all aspects of the ecosystem a child lives within, we can help to support the child within each sphere and ensure we navigate each aspect with the child held firmly in mind.

The Recovery Curriculum[3], as described by Prof Barry Carpenter and his brother Matthew Carpenter (a head teacher) considers the viewpoints of children and young people as they return to the new normal of schools. They describe 5 areas of emotional and psychological dissonance: Relationships, community, space, metacognition and curriculum

Finally, it is essential to remain committed to the importance of play. As the BPS (2020) emphasises in its guidance for schools "moments of playfulness" are essential for all – adults and children alike. Play is crucial in supporting children to develop emotional resilience and self-regulation and we should support the children to be playful and engage in a range of play, both structured and unstructured wherever possible.

---

[2] BRONFENBRENNER'S BIOECOLOGICAL MODEL (2005)6. LABELLING FROM TUDGE ET AL.,7 (2009)
[3] Reopeningschools.org – A website for schools https://www.reopeningschools.org/

Planning for Recovery

Planning

Planning should be bespoke to the needs of the children and will respond sensitively to them. All planning must carefully reflect the limitations of working under COVID 19 restrictions and new activities must be risk assessed. Teachers should act as critical friends with each other, supporting each other to risk assess activities.

Staff will need time to reconnect and plan before children return. Protecting this time for reflection will allow teams to:

Reflect and explore the experience of lockdown on them individually and on their school community. Identifying successes and what has been learnt

Implementation

Teachers and senior leaders will monitor the teaching and learning with a view to learning about what is effective and identifying potential challenges. The careful progression through the phases of the recovery curriculum will ensure there is plenty of opportunity to identify possible areas of difficulty and respond accordingly.

Impact

Measuring and evaluating the impact of the curriculum on the health, wellbeing and education of the pupils is an essential aspect of the effectiveness of the recovery – we seek to learn and refine in a dynamic, self-reflective and reflexive partnership – a community of practice[4] and in line with the British Psychological Society recommendations - Post Traumatic Growth Theory research highlights the potential for positive growth and development as a consequence of trauma and challenging experiences

A framework to promote resilience includes:

1. Create positive goals

2. Plan how to track positive change

3. Work to reduce risk while enhancing strengths

A framework for listening

This framework for support has been adapted from research into effective strategies to support healthcare professionals during the COVID19 pandemic. As schools move towards opening wider, with the increased demands this will place on staff, children and the wider community to adapt to the new normal, the need to provide active, non-judgmental physical, emotional and psychological support becomes essential to ensure we support staff to adjust to the new normal. This rubric has been developed to support school leaders have supportive conversations with staff during this unprecedented period. The best way to understand the anxieties and concerns of staff in schools is to ask. This rubric provides a framework to support leaders to actively listen to staff in three priority areas:

- What are you most concerned about?
- What messages and behaviours do you need from leaders?
- What other tangible forms of support would be helpful?

---

[4] Wenger-Trayner and Wenger-Trayner (2015)

A curriculum for recovery- a phased approach – key principles

Phase	Intent: Focus and approach
Phase 1 (Week 1)	**Resettling and introducing the new normal** A focus on supporting children to become familiar and comfortable with the new routines and behaviours in school. **Health**: establishing hygiene and self-care routines in school. Encouraging healthy eating; reintroducing physical exercise; **Wellbeing**: Re-establishing relationships and friendships, acknowledging and listening, accepting of behaviours, strategies to manage anxiety and re-establish confidence in school. **Education:** metacognition – learning about how we learn and how we learn within the classroom – learning to learn in new ways reintroducing structured teaching in basic skills and ways of working, in the classroom – changing routines building independence in learning, **Impact Questions to ask:** • How are the children responding? What is hard and challenging? • What works and what doesn't work? • Which children are thriving? • Which children do we think will need extra, additional support? In which areas?
Phase 2 (Week 2)	**Observing and responding – where are we now?** **A focus on observing the reactions, responses and ability of the children to adapt, leading to the identification of tentative support plans** **Health:** maintaining and securing hygiene practices – reducing scaffolding around practices; extending physical health, encouraging healthy eating, observing and assessing communication and social skills **Wellbeing:** building on and developing opportunities to explore thoughts, feelings and reactions to the situation. Using art, music and craft to help shape and structure emotional experiences, assessing the level of children's responses – who will need additional support in school through referral to outside agencies and support? **Education:** extending time on task and further building resilience. Opportunities to observe and assess standards in basic skills in reading, writing and maths– where are we now? What needs to be put in place to accelerate learning in basic skills? Access to the wider curriculum, in particular foundation subjects that are more challenging to develop at home (music, art, craft, outdoor work) **Impact Questions to ask:** • How are the children responding? What is hard and challenging? What is becoming easier? • How secure are the hygiene and self-care practices – how quickly

