INTEGRATED SPECIALIST THERAPY POLICY

Integrating expertise. Removing barriers.
Enabling participation.



RIVERSIDE BRIDGE SCHOOL

INSPIRE, EMPOWER, ACHIEVE

This policy forms part of the Riverside Bridge School Policy Framework
and should be read alongside any related policies, procedures and guidance.

RIVERSIDE BRIDGE SCHOOL
INSPIRE, EMPOWER, ACHIEVE

OUR COMMITMENT

At Riverside Bridge School, every policy reflects our commitment to creating a safe, inclusive and ambitious school community in which every pupil is valued, every voice matters and every family is respected and supported.

Our policies translate our values into consistent practice. They support high expectations, clear responsibilities, effective partnership and informed decision-making, ensuring that the needs, rights, wellbeing and future outcomes of our pupils remain at the heart of our work.

We work collaboratively, act with integrity and continually reflect upon and improve our practice to achieve the best possible outcomes for every pupil.

POLICY PRINCIPLES

Our Policy Principles underpin how we work together and guide the decisions and actions we take to support every pupil and their families.



POLICY PURPOSE & FRAMEWORK

Riverside Bridge School policies set out the expectations, responsibilities and approaches that support safe, consistent and high-quality practice across the school. They translate our values, statutory responsibilities and professional expectations into clear guidance for everyday decision-making and practice.

Each policy forms part of the Riverside Bridge School Policy Framework and should be read alongside any related policies, procedures, statutory guidance and school frameworks referenced within the document.

Policies apply to the members of the school community identified within each document, including staff, governors, parents and carers, volunteers, contractors and other professionals where relevant. Everyone is expected to understand and apply the requirements appropriate to their role and to seek further guidance where clarification is required.

CURRICULUM DRIVERS



Our Drivers provide a shared golden thread across curriculum, school life, policy and leadership, helping ensure that our decisions and practice remain focused on the experiences and futures we want for every pupil.

STATEMENT OF INTENT

This policy sets out Riverside Bridge School's approach to integrated specialist therapeutic provision. It explains the principles, expectations, responsibilities and arrangements through which specialist expertise works alongside education to identify and reduce barriers, strengthen participation and support the communication, wellbeing, development, independence and future outcomes of individual pupils.

At Riverside Bridge School, specialist therapeutic practice is an integral part of enabling pupils to access learning, communicate, regulate, participate and develop increasing independence. Our pupils have diverse and often complex profiles, and barriers may arise through the interaction of communication, sensory processing, physical and functional development, cognition, emotional wellbeing, relationships, health and the environment.

We believe that education and specialist therapeutic practice are most effective when they work collaboratively around the individual learner. Therapeutic input is not an additional provision operating separately from teaching and learning, nor does integrated practice mean that teachers and co-educators become therapists. Each profession retains its distinct expertise, responsibilities, standards and professional boundaries while contributing to a shared understanding of what enables the pupil to participate and succeed.

Speech and Language Therapy (SaLT), Occupational Therapy (OT), Educational Psychology (EP), Play Therapy and Counselling contribute specialist expertise according to the needs of the individual learner and the professional remit of each discipline. Specialist involvement may include assessment, observation, direct individual or group work, consultation, modelling, coaching, environmental adaptation, professional development, contribution to curriculum planning, development of personalised strategies and programmes, work with families and support for transition.

Direct intervention and indirect specialist work are both valued. The appropriate form, frequency and intensity of support should be determined by identified need, statutory requirements, professional assessment and the difference that specialist involvement is expected to make, rather than by an assumption that greater quantities of direct therapy necessarily represent better provision.

Where specialist recommendations are intended to support a pupil within everyday education, they should be understood and implemented appropriately by the adults who work regularly with that learner. Teachers, co-educators and specialist professionals therefore collaborate so that agreed approaches can inform teaching, communication, environments, routines, relationships, community participation and Preparation for Adulthood, with appropriate training and specialist oversight where required.

Some specialist provision operates differently. Counselling, Play Therapy and other interventions may depend upon direct professional delivery, confidentiality and a protected therapeutic relationship. Integrated practice must therefore respect the professional, ethical, safeguarding and information-sharing requirements of individual disciplines rather than applying one model to every form of specialist provision.

