

Maiden Erlegh Trust
**OAK TREE SCHOOL
THERAPIES**



**MAIDEN ERLEGH
TRUST**

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Contents

- Introduction and Aims 3
- Types of Therapy 4
 - Speech and Language Therapy 4
 - Occupational Therapy 4
 - Music Therapy 4
 - Canine Assisted Therapy 4
 - Play Therapy 5
 - Boxing Therapy 5
 - Counselling and Mental Health Support 5
- Integrated Therapies 6
 - Education, Health and Care Plans 6
 - Universal Provision 7
 - Targeted Provision 7
 - Specialist Provision 8
 - Identification of Need & Referrals 9
 - Assessment and Outcome Setting 10
 - Speech and Language Therapy (SaLT) Assessment 10
 - Occupational Therapy (OT) Assessment 10
 - EHCP Outcomes, Target Setting and Reviewing 10
 - Delivery of Therapy 11
 - Record Keeping and Documentation 12
- External Therapies 13
 - Identification of Need and Referrals 13
 - Delivery of Therapy 14

Introduction and Aims

The aim of this policy is to provide a clear framework outlining how therapeutic provision is delivered within Oak Tree School. It is intended to support staff, families, pupils and other professionals in understanding the role of therapy and therapeutic approaches within our educational environment. This policy explains how therapy provision supports pupils' learning, wellbeing and development and how it is integrated into everyday school practice. This policy also explains the types of therapy we have on offer, the referral process, the therapy process and the evaluation and monitoring of therapy.

This policy should be read alongside other relevant school policies, including the SEND Policy, Safeguarding Policy, Behaviour Policy and Curriculum Policy.

Oak Tree School is a Specialist Education School for pupils from Year 1 to Year 13 with an Education Healthcare Plan (EHCP) for Autism Spectrum Condition and associated complex needs. These children and young people have boundless potential so, at the heart of Oak Tree School's provision, is a rich and stimulating curriculum, specialist personal development education and targeted therapeutic programmes delivered by talented and specialist staff.

At Oak Tree School we recognise that many of our pupils experience barriers to learning that may arise from communication difficulties, sensory processing needs, or challenges relating to emotional regulation and participation. Therapeutic support plays an important role in addressing these barriers and enabling pupils to access education, build relationships and develop independence.

Therapy and therapeutic approaches are at the heart of how we work at Oak Tree School both through our universal and targeted provision and through individualised therapy provisions and plans. Our Class Teams, Senior Leadership Team and Therapists work together to provide a therapeutic curriculum that recognises that therapeutic approaches are most effective when they are integrated into the wider school environment.

Types of Therapy

Speech and Language Therapy and Occupational Therapy are both provided in-house at Oak Tree School. Alongside this we also offer additional therapies provided by external providers. Additional Therapies include counselling and mental health support, canine assisted therapy, music therapy, play therapy and boxing therapy.

Our therapists are all suitably qualified and registered with the appropriate governing body and regulating authority, such as the HCPC (Health & Care Professionals Council), Royal College of Speech and Language Therapists (RCSLT) and Royal College of Occupational Therapists (RCOT).

Speech and Language Therapy

Speech and Language Therapists help provide treatment, support and care for pupils who have difficulties with communication and also with eating, drinking or swallowing.

Speech and Language Therapy supports pupils who have difficulty with

- attention and listening
- understanding or processing verbal information
- expressive or receptive language skills
- speech sound production
- social interaction skills
- memory skills

Occupational Therapy

Occupational Therapy aims to enable pupils and young people to participate in the activities of everyday life that bring meaning and purpose to them.

We offer support in the following areas

- fine motor skills
- movement skills
- independence and self-care skills
- visual perception skills
- sensory processing skills
- emotional regulation skills
- any specialist equipment and environmental adaptations
- skills needed to engage in the school day.

