

2024 2025 Student Case Studies



Starting Points - what are the needs of our students?

Strategies we use

Impact and Outcomes

Every year we reflect on the progress our students have made, and the strategies we used with them. We reflect on what worked well and made the difference, and what we need to do further work on, to help our students make even more progress in the following areas:

- Engagement with learning
- Development of social skills
- Progress with learning and independent working
- Health
- Transition - steps to moving on

This collection of Case Studies is written by our staff, for our staff. They reflect the expectations of GHES with the strategies we know, when applied well, make a difference.

Our reflections on 2024-2025 have led us to develop our REACH principles for students - this is what we believe will make even greater difference to our students during 2025-2026.



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Key Themes - summary

Most Common Strategies Across All Cases

1. Personalized Learning

- Tailored lessons to individual needs (e.g., bespoke topics, scaffolded tasks, flexible pacing).
- Goal-based learning and differentiation

2. Emotional & Mental Health Support

- Relationship-building and trust development
- Anxiety reduction strategies and coping techniques

3. Multi-Agency & Family Collaboration

- Strong communication with parents and external agencies
- Consistent outreach and partnership for stability.

4. Structured Routines & Visual Supports

- Predictable schedules and visual aids
- “Now/Next/After” boards and clear sequencing.

5. Flexible & Adaptive Approaches

- Adjusting curriculum (removing unnecessary content, switching to Functional Skills)
- Energy-sensitive planning for chronic fatigue

6. Gradual Reintegration & Exposure

- Step-by-step return to learning environments
- Outdoor learning and link visits for confidence building.

7. Use of Technology & Online Adjustments

- Dark mode, flexible timing, private chat differentiation
- WhatsApp check-ins and virtual engagement strategies

8. Positive Reinforcement & Confidence Building

- Celebrating small wins and progress milestones
- Humour and creative engagement to reduce stress

9. Career & Future Planning

- Linking learning to aspirations
- Support for college applications and vocational pathways

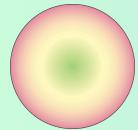


Table of strategies & impact

Case	Actions (Strategies)	Impact (Outcomes)
B	1:1 lessons, prioritized essential topics, removed unnecessary content, goal-based learning	Sat all GCSE papers, achieved grade 1, shifted from avoidance to engagement
C	Outdoor learning, parent communication, link visits, WhatsApp check-ins, sensory aids, coping techniques, career planning	Improved confidence, friendships, independent community access, GCSE completion, enrolled in Health & Social Care
D	Home visits, multi-agency collaboration, transition planning	Improved emotional communication, left home for activities, attended taster day, enrolled full-time at SGS Create
E	Structured routines, visual supports (Now/Next/After), practical tasks, family partnership	Improved engagement, emotional regulation, independence, writing stamina
F	Gradual independence exposure, sensory aids, positive reinforcement, collaborative planning	Increased confidence, independent participation, improved social interaction, steps toward animal care
G	Flexible pacing, academic focus, exam practice, emotional support	Grade 8 in chemistry & biology, excellent attendance, successful college transition
H	Tailored lessons, career guidance, paramedic pathway exploration, college application support	GCSE success, enrolled in Level 3 then adjusted to Level 2 for better fit
I	Scaffolded lessons, structured planning, energy-sensitive strategies	Grade 7 in GCSE Art, increased confidence
J	Phonics, creative activities, consistent routines	Sustained progress, readiness for Year 1
K	Relationship-building, practical tasks, structured scaffolding	Strong attendance, purposeful work, emotional growth
L	Extension tasks, private chat	Improved engagement, peer interaction,

	differentiation, consistent routines	confidence
M	Predictable routines, breaks, relationship-building	Increased trust, ability to ask for help, progress despite symptoms
N	Emotional support, creative engagement, exam adjustments (scribe)	Completed most GCSEs, college entry, family appreciation
O	Similar to N	GCSE completion, college progression
P	Humour, rest breaks, scribing support	Passed Functional Skills L1 & L2, regained confidence, post-16 placement
Q	Personalized online adjustments (dark mode, flexible timing, breaks)	Improved stamina, confidence, active participation
R	Polls, quizzes, interest-aligned tasks	Improved communication, group participation, reading age progress
S	Relational support, sensory strategies	Increased independence, community engagement, ICT confidence
T	Bespoke lessons on marine biology, Unit Award Scheme	Full participation, certificate achievement
U	Humour, visual aids, scaffolded tasks	Achieved EL3, L1, L2 Functional Skills, progressed to Health & Social Care
V	Behaviour-focused strategies, lesson redesign, parental involvement	Improved engagement, respect, quality of work
W	Practical sessions, interactive tools, parental collaboration	GCSE grades 9 (Biology & Physics), 8 (Chemistry), renewed confidence
X	Relationship-building, multi-agency collaboration, emotional regulation support	Completed GCSE exams, improved mental health, catering career aspirations



Summary of Individual Case Studies

CASE STUDY B

Student B entered Year 11 with significant gaps in maths knowledge and high anxiety. Strategies included one-to-one lessons, prioritizing essential topics, and removing unnecessary content to reduce stress. Personalized, goal-based learning improved confidence, and Student B sat all three GCSE papers, achieving a grade 1, marking a major shift from avoidance to engagement.

CASE STUDY C

Student C faced severe anxiety, isolation, and self-harm, unable to attend school or interact socially. Support focused on gradual reintegration through outdoor learning, strong communication with parents, link visits, and WhatsApp check-ins. Strategies included sensory aids, coping techniques, and career planning. Outcomes: improved confidence, friendships, independent community access, successful GCSE completion, and enrolment in a Health and Social Care course.