Therapeutic practice does not replace the curriculum. Its purpose is to identify, remove or reduce barriers that prevent pupils from accessing, participating in and benefiting from learning and everyday life. Where appropriate,

pupils should have opportunities to apply relevant skills across meaningful contexts so that specialist input contributes to increasingly functional communication, participation, wellbeing, choice and independence.

Our approach is strengths-based, personalised and outcome-focused. Specialist assessment should consider what enables a pupil to succeed as well as what creates difficulty, and therapeutic provision should be reviewed according to its impact rather than continuing automatically because it has become established practice.

Our responsibility to pupils, families and the school community

Riverside Bridge School has a responsibility to ensure that specialist therapeutic provision is purposeful, appropriately integrated, professionally accountable and responsive to the needs of individual pupils.

In fulfilling this responsibility, we will:

- place the individual learner at the centre of decisions about specialist therapeutic provision;
- understand pupils holistically, recognising the interaction between communication, sensory processing, physical development, cognition, emotional wellbeing, relationships, health and environment;
- ensure specialist expertise contributes appropriately to pupils' education, EHCP outcomes and wider development;
- promote effective collaboration between specialist professionals, teachers, co-educators, leaders, families and relevant external professionals;
- provide direct specialist intervention where professional assessment identifies this as appropriate;
- recognise the value of indirect specialist work, including observation, consultation, modelling, coaching, environmental adaptation and staff development;
- ensure recommendations intended for implementation by education staff are clear, practical and supported by appropriate training and professional oversight;
- respect the professional boundaries, ethical standards, confidentiality requirements and competencies of each specialist discipline;
- ensure specialist recommendations complement the school's Total Communication, Positive Support, curriculum and Preparation for Adulthood approaches;
- provide pupils with meaningful opportunities to apply relevant skills across different people, activities, environments and contexts;
- promote increasing agency, participation and independence rather than unnecessary dependence upon specialist adults or interventions;
- work in partnership with families and value their knowledge of the learner;
- ensure statutory therapeutic provision specified within EHCPs is appropriately secured;
- support effective transition between classes, phases, settings and adult services;
- deploy specialist expertise according to identified need, professional judgement, statutory requirements and available capacity;
- monitor the quality and impact of specialist therapeutic provision;
- continually evaluate whether specialist input is making a meaningful difference to pupils' access, participation, development, wellbeing, independence and preparation for adult life.

Through these commitments, we aim to ensure that specialist expertise makes a meaningful and sustainable difference to pupils' lives, enabling them to communicate, participate, develop greater independence and achieve the best possible outcomes within school and beyond.

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Section 01

INTEGRATED SPECIALIST THERAPY AT RIVERSIDE BRIDGE SCHOOL

Bringing expertise together. Understanding need. Supporting participation.

Riverside Bridge School educates pupils with diverse and often complex special educational needs and disabilities. Successful access to education may require specialist understanding of communication, sensory processing, physical and functional development, cognition, emotional wellbeing, relationships and interaction. Specialist therapeutic expertise therefore forms an important part of the school's wider educational provision. The school's integrated model brings together Speech and Language Therapy, Occupational Therapy, Educational Psychology, Play Therapy and Counselling alongside teachers, co-educators and school leaders. The nature of this collaboration varies according to professional role. Some specialist practice is appropriately embedded within everyday teaching and school life, while other interventions require direct specialist delivery, confidentiality or a protected therapeutic relationship.

The purpose is not to make education staff into therapists or therapists into teachers. It is to enable each profession to contribute its expertise towards shared outcomes for the learner. This policy establishes the school's approach to integrating and coordinating specialist therapeutic provision within an educational context. It does not replace the professional standards, ethical requirements, clinical guidance, regulatory requirements or codes of practice governing individual disciplines.

Therapy and education working together

Therapeutic and educational needs frequently interact. A pupil experiencing sensory dysregulation may find it more difficult to engage with learning. A communication barrier may prevent a learner from demonstrating understanding or expressing discomfort. Physical access or positioning may affect participation and independence. Cognitive, emotional or relational factors may influence how a learner experiences and responds to their environment. Effective provision therefore requires consideration of the whole learner rather than individual needs being addressed in isolation.

Therapists contribute specialist knowledge that supports understanding of potential barriers and appropriate adaptations, strategies and interventions. Teachers and co-educators contribute detailed knowledge of how the learner participates across curriculum learning, relationships, routines and everyday school life.

Together, these perspectives create a fuller understanding of the pupil.