Music Therapy

Music Therapy is an established psychological clinical intervention, delivered by HCPC registered music therapists to help people through supporting their psychological, emotional, cognitive, physical, communicative and social needs.

Music Therapists draw upon the innate qualities of music to support people of all ages and abilities and at all stages of life.

Canine Assisted Therapy

Canine Assisted Therapy is an established therapeutic intervention in which trained dogs work alongside qualified professionals to support individuals' emotional, social, cognitive and physical wellbeing. It is used to help people feel calm, safe and engaged, while encouraging communication, confidence and positive interaction.

Canine Assisted Therapy draws upon the natural, supportive relationship between humans and dogs to benefit people of all ages and abilities, and can be used in a variety of settings to support wellbeing and development.

Play Therapy

Play Therapy is a therapeutic approach that enables children to explore and communicate their feelings, thoughts and experiences through play. Delivered by trained practitioners, it provides a safe and supportive environment where children can express themselves in ways that may be difficult through words alone.

Through carefully structured play activities, Play Therapy supports children's emotional wellbeing, social development, confidence and resilience, helping them to better understand their experiences and develop positive coping strategies.

Boxing Therapy

Boxing Therapy is a structured therapeutic intervention that uses non-contact boxing-based activities to support emotional regulation, confidence and physical wellbeing. Delivered by trained practitioners, it provides a safe and supportive environment where individuals can release energy, manage stress and develop self-discipline.

Through guided physical activity and structured exercises, Boxing Therapy helps to promote resilience, focus, self-esteem and positive coping strategies, while encouraging engagement and supporting overall wellbeing.

Counselling and Mental Health Support

Counselling and Mental Health Support is a professional therapeutic service delivered by trained and qualified practitioners to help individuals address emotional, psychological and social challenges. It provides a safe, confidential and supportive environment where people can explore their thoughts, feelings and experiences.

These services draw upon evidence-based approaches to promote emotional wellbeing, resilience, self-awareness and coping strategies, supporting individuals of all ages and abilities to manage difficulties and improve their overall mental health.

Integrated Therapies

Our integrated therapy team is committed to delivering high-quality, holistic support that enables every child and young person to thrive. Therapy provision at the school is delivered through a fully integrated model in which Speech and Language Therapists and Occupational Therapists work collaboratively with teaching and support staff. Therapists are embedded within the school community and contribute to assessment, planning, intervention, and the development of inclusive practice across the whole school.

We recognise and respect neurodiversity, understanding that differences in communication, sensory processing, movement, and learning are natural variations of the human experience. Our practice is therefore neurodiversity-affirming, valuing each pupil's strengths, preferences, and identity.

We believe that therapeutic approaches are most effective when they are embedded within the wider school environment rather than delivered solely through isolated sessions. As such, therapy provision may include direct individual or group interventions, classroom-based support, modelling of strategies, environmental adaptations, staff training, and consultation with staff and families. This collaborative approach ensures that therapeutic strategies are consistently implemented throughout the school day and are meaningfully embedded within teaching and learning.

All therapy interventions are evidence-based, guided by the latest research and professional standards, and aligned with the policies and recommendations of the Royal College of Speech and Language Therapists (RCSLT) and the Royal College of Occupational Therapists (RCOT). This ensures that all practice is informed, effective, and reflects best practice within each profession.

Our approach is child-centred, placing the voice, needs, and aspirations of each pupil at the heart of decision-making. We are committed to inclusion and participation, ensuring that all pupils are supported to access learning, develop relationships, and engage fully in all aspects of school life. Through strong collaboration with families and professionals, we promote consistency, shared understanding, and continuity of support across environments.

Education, Health and Care Plans

The integrated therapy team plays a key role in supporting the delivery of outcomes specified within each pupil's Education, Health and Care Plan (EHCP). Therapy provision is carefully aligned with EHCP outcomes, ensuring that support is purposeful, coordinated, and focused on enabling meaningful progress.