CASE STUDY D

Student D presented with severe anxiety, ASD, and eating disorder, showing aggression and fear of school. Intensive home visits, multi-agency collaboration, and transition planning supported gradual engagement. Outcomes included improved emotional communication, leaving home for activities, attending a taster day, and successfully enrolling full-time at SGS Create, forming friendships and gaining stability.

CASE STUDY E

Student E struggled with emotional regulation, low resilience, and abrupt behaviours. Strategies included structured routines, visual supports (Now/Next/After boards), practical tasks, and strong family partnership. Outcomes: improved engagement, emotional regulation, independence from parents during lessons, and growing writing stamina. Collaboration with outreach and consistent communication were key to success.

CASE STUDY F

Student F faced chronic fatigue, pain, sensory overwhelm, and anxiety about food and social interaction. Strategies included gradual exposure to independence, sensory aids, positive reinforcement, and collaborative planning for change. Outcomes: increased confidence, independent participation in lessons and trips, improved social interaction, and proactive steps toward post-16 opportunities in animal care.

CASE STUDY G

Student G, academically strong but struggling with eating disorder and low self-esteem, maintained commitment to learning despite mental health challenges. Strategies included flexible lesson pacing, strong academic focus, exam practice, and emotional support during difficult days. Outcomes: achieved grade 8 in chemistry and biology, excellent attendance, and successful transition to college.

CASE STUDY H

Student H, an elite athlete with severe anxiety and school refusal, engaged through tailored lessons and career guidance. Strategies included exploring paramedic pathways, supporting college applications, and maintaining routines. Outcomes: GCSE success, initial enrolment in Level 3 course, later adjustment to Level 2 for better fit, highlighting importance of flexible planning.

CASE STUDY I

Student I, with chronic fatigue syndrome, initially reluctant to attempt GCSE Art. Highly scaffolded lessons, structured planning, and energy-sensitive strategies enabled completion of coursework and exam. Outcomes: grade 7 at GCSE, increased confidence, and demonstrated feasibility of success despite health challenges.

CASE STUDY J

Student J, an EYFS pupil receiving hospital teaching, maintained positive engagement and parental support. Strategies included phonics, creative activities, and consistent routines. Outcomes: sustained progress and readiness for Year 1 despite medical interruptions.

CASE STUDY K

Student K, bereaved and disengaged from school, worked toward Art GCSE through relationship-building, practical tasks, and structured scaffolding. Outcomes: strong attendance, purposeful work, and emotional growth, though independent study remained limited. Reflections emphasized sensitivity to grief and importance of classroom access for future progress.

CASE STUDY L

Student L, a high-ability Year 7 student with anxiety and autism, required challenge within mixed-ability online lessons. Strategies included extension tasks, private chat for differentiation, and consistent routines. Outcomes: improved engagement, peer interaction, and confidence, with reflections on supporting gifted learners online.

CASE STUDY M

Student M, with Tourette syndrome and anxiety, struggled with attendance and classroom overwhelm. Strategies included predictable routines, breaks, and relationship-building. Outcomes: increased trust, ability to ask for help, and progress despite fluctuating symptoms.

CASE STUDY N

Student N, with severe mobility decline and seizures, transitioned from mainstream to GHES. Strategies included emotional support, creative engagement, and exam adjustments (teacher as scribe). Outcomes: completed most GCSEs, achieved grades enabling college entry, and family expressed deep appreciation for support.

CASE STUDY O

Student O mirrored Student N's case, requiring similar strategies and achieving comparable outcomes: successful GCSE completion and college progression despite significant health challenges.

CASE STUDY P

Student P, with neurological challenges and memory loss, shifted from GCSE to Functional Skills for accessibility. Strategies included humour, rest breaks, and scribing support. Outcomes: passed Level 1 and Level 2 Functional Skills, regained confidence, and secured post-16 placement, earning student of the year award.

CASE STUDY Q

Student Q, medically unable to attend face-to-face lessons, overcame previous online learning barriers through personalized adjustments (dark mode, flexible timing, breaks). Outcomes: improved stamina, confidence, and active participation in group lessons.

CASE STUDY R

Student R, with selective mutism and severe anxiety, initially disengaged from English lessons. Strategies included polls, quizzes, and independent tasks aligned with interests. Outcomes: improved communication, participation in group lessons, and reading age progress, demonstrating value of gradual, non-demanding approaches.

CASE STUDY S

Student S, highly anxious and socially isolated, required relational support and sensory strategies. Outcomes: increased independence, community engagement, ICT confidence, and ability to express aspirations, marking significant emotional and social growth.

CASE STUDY T

Student T, autistic and disengaged from GCSEs, re-engaged through bespoke lessons on marine biology and a Unit Award Scheme project. Outcomes: full participation and certificate achievement, validating personalized learning approaches.

CASE STUDY U

Student U, with trauma and severe literacy challenges, transitioned from GCSE to Functional Skills. Strategies included humour, visual aids, and confidence-building through scaffolded tasks. Outcomes: achieved EL3, Level 1, and Level 2 Functional Skills, and progressed to post-16 Health and Social Care course.

CASE STUDY V

Student V, part of a challenging PSHE group, required behaviour-focused strategies and lesson redesign. Outcomes: improved engagement, respect, and quality of work through structured activities, parental involvement, and additional staff support.

CASE STUDY W

Student W, with CFS and sensory difficulties, progressed from passive learning to high achievement through practical sessions, interactive tools, and strong parental collaboration. Outcomes: GCSE grades 9 in Biology and Physics, 8 in Chemistry, and renewed confidence.

CASE STUDY X

Student X, with severe mental health challenges and trauma, focused on engagement rather than academics. Strategies included relationship-building, multi-agency collaboration, and emotional regulation support. Outcomes: completed GCSE exams, improved mental health, and developed aspirations for a catering career.