Different forms of specialist input

Specialist therapeutic input does not automatically mean removing a pupil from class for an individual session.

Depending upon identified need, specialist involvement may include:

- assessment and observation;
- consultation with education staff;
- direct individual intervention;
- group intervention;
- modelling strategies with pupils and staff;
- coaching and professional development;
- advice relating to communication, sensory or physical access;
- environmental adaptations;
- development and review of individual programmes or strategies;
- contribution to curriculum accessibility;
- contribution to EHCP outcomes and annual reviews;
- multidisciplinary planning;
- family consultation;
- transition planning.

The type and intensity of input should be determined by what is most likely to make a meaningful difference for the learner.

Maintaining professional distinction

Integrated practice does not remove professional boundaries.

Specialist professionals remain responsible for working within the standards, competencies and professional requirements of their respective disciplines. Education staff are responsible for implementing agreed educational and specialist-informed strategies within the limits of their role, knowledge and training.

Some interventions require specialist assessment, direct professional delivery or particular competencies and must not be delegated simply because therapeutic practice is integrated within school life.

Integration therefore means shared understanding, coordinated practice and collaborative responsibility - not interchangeable professional roles.

A shared purpose

The purpose of integrated specialist therapy is ultimately not the delivery of therapy itself. Its purpose is the difference specialist expertise makes to the learner.

Specialist therapeutic provision should enable pupils, where relevant, to:

- access and participate in learning;
- communicate more effectively;
- experience greater regulation and wellbeing;
- engage successfully with people and environments;
- reduce barriers to participation;
- develop functional skills;
- exercise increasing choice and control;
- become as independent as possible;
- prepare for meaningful participation in adult life.

Scope

For the purposes of this policy, specialist therapeutic provision includes:

- Speech and Language Therapy;
- Occupational Therapy;
- Educational Psychology;
- Play Therapy;
- Counselling.

Other specialist professionals may contribute to individual pupils' provision where appropriate but are not automatically included within the scope of this policy.

Integration does not mean uniformity. Each professional contribution must be coordinated around the individual learner while respecting the expertise, boundaries and responsibilities of each discipline.

Section 02

PRINCIPLES OF INTEGRATED THERAPEUTIC PRACTICE

Putting learners first. Working collaboratively. Focusing on impact.

Integrated specialist therapeutic practice at Riverside Bridge School is underpinned by the following principles.

The learner comes first

Decisions about specialist provision begin with the individual learner rather than with a diagnosis, professional discipline or predetermined programme. Pupils with similar diagnoses may experience different barriers and require different forms of support. Provision therefore responds to the pupil's individual profile, strengths, needs, aspirations, communication and circumstances.

Therapy and education are interconnected

Specialist expertise has greatest impact when it contributes meaningfully to the environments and experiences in which pupils live and learn. Where appropriate, agreed strategies are embedded within teaching, communication, routines, relationships, community experiences and Preparation for Adulthood. Direct specialist intervention remains appropriate where professional assessment identifies that this is required.

Provision should remove barriers

Specialist involvement should identify and reduce barriers affecting a learner's ability to communicate, participate, regulate, engage and develop independence.

This may involve changing the environment or adult practice rather than expecting the pupil alone to change. Staff should consider both: **What does this learner need to develop?** And **What needs to change around this learner to enable greater participation and success?**

Direct and indirect work are equally valued

Effectiveness should not be judged solely by the number of individual therapy sessions a pupil receives. For some learners, direct intervention is essential. For others, greater impact may be achieved through:

- specialist observation;
- consultation;
- environmental adaptation;
- modelling;

- coaching;
- staff development;
- multidisciplinary planning;
- changes to everyday practice.

Deployment should be determined by purpose and likely impact rather than by a hierarchy in which direct intervention is automatically regarded as more valuable.

Collaboration strengthens provision

No single professional holds a complete understanding of a learner. Teachers and co-educators understand participation across the school day. Families contribute knowledge of the learner beyond school. Therapists contribute specialist professional expertise. Where needs interact, these perspectives should inform one another. Professional differences should be discussed constructively, with decisions centred upon the needs, rights, safety and best interests of the pupil.

Specialist expertise should build sustainable practice

Specialist professionals contribute to the knowledge and confidence of the adults who support pupils every day. Where appropriate, specialists model approaches, coach staff, contribute to professional learning and help teams understand the reasoning behind recommendations. The aim is not to create dependence upon specialist professionals but to develop confident and informed everyday practice while retaining access to specialist expertise when required.