Therapists work collaboratively with teaching staff, families, and other professionals to write EHCP outcomes and short-term yearly targets that can be embedded within everyday school activities. This ensures that provision is relevant, consistent, and supports generalisation of skills across contexts.

Therapy input may contribute to outcomes across communication and interaction, cognition and learning, social, emotional and mental health, and sensory and/or physical needs. Interventions are designed to support pupils to develop the skills required for independence, participation, and engagement in school life.

Provision outlined in EHCPs is delivered through a graduated and integrated approach, which may include direct intervention, indirect support, classroom-based strategies, environmental adaptations, and staff training. This ensures that therapeutic support is not limited to discrete sessions but is embedded throughout the school day.

Further information about Therapy input towards Annual Review Meetings can be found below.

Universal Provision

Universal Provision refers to the high-quality, inclusive support available to all pupils across the school, regardless of identified need. Within our integrated therapy model, Speech and Language Therapy (SaLT) and Occupational Therapy (OT) are embedded into everyday teaching, routines, and environments to promote communication, participation, independence, and wellbeing for all learners.

Principles of Universal Provision

- Therapy is embedded, not isolated: strategies are delivered by all staff throughout the school day, not only during direct therapy sessions.
- A neurodiversity-affirming approach underpins all practice, recognising and valuing different ways of communicating, interacting, and regulating.
- The environment is adapted to fit the child, rather than expecting the child to adapt to the environment.
- Strong collaboration between teaching staff, therapy teams, and support staff ensures consistency and generalisation of strategies.

Universal SaLT Support

- Use of total communication approaches (e.g. speech, gesture, visuals, symbols, Makaton where appropriate)
- Simplified, structured language from adults (e.g. shorter sentences, key word emphasis, repetition)
- Visual supports using SymbolStix embedded throughout the day (e.g. timetables, now/next boards, task breakdowns)
- Adaptation of questioning styles to support different language levels (e.g. use of BLANKS levels)
- Commenting rather than questioning

Universal OT Support

- Access to a sensory-informed environment, including:
- Quiet/calm spaces
- Appropriate lighting and noise management
- Sensory tools available as needed (e.g. fiddle tools, weighted items where appropriate)
- Planned opportunities for movement throughout the day (e.g. movement breaks, active learning)
- Use of strategies such as:
- Flexible seating options
- Task and environmental adaptations to support access
- Regulation strategies embedded into routines
- Promotion of pupil self-awareness and self-regulation using developmentally appropriate approaches

Targeted Provision

Targeted support is for pupils who need additional input beyond the universal level. This support may take place in small groups, within lessons, or in short blocks of direct therapy, depending on identified needs. Within the school's integrated model, targeted provision is delivered collaboratively by the therapy team alongside teaching and support staff.

Interventions are designed to address specific areas of need, such as communication, emotional regulation, sensory processing, motor skills, and independence, while remaining functional and meaningful to the pupil's daily life.

Examples of Targeted SaLT Intervention include:

- Attention Autism – supporting joint attention and engagement
- Core Word Curriculum – developing understanding and use of early concepts
- Word of the Week – developing understanding and use of complex concepts
- AAC Groups – developing use of Augmentative and Alternative Communication strategies to communicate
- Language for Thinking / Inference Groups – developing comprehension, reasoning, and narrative skills
- Story-Based Intervention / Narrative Therapy – supporting expressive language and sequencing skills
- Memory Magic – developing auditory memory skills
- Colourful Semantics – developing grammar and sentence structure.
- Lego-Based Therapy – developing communication and problem-solving

Examples of Targeted OT Intervention include:

- Handwriting without Tears - evidence-based approach to developing functional handwriting skills in a multisensory, structured way
- Food Exploration – supporting safe, positive experiences with new foods, textures, and self-feeding
- Sensory Exploration – developing understanding of sensory preferences
- Fine Motor Skills Groups – improving dexterity, handwriting readiness, and manipulation skills
- Gross Motor Skills Groups – enhancing gross motor control and physical confidence.
- Functional handwriting, cutlery, dressing, and motor coordination programmes.