	are the children adapting? • Which areas of basic skills need additional attention and focus? • Which children do we think will need extra, additional support? In which areas? Placing children within three levels of support in the three areas identified: in school care; additional care; external support and care
Phase 3 (Week 3+)	**Securing the new normal** **Health:** ensuring health and hygiene practices are secure and the children have ownership over them– self-care at an appropriate level; physical fitness showing signs of returning **Wellbeing:** children supported at 3 levels – classroom care, additional support and care; support from external partners as needed– systems in place to ensure this happens quickly and flexibly **Education:** basic skills gap provided for with a plan for acceleration; access to the wider curriculum established with regular systems and structures, curriculum provision moving towards a new normal **Impact Questions to ask:** • How are the children responding? What needs refining and reshaping? Which aspects can be stepped down? • What indicators are there that 3 levels of support are in place and appropriately supporting children? • Are plans for acceleration having an impact? In what ways? • Where next?

Suggestions for activities

Phase 1 – resettling and introducing the new normal

Health

Teaching hygiene practices in school and in the classroom

- EYFS/Yr 1 might consider a "People who help us", or "Staying Healthy topic" for the first week
- Moving in and around school (use ribbons or ropes at a distance for children to hold)
- Designing posters for in and around school outlining key messages such as wash your hands, catch it, bin it for sneezing. Keeping classroom clean. Stay in your bubble. Follow the dots.

Other:

Wellbeing

Developing a spirit of community care: mutual respect, trust, kindness and a sense of belonging for everyone

- Making sure the children can identify who is the one trusted adult in school (class) that they can talk to
- Establishing class rules – kindness is important (kindness jars) – a thought for the day and conscious acts of kindness
- Facilitating conversation about the virus and allow them to share their ideas, wishes, needs, desires, using Art and Craft activities that provide children with the opportunity to express their ideas ad feelings
- Using picture books
- Play – and playground games

Other:

Education

Establishing routines for learning;

- Recognise that school is going to different and give us new ways to learn
- Speaking and listening – listening and following instructions; barrier games, debating, storytelling, *singing,*
- Reading and responding to short stories and books, choral poetry and rhyme including written/drawn responses to stories: https://indd.adobe.com/view/0f834b3c-c44c-439d-be0d-2fb7de5d6caf
- Phonics and early word reading
- Reading comprehension – whole class shared reading

- Maths – establishing routines for learning independently; returning to basic arithmetic – things they know

Phase 2 –Observing and responding; where are we now?

Health

Wellbeing

Health

Education

Phase 3- securing the new normal and building on success

Health

Wellbeing

Education

References

Bronfenbrenner, U. (2005). Making human beings human: Bioecological perspectives on human development. London: Sage Publications.

Carpenter, B. and Carpenter, M, 2020 – A Curriculum for Recovery - Reopeningschools.org – A website for schools https://www.reopeningschools.org/

Kneale D, O'Mara-Eves A, Rees R and Thomas J. School closure in response to epidemic outbreaks: F1000Research 2020:352 Systems-based logic model of downstream impacts [version 1; peer review: awaiting peer review] 9 https://doi.org/10.12688/f1000research.23631.1

Ofsted (2019) *Curriculum: intent, implementation & impact. Survey & evaluation work to support our understanding and the development of the EIF2019*. Delivered by Sean Harford,HMI, National Director, Education. Available at http://www.lancsngfl.ac.uk/curriculum/assessment/download/file/Lancs%20HTs-%20Curriculum%20-%20April%202018.pdf

Lave, J., & Wenger, E. (1990). Situated Learning: Legitimate Periperal Participation. Cambridge, UK: Cambridge University Press

Tudge, J.R., Mokrova, I., Hatfield, B.E. & Karnik, R.B. (2009). Uses and misuses of Bronfenbrenner's bioecological theory of human development. Journal of Family Theory & Review, 1(4), 198–210

Wenger-Trayner, E and Wenger-Trayner, B. (2013) Leadership Groups for Social Learning. Available at https://wenger-trayner.com/resources

Wenger-Trayner, E and Wenger-Trayner, B. (2015) Communities of Practice – a brief introduction, Available at https://wenger-trayner.com/resources