Recommendations should be practical and proportionate

Recommendations intended for educational implementation should identify clearly:

- the barrier or need being addressed;
- the intended outcome;
- what should be implemented;
- who is responsible;
- any training or competency required;
- how impact will be reviewed.

Provision should be proportionate to identified need and should not create unnecessary complexity or adult dependence around the learner.

Impact matters more than activity

The effectiveness of specialist provision is determined by the difference it makes rather than simply by the amount of therapeutic activity taking place. Review should consider meaningful impact upon areas such as access, communication, regulation, participation, functional development, independence and wellbeing.

Section 03

UNDERSTANDING THE INDIVIDUAL LEARNER

Looking holistically. Identifying barriers. Building on strengths.

Effective specialist provision begins with a holistic understanding of the learner.

A pupil's communication, sensory processing, physical development, cognition, emotional wellbeing, relationships, health, environment and previous experiences may interact in complex ways.

Staff should avoid interpreting a difficulty through a single professional lens where a broader understanding is required.

Looking beyond presenting difficulty

The difficulty that is immediately visible may not identify the underlying barrier.

For example, reduced engagement may be influenced by:

- communication difficulty;
- sensory overload;
- physical discomfort;
- uncertainty;
- anxiety;
- cognitive demand;
- environmental factors;
- a combination of these.

A pupil's presentation and responses may reflect communication, regulation, discomfort, previous experience or unmet need. Specialist assessment and multidisciplinary discussion can help develop a more accurate understanding before support is determined.

A holistic picture

Understanding may draw upon:

- classroom observation;
- pupil communication and voice;
- family knowledge;
- teacher and co-educator observations;
- EHCP information and outcomes;
- Development Profiles and curriculum assessment;
- specialist assessment;

- presentation, regulation and engagement information;
- sensory and environmental information;
- physical and functional development;
- relevant health information;
- previous strategies and their impact;
- information from other professionals.

No single source should automatically determine the response.

Specialist assessment should identify what enables the learner to succeed as well as what creates difficulty. Strengths, interests, motivations, successful environments and effective relationships should inform planning.

Observation within meaningful contexts

Where appropriate, assessment should consider how the pupil functions within the environments in which barriers arise.

A learner may communicate, regulate, move or participate differently depending upon:

- activity;
- environment;
- communication partner;
- sensory conditions;
- familiarity;
- expectations;
- level of support.

Observation within everyday contexts may therefore provide important evidence alongside formal or specialist assessment.

Pupil participation

Learners should be involved in understanding and reviewing their own support as far as possible.

This may involve:

- expressing preferences;
- indicating acceptance or refusal;
- identifying what helps or creates difficulty;
- contributing to decisions;
- evaluating strategies;
- participating directly in meetings and reviews.

Participation must be supported through personalised communication approaches rather than relying solely on spoken or written consultation.

Avoiding assumptions

Diagnosis can provide useful information but should not determine provision by itself.

The central questions are:

- What barriers is this learner experiencing?
- What may be contributing to those barriers?
- What support is most likely to make a meaningful difference?

Section 04

SPECIALIST THERAPY WITHIN TEACHING & LEARNING

Enabling access. Informing practice. Maintaining ambition.

Specialist expertise contributes to creating the conditions in which pupils can access the curriculum and make meaningful progress.

Integration will look different across professional disciplines.

For some specialist provision, this may involve therapists:

- observing learning;
- working alongside education staff;
- modelling approaches;
- advising on adaptations;
- contributing to planning;
- supporting everyday implementation.

For Counselling, Play Therapy and other protected therapeutic provision, connection with education may instead occur through appropriately agreed outcomes and professional liaison while respecting confidentiality and the boundaries of the therapeutic relationship.

Supporting curriculum access

Specialist expertise may inform adaptations to:

- communication;
- learning environments;
- sensory demands;
- physical access and positioning;
- resources;
- routines and transitions;
- methods of participation;
- adult interaction;
- levels and types of support;
- ways pupils demonstrate their learning.

These adaptations should enable access to appropriately ambitious learning rather than unnecessarily reducing expectations.