Interventions are embedded within the school day wherever possible to promote generalisation and ensure that skills are practised in meaningful contexts. The therapy team works closely with staff to integrate strategies into teaching, routines, and interactions.

Specialist Provision

Specialist provision is designed for pupils with complex, high-level needs who require intensive, individualised support beyond universal and targeted interventions. At The Oak Tree School, the integrated therapy team works collaboratively with the NHS Children's and Young People's Integrated Therapies (CYPIT) Team to deliver Specialist Provision. When 1:1 Specialist Provision is explicitly stated on a student's EHCP, this is delivered directly by CYPIT.

For students who require short blocks of specialist intervention to support progress towards their EHCP outcomes, this is provided by the school therapy team. Such provision is required for a very small number of pupils. At this level, therapy is highly individualised and evidence-based, often informed by detailed assessment and delivered through 1:1 sessions or bespoke programmes tailored to the pupil's specific needs.

Examples of Specialist Support

- Augmentative and Alternative Communication (AAC) assessment and device support
- Complex social communication and pragmatic language interventions
- Sensory processing and motor skill assessments with personalised programmes
- Specialist handwriting and seating assessments

- Multi-disciplinary casework involving families and external agencies

Specialist provision is designed to ensure that pupils with the most complex needs receive targeted, functional, and meaningful support. The therapy team works closely with families, school staff, and external professionals to maximise outcomes, promote inclusion, and enable participation across all areas of school life.

Identification of Need & Referrals

Students requiring additional SaLT and/or OT support are identified through a graduated and ongoing process.

Needs may be identified through:

- Baseline assessments on entry to the school
- Ongoing class-based observations by teaching staff and therapists
- Monitoring of progress against individual targets and outcomes
- Communication with parents/carers regarding functional difficulties observed at home

Concerns regarding a student's speech, language, communication, sensory, or motor needs can be raised by:

- Teaching staff (including class teachers, teaching assistants, and pastoral staff)
- Parents or carers
- Members of the in-house therapy team (SaLTs and OTs)
- Other professionals involved with the student

When a concern is raised, we operate a clear internal referral pathway to ensure timely and appropriate support.

- 1) Initial Concern Raised – Initial concerns are raised by any of the above individuals
- 2) Discussion & Information Gathering – The Class Team and Internal Therapy Team gather relevant information, including examples of the pupil's strengths and areas of difficulty. Strategies may be implemented at a universal level at this stage.
- 3) Referral – If concerns persist, a referral is made to the in-house therapy team including a description of concerns, strategies already trialled and any relevant background information.
- 4) Triage – Therapy Team triage referrals and decide on appropriate outcomes which may include classroom strategies and advice, further assessment, targeted programmes and individual intervention.
- 5) Plan – A plan is agreed by all those involved for further support.

Within the Referral and Triage Process we consider

- The needs of the student
- How therapy can help students meet their targets
- The best type of therapy to meet the student's needs

- The urgency of the need for therapy
- The availability of the therapist
- The attendance of the student, as regular attendance is an important part of the therapy process

We hold a waiting list for therapy as it may not be possible for students to have immediate access to therapy.

Assessment and Outcome Setting

The Therapy Team uses a range of assessment approaches to develop a comprehensive understanding of each pupil's strengths and needs. The Team undertakes assessment at key points, including on entry to the school (New Starters) and at Key Stage or pathway transition points. Assessment is used to inform provision, monitor progress, and support statutory processes such as Annual Reviews.

Speech and Language Therapy (SaLT) Assessment

SaLT assessments are completed for all New Starters and at Key Stage/Pathway transitions. Assessment may include:

- Ages and Stages Framework to identify developmental levels
- Adapted Ages and Stages Questionnaire (ASQ) completed with parents/carers to gather information about communication in the home environment
- Communication Matrix to assess early communication skills and intentionality
- BLANKS Levels Assessment using tools such as RAPT or TALC for pupils working above approximately 3–4 years developmental level (EYFS range)
- Core Language Assessment (e.g. CELF) for pupils accessing learning at upper Key Stage 2 levels
- Ongoing BLANKS assessment following completion of phonics to support progression in verbal reasoning and language comprehension

Occupational Therapy (OT) Assessment

OT assessments are completed for all New Starters and reviewed at Key Stage transitions where there has been a significant change in presentation or need. Assessments include:

- Classroom-based observation
- Liaison with class teams
- Parent/carer new starter screening questionnaires

Where further assessment is indicated, additional standardised tools may be used, including:

- Sensory Processing Measures (SPM)
- Movement Assessment Battery for Children – Third Edition (Movement ABC-3)
- Behaviour Rating Inventory of Executive Function (BRIEF-2)
- Detailed Assessment of Speed of Handwriting (DASH-2)

EHCP Outcomes, Target Setting and Reviewing

Following initial New Starter Assessment and Key Stage Transition Assessments, new EHCP Outcomes are proposed by the Therapy Team for the areas of Communication & Interaction (SaLT) and Sensory & Physical (OT).

These are developed following assessment and are informed by clinical reasoning, collaborative discussion, and the student's individual profile. Outcomes are:

- Specific, measurable, and achievable
- Based on identified areas of need
- Developed in collaboration with teaching staff and, where appropriate, the student and their family
- Designed to complement and be embedded within everyday learning opportunities

Outcomes may be delivered through direct therapy, indirect support (e.g. staff training, environmental adaptations), or integrated classroom strategies.

All students requiring targeted input will have annual SaLT and OT targets derived from their EHCP outcomes. These targets are:

- Monitored and reviewed on a termly basis
- Tracked using MAPP (Mapping and Assessing Personal Progress)
- Reported within Annual Review documentation

This ensures a consistent and outcomes-focused approach, with progress clearly evidenced over time. All Targeted and OTS Specialist input works towards and is tracked through these targets.

The therapy team prioritises functional, meaningful goals that support students to participate as fully as possible in school life and beyond. This includes a focus on:

- Communication for real-life purposes (e.g. expressing needs, building relationships, accessing learning)
- Independence in daily activities and routines
- Regulation, engagement, and participation across environments

Targets and Outcomes are personalised, relevant to the student's daily experiences, and designed to promote generalisation of skills across contexts, rather than isolated task performance. Where appropriate, students are supported to understand and contribute to their own targets, promoting motivation, self-awareness, and independence.

Delivery of Therapy

In line with the Universal, Targeted and Specialist Provision outlined above, the Therapy Team provide support through a combination of direct and indirect therapy approaches. The balance between these approaches is determined by assessment outcomes, pupil needs, and the most effective way to support functional progress within the school environment.

- Direct therapy involves a therapist working directly with a pupil or group of pupils to develop specific skills.
- Indirect therapy includes consultation, programme planning, environmental adaptations, staff training, and monitoring to support skill development within daily routines and learning activities.

This model supports generalisation of skills and ensures therapy is embedded within the wider educational context.

Frequency & Duration of Therapy

The frequency and duration of therapy input are determined based on:

- Individual student needs and priorities identified through assessment
- EHCP and Annual Review Targets provision and outcomes
- The level of support required (universal, targeted, or specialist)
- The most effective method of supporting progress within the school setting

Therapy input may therefore vary over time, direct targeted and specialist therapy is typically delivered for short blocks of six to twelve weeks, the length of a half term or term.

Therapy Environments

Therapy may take place in a range of environments across the school in order to maximise relevance and generalisation of skills. These may include:

- The classroom environment
- Small group or individual therapy spaces
- Outdoor or practical learning environments
- Integrated sessions within lessons, routines, or school activities

Where possible, therapy is delivered within natural contexts to support students in applying skills to real-life situations.