Working alongside teaching teams

Specialists may work with teachers and co-educators through:

- classroom observation;
- joint problem-solving;
- consultation;
- modelling;
- coaching;
- contribution to planning;
- development of resources or strategies;
- review of environmental barriers;
- discussion of pupil progress.

This enables specialist knowledge to influence pupils' everyday experiences rather than remaining confined to specialist contact.

Therapeutic recommendations within everyday learning

Where appropriate, specialist recommendations should be incorporated naturally into learning and routines.

A communication strategy may support subject learning, social interaction and community access. A sensory or physical strategy may support readiness, positioning or participation. A recommendation relating to cognition or emotional wellbeing may influence the structure or presentation of learning.

Embedding does not mean turning every curriculum activity into therapy.

The curriculum retains its intended learning purpose while specialist-informed strategies enable the pupil to access and participate.

Maintaining curriculum ambition

Specialist needs should not automatically lead to reduced educational expectations.

Adaptation should remove barriers while preserving the intended learning wherever possible.

Teachers retain responsibility for curriculum planning and educational outcomes. Specialist professionals retain responsibility for recommendations associated with their discipline.

Alignment across school practice

Specialist recommendations should connect coherently with:

- Total Communication;
- Positive Support;
- curriculum pathways;
- BridgeWorks;

- EHCP provision;
- Preparing for Adulthood.

Where recommendations appear to conflict, professionals should discuss them collaboratively rather than leaving classroom staff to reconcile competing expectations independently.

The overriding consideration remains the needs, safety, dignity and educational interests of the learner.

Section 05

A GRADUATED AND MULTI-DISCIPLINARY APPROACH

Matching support. Coordinating expertise. Responding to need.

Riverside Bridge School uses a graduated and multidisciplinary approach to specialist provision.

The type, frequency and intensity of specialist involvement are determined by:

- identified need;
- barriers being experienced;
- professional assessment;
- statutory provision;
- the response most likely to make a meaningful difference.

Specialist provision is not based upon a fixed entitlement to a standard number of sessions. Different pupils may require different combinations of Universal, Targeted and Specialist support at different points.

Universal specialist-informed practice

Many pupils benefit from environments and approaches informed by specialist expertise without requiring individual intervention. Universal provision may include approaches relating to:

- communication;
- interaction;
- sensory accessibility;
- emotional wellbeing;
- regulation;
- physical access;
- relationships;
- environmental organisation;
- psychologically informed practice.

Specialists contribute through advice, modelling, consultation, professional development and collaboration. Universal provision does not replace individual assessment or intervention where these are required.

Targeted support

Some pupils require additional support in response to an identified barrier or area of need. Targeted provision may include:

- specialist observation;

- consultation;
- small-group intervention;
- time-limited programmes;
- individual strategies;
- environmental adaptations;
- modelling and coaching;
- targeted emotional or therapeutic support;
- increased monitoring and review.

Targeted support should have a clear purpose, intended impact and review arrangements.

Specialist individual provision

Some pupils require individualised specialist assessment, intervention or therapeutic support.

This may include direct work with SaLT, OT, EP, Play Therapy or Counselling according to need and professional assessment. For some interventions, direct specialist work may lead to strategies subsequently supported within everyday educational practice. For others, particularly Counselling or Play Therapy, the intervention itself may depend upon a protected therapeutic relationship and confidential space.

Multidisciplinary understanding

Where needs interact, professionals should collaborate to develop a shared understanding.

Changes in engagement or presentation may reflect communication, sensory processing, emotional wellbeing, relationships, physical discomfort, cognition or environmental factors. Multidisciplinary working allows different perspectives to inform planning without assuming that one explanation accounts for the whole learner.

Increasing or reducing support

Specialist involvement may change over time. Additional assessment or intervention may be required where needs increase; new barriers emerge; current strategies are ineffective; circumstances change.

Specialist involvement may appropriately reduce where:

- intended outcomes have been achieved;
- strategies are successfully embedded;
- staff and the learner can maintain progress with less specialist input;
- another approach is more appropriate;
- professional review indicates that intervention is no longer required.

Reduced direct involvement does not automatically represent reduced provision. It may reflect increased independence, successful capacity-building or a more appropriate form of support.

Section 06

DEPLOYMENT OF SPECIALIST THERAPEUTIC SUPPORT

Prioritising need. Using expertise purposefully. Maximising impact.

Specialist therapeutic expertise is a valuable resource and should be deployed purposefully, equitably and according to identified need.

Identifying need

Need for additional specialist involvement may be identified through:

- EHCP provision and outcomes;
- classroom observation;
- assessment and Development Profiles;
- family information or concerns;
- teacher or co-educator observations;
- changes in communication, participation or wellbeing;
- emerging sensory, physical or emotional needs;
- transition planning;
- professional recommendation;
- multidisciplinary discussion.

Staff should seek to understand the barrier rather than simply requesting a particular intervention.

The question should be: “What does this learner need, and what specialist contribution may help us understand or address it?” rather than: “Which therapy should this pupil receive?”

Statutory provision

Where specialist provision is specified within a pupil’s EHCP, Riverside Bridge School will work with relevant professionals and responsible agencies to ensure it is delivered in accordance with statutory requirements.

School-based prioritisation systems must not be used to remove or reduce provision that the school or commissioning body is legally required to secure.

Referral and allocation

Requests for additional specialist involvement are considered through the school’s agreed multidisciplinary processes. Decisions may take account of:

- nature and urgency of need;

- existing provision;
- statutory requirements;
- professional advice;
- potential impact;
- available specialist capacity.

Detailed referral routes and operational processes may be set out separately within school procedures.

Prioritisation

Where specialist capacity is limited, additional provision should be prioritised according to need and potential impact rather than distributed equally. Considerations may include:

- safeguarding or significant wellbeing concerns;
- statutory requirements;
- severity and complexity of the barrier;
- impact upon communication, participation or access;
- risk of deterioration or loss of function;
- significant transition points;
- likely impact of specialist involvement;
- whether appropriate support can currently be provided through existing provision.

Professional services may use different clinical or professional prioritisation criteria according to their discipline.

Choosing the appropriate response

A referral does not automatically lead to direct individual intervention. The appropriate response may include:

- advice;
- consultation;
- observation;
- environmental adaptation;
- modelling;
- coaching;
- targeted strategies;
- group work;
- direct intervention;
- therapeutic sessions;
- further assessment;
- multidisciplinary planning;

- referral or signposting to another service.

Protected therapeutic provision

Where Counselling, Play Therapy or another specialist intervention relies upon a protected therapeutic relationship, arrangements should reflect:

- appropriate therapeutic space;
- consistency;
- confidentiality;
- informed consent and assent where applicable;
- safeguarding;
- information sharing;
- record keeping;
- professional supervision.

Confidentiality never overrides safeguarding responsibilities.

Section 07

ASSESSMENT, PLANNING AND REVIEW

Assessing meaningfully. Planning purposefully. Reviewing impact.

Specialist therapeutic provision should be informed by appropriate assessment and reviewed according to its impact.

Assessment is undertaken to develop understanding, identify barriers, inform appropriate provision and determine the difference specialist involvement is intended to make.

Specialist assessment

Assessment may include:

- direct work with the learner;
- structured or standardised assessment where appropriate;
- observation within everyday environments;
- pupil voice;
- discussion with families;
- consultation with education staff;
- review of existing information;
- analysis of communication, interaction or participation;
- environmental assessment;
- consideration of sensory, physical or emotional factors;
- multidisciplinary assessment.

Assessment methods will vary according to professional discipline and individual need.

Assessment within context

Where appropriate, specialist assessment should consider how the pupil functions within everyday environments.

Communication, regulation, physical functioning, emotional presentation and participation may differ according to:

- environment;
- people;
- activity;
- familiarity;
- level of demand.

Context may therefore be essential to understanding need.

Planning specialist provision

Where appropriate, planning should identify:

- the need or barrier;
- intended outcome;
- strategies or intervention;
- implementation responsibilities;
- specialist involvement;
- training or competency requirements;
- opportunities for application;
- arrangements for review.

Documentation should remain proportionate. A Counselling intervention should not be forced into the same planning format as an OT classroom strategy simply because both fall under the same policy.

Connecting with EHCPs and educational planning

Where appropriate, specialist provision contributes to pupils' EHCP outcomes and wider educational priorities.

Therapeutic outcomes should connect meaningfully with communication, participation, wellbeing, independence and Preparation for Adulthood rather than existing as disconnected professional targets.

Specialist professionals nevertheless retain responsibility for discipline-specific priorities where these are required.

Reviewing impact

Review should consider whether specialist input is making the intended difference.