Finishing Targeted or Specialist Sessions

Targeted and specialist therapy is time-limited and regularly reviewed to ensure it remains appropriate, effective, and aligned with pupil needs and outcomes. The decision to conclude a block of therapy is based on clinical reasoning, progress made, and ongoing need.

Typically, our targeted and specialist blocks of therapy last for between six and twelve weeks, the length of a half term or term.

Therapy Blocks may be concluded when;

- Progress towards targets has been achieved
- Strategies can be effectively maintained through universal or targeted classroom support
- A different approach or level of intervention is required
- If the student says or indicates that they no longer want to attend
- If the therapy process has reached a plateau, it could be the student has done all they can for the moment, even if difficulties persist. It could be time to take a break and then revisit in the future

Prior to finishing a block of therapy, the therapy team will;

- Review progress against targets
- Gather feedback from teaching staff and, where appropriate, the pupil and their family
- Ensure that strategies and recommendations are clearly shared with the class team
- Provide guidance to support ongoing implementation within the classroom

Further assessment or re-referral may take place if needs change or progress is limited. This graduated approach ensures that therapy input remains responsive, promotes independence, and supports the generalisation of skills across environments.

Record Keeping and Documentation

The Therapy Team maintains accurate, secure, and up-to-date records in line with Health Care Professions Council (HCPC) professional standards, and data protection legislation.

Therapy notes are recorded following all direct and relevant indirect contacts. These records:

- Provide a clear summary of the session or intervention
- Document targets addressed, strategies used, and pupil responses
- Record progress towards agreed outcomes
- Include any recommendations or next steps

Therapy notes are completed in a timely manner and stored securely as part of the pupil's therapy record.

Therapy notes are never stored on a private computer or drive, and paper copies never leave the school site.

Targeted Therapy Notes

Targeted therapy intervention notes are recorded qualitatively against annual targets. For interventions delivered by the Therapy Team, notes are completed following each session; for interventions delivered by class teams, notes are recorded on a half-termly basis. All records are maintained on Provision Map.

Specialist Therapy Notes

Specialist Therapy notes, for both indirect and direct therapy, are recorded qualitatively and where appropriate quantitatively. Notes are completed within twenty-four hours of the session. All records are stored securely, electronically and access to records is restricted to authorised individuals.

Assessments and Reports

The Therapy Team produces written reports as part of ongoing assessment, review, and statutory processes. These reports are stored securely, electronically and access to records is restricted to authorised individuals.

Where assessments are undertaken for these reports, assessments are scanned and stored securely; paper copies of assessments are stored securely in locked physical storage systems.

All therapy records are treated as confidential and managed in accordance with:

- The school's confidentiality and data protection policies
- Relevant data protection legislation (e.g. GDPR)
- Professional codes of conduct

External Therapies

Oak Tree School are committed to ensuring that all pupils have access to high-quality, holistic therapeutic support. In addition to the integrated in-house therapy team, the school commissions external therapy providers. Additional Therapies include counselling and mental health support, canine assisted therapy, music therapy, play therapy and boxing therapy.

Current external therapy providers include Building Resilience in Young Minds (BRIYM), Joe Quince Fitness & Boxing Mentor, PAWS CIC, Poppies Farm, HANDS ON Play Therapy and Whole Step CIC.

All externally commissioned therapy is expected to be evidence-based and in line with current professional standards. External providers are required to hold appropriate qualifications, registrations, and insurance, and to adhere to relevant professional guidance and safeguarding requirements.

Identification of Need and Referrals

Students requiring external therapy support are identified through a graduated and ongoing process.