Evidence may include changes in:

- communication;
- participation;
- emotional wellbeing;
- regulation;
- physical or functional ability;
- relationships;
- access to learning;
- independence;
- confidence;
- engagement;
- application across different contexts;
- quality of life.

For many pupils, meaningful change may not be adequately captured through standardised measures. Skilled observation, pupil and family perspectives, classroom evidence and professional judgement are therefore important.

Where an intervention is not achieving its intended impact, provision should be reconsidered rather than continuing automatically.

Review as a cycle

Assessment, planning, implementation and review form an ongoing cycle.

Review may lead to:

- continuation;
- adaptation;
- increased or reduced specialist involvement;
- further assessment;
- change in intervention;
- greater emphasis on staff implementation;
- discharge;
- referral to another professional or service.

The purpose is to ensure pupils receive the right support, at the right time, for the right reason.

Section 08

THERAPEUTIC PRACTICE WITHIN THE CURRICULUM AND SCHOOL DAY

Embedding appropriately. Generalising skills. Promoting independence.

Specialist practice is most effective when pupils have opportunities to use and develop relevant skills within meaningful contexts.

Where appropriate, recommendations should therefore inform teaching, communication, routines, relationships, personal care, community experiences and wider school life.

Integration does not require all specialist work to take place within lessons. The location and nature of intervention should reflect its purpose and professional judgement.

Therapeutic strategies within everyday practice

Approaches intended for regular implementation may relate to:

- communication and interaction;
- sensory regulation;
- positioning and physical access;
- environmental adaptation;
- emotional regulation;
- routines and transitions;
- functional independence;
- attention and engagement;
- adult interaction and support.

Staff should understand what they are doing; why it has been recommended; when it should be used; what difference it is intended to make.

Maintaining the purpose of curriculum learning

Therapeutic strategies should support curriculum access rather than replace intended learning.

For example, a pupil may use:

- an individual communication system within science;
- positioning support to access art;
- regulation strategies during community learning.

The specialist strategy enables participation; the curriculum retains its learning purpose.

Direct specialist intervention

There will be circumstances in which direct specialist intervention is the most appropriate provision.

Direct intervention may take place individually or in groups and may be undertaken by SaLT, OT, EP, Play Therapy or Counselling according to professional assessment. Where appropriate, learning from direct work may inform wider provision. Confidential information must only be shared in accordance with professional, ethical, safeguarding and information-sharing requirements.

Protected therapeutic relationships

Pupils accessing Counselling or Play Therapy may require a consistent, confidential and psychologically safe space. Staff should respect this boundary and should not expect detailed information about therapeutic sessions simply because the intervention occurs within school. Relevant information should be shared where:

- safeguarding requires it;
- the learner has consented or agreed where appropriate;
- information is necessary for safe and effective support;
- professional or statutory responsibilities require it;
- agreed information can appropriately inform wider provision.

Application and generalisation

Where specialist work develops skills intended for use beyond the intervention, pupils should have opportunities to apply them across:

- different adults;
- peers;
- activities;
- curriculum subjects;
- environments;
- community settings;
- everyday routines.

The aim is for relevant skills to become increasingly functional and available when the learner needs them.

Promoting independence

Specialist provision should support the greatest possible independence rather than create unnecessary dependence upon particular adults, prompts, equipment or environments.

This does not mean withdrawing necessary support prematurely. It means continually considering whether support remains necessary and whether the learner can exercise greater choice, control or independence.

Section 09

BUILDING STAFF KNOWLEDGE AND CAPACITY

Developing knowledge. Building confidence. Maintaining competence.

An integrated model depends upon education staff having sufficient knowledge and confidence to understand and appropriately implement specialist-informed approaches relevant to the pupils they support.

Professional learning

Development may include:

- whole-school training;
- pathway or phase-specific training;
- class-team training;
- individual coaching;
- modelling;
- observation and feedback;
- professional discussion;
- written guidance;
- joint problem-solving;
- specialist competency training.

Training should respond to the needs of current pupils rather than consisting solely of generic information about diagnoses or disciplines.

Modelling and coaching

Specialists may model strategies within authentic situations and support staff to understand:

- what the strategy involves;
- why it has been recommended;
- when it should be used;
- when it may not be appropriate;
- how pupil responses should be interpreted;
- how impact will be reviewed.

Competency and professional boundaries

Not every specialist approach can or should be delivered by education staff.