Needs are identified through:

- Ongoing class-based observations by teaching staff and therapists

- Monitoring of progress against individual PLIMS targets and EHCP outcomes
- Communication with parents/carers regarding difficulties observed at home

Concerns can be raised by:

- Teaching staff (including class teachers, teaching assistants, and pastoral staff)
- Parents or carers
- Members of the in-house therapy team (SaLTs and OTs)
- Other professionals involved with the student

When a concern is raised, we operate a clear internal referral pathway to ensure timely and appropriate support.

- 1) Initial Concern Raised – Initial concerns are raised by any of the above individuals through a Microsoft Form
- 2) Discussion & Information Gathering – The Class Team and Internal Therapy Team gather any additional relevant information, including examples of the pupil's strengths and areas of difficulty. Strategies may be implemented at a universal level at this stage.
- 3) Triage – Referrals are triaged using a standardised points-based system, which considers specific criteria relevant to the type of therapy being requested. Each therapy pathway has defined eligibility criteria, and students must meet or exceed a minimum threshold of points in order to qualify for referral. This approach ensures that access to external therapeutic provision is prioritised according to level of need, impact on learning and wellbeing, and suitability for the intervention. Therapies are triaged approximately every six weeks (every half term).
- 4) Plan – A plan is agreed by all those involved for further support.

Within the Referral and Triage Process we also consider

- The needs of the student
- How therapy can help students meet their targets
- The best type of therapy to meet the student's needs
- The urgency of the need for therapy
- The availability of the therapist
- The attendance of the student, as regular attendance is an important part of the therapy process

We hold a waiting list for therapy as it may not be possible for students to have immediate access to therapy.

Delivery of Therapy

Frequency & Duration of Therapy

The frequency and duration of therapy input are determined on an individualised basis, taking into account the following factors:

- Therapist availability and scheduling constraints
- The student's identified needs and level of priority
- The nature and type of therapeutic intervention required
- Ongoing review of the student's progress and response to intervention

External therapy is typically delivered in short, structured blocks of approximately six to twelve weeks, aligning with a half-term or full-term cycle. This model allows for focused intervention, regular review, and evaluation of impact.

However, this framework remains flexible. Where a student demonstrates ongoing need and continued benefit from therapy input, provision may be extended beyond the initial block period. Decisions regarding continuation are made collaboratively and are informed by review data, professional recommendations, and the student's evolving presentation.

Therapy Environments

Therapy may take place in a range of environments across the school in order to maximise relevance and generalisation of skills. These may include:

- The classroom environment
- Small group or individual therapy spaces
- Outdoor or practical learning environments
- Integrated sessions within lessons, routines, or school activities

Finishing External Therapy Sessions

External therapy provision is time-limited and subject to regular review to ensure it remains appropriate, effective, and aligned with the pupil's current needs and intended outcomes. Decisions to conclude a block of external therapy are informed by clinical judgement, progress towards agreed targets, and ongoing assessment of need.

Typically, external therapy is delivered in structured blocks of approximately six to twelve weeks, aligned with a half-term or term cycle. This allows for focused intervention, outcome monitoring, and timely review.

A block of external therapy may be concluded when:

- Agreed therapy targets have been met or substantially achieved
- Strategies and approaches can be effectively embedded and maintained within universal or targeted classroom provision
- A different type or level of intervention is deemed more appropriate
- The student expresses, or demonstrates, a wish to discontinue engagement
- Progress has plateaued, indicating that the student has reached their current capacity for development within the intervention at that time, even where some difficulties may remain

Before the conclusion of an external therapy block, the therapy provider will:

- Review progress against agreed outcomes and targets
- Seek feedback from relevant school staff and, where appropriate, the pupil and their family/carers
- Ensure that strategies, recommendations, and next steps are clearly communicated to the class team and relevant staff
- Provide practical guidance to support the continued implementation and generalisation of strategies within the school environment

Where appropriate, pupils may be re-referred for further assessment or additional blocks of therapy if needs change or if there is evidence that further intervention would be beneficial. This graduated and cyclical approach ensures that external therapy remains responsive,

targeted, and focused on promoting independence and sustainable skill development across settings.