Where an approach requires specific training, competency or professional qualification, this must be respected.

Staff should only undertake specialist-informed activities for which they have received appropriate instruction and, where required, demonstrated competence.

Specialists remain responsible for identifying what may appropriately be delegated and the training, supervision and review required.

Shared understanding within class teams

Teachers should ensure that relevant recommendations are understood by staff working regularly with the pupil. Staff should not apply strategies mechanically. They need to understand the learner and respond to changes in presentation, context and need.

Developing professional confidence

The aim is not for education staff to become therapists.

It is for staff to become increasingly skilled in creating environments, interactions and learning experiences that respond appropriately to pupils' needs while recognising when specialist advice is required.

Professional learning is reciprocal: specialists also develop greater understanding of the educational contexts within which their recommendations operate.

Section 10

PARTNERSHIP WITH FAMILIES

Valuing knowledge. Sharing understanding. Working together.

Families are essential partners in understanding pupils' development and ensuring that specialist provision remains relevant beyond school.

Parents and carers bring valuable knowledge about how their child communicates, regulates, moves, interacts, experiences environments and manages everyday life.

Valuing family knowledge

Families should have appropriate opportunities to contribute information about:

- strengths and needs;
- successful strategies;
- communication and interaction;
- sensory preferences;
- emotional wellbeing;
- physical and functional development;
- independence at home and within the community;
- changes they have observed;
- priorities;
- aspirations for the future.

This knowledge should inform professional understanding alongside assessment and school-based evidence.

Sharing specialist recommendations

Families should receive accessible information about specialist assessment, recommendations and provision relating to their child.

Where strategies may be useful beyond school, professionals may provide advice, modelling or resources. This should be collaborative rather than creating an expectation that parents or carers reproduce school-based therapeutic programmes at home.

Home is not an extension of the classroom or therapy room.

Consistency without rigidity

Shared approaches between home and school may help pupils develop confidence and apply skills across environments. Consistency does not mean every interaction or routine must look identical.

Families should be respected in determining what is realistic and appropriate within family life. The aim is shared understanding, not rigid uniformity.

Family concerns

Where families raise concerns relating to communication, sensory processing, physical development, emotional wellbeing or other needs, these should be listened to and considered through appropriate processes. A request from a family does not automatically determine the intervention provided, but it forms important evidence when understanding the learner.

Confidential therapeutic provision

Where pupils access Counselling or Play Therapy, families should receive appropriate information about the purpose and arrangements of intervention, including confidentiality and safeguarding.

Information sharing should balance:

- the pupil's privacy and dignity;
- developmental understanding;
- parental responsibility;
- professional and ethical requirements;
- consent and assent where applicable;
- safeguarding.

Safeguarding responsibilities take precedence where a pupil or another person may be at risk of harm.

Section 11

PREPARING FOR ADULTHOOD AND TRANSITION

Building independence. Supporting transition. Preparing for life.

Specialist therapeutic provision should contribute to pupils developing the skills, confidence and independence required for life beyond school. Preparing for Adulthood should be considered throughout a learner's school journey rather than becoming relevant only when transition approaches.

Therapeutic support for adult life

Specialist professionals may contribute to:

- functional communication and self-advocacy;
- emotional wellbeing and resilience;
- sensory regulation and self-management;
- physical and functional independence;
- personal care and daily living;
- relationships and social participation;
- community access, travel and mobility;
- further education, employment or work-related activity;
- understanding and communicating health needs;
- greater choice and control.

Priorities should reflect what will make a meaningful difference to future participation and quality of life.

Age-appropriate practice

Therapeutic provision must develop with the learner. Pupils may continue to need significant support as adolescents or young adults, but contexts, resources and expectations should remain respectful of chronological age. Specialist provision should promote dignity, autonomy and age-appropriate participation.

Developing self-understanding

Where appropriate, pupils should increasingly understand:

- how they communicate most effectively;
- sensory preferences and needs;
- strategies that support regulation;
- emotional needs;

- accessibility requirements;
- when they require support;
- how to ask for support;
- how to communicate their needs to others.

For some learners this will involve increasingly sophisticated self-advocacy. For others it may involve developing reliable ways to indicate preference, acceptance, refusal, discomfort or the need for help. Both are valid preparation for adult life.

Transition planning

Specialists should contribute appropriately to significant transitions, including:

- between classes and phases;
- between school sites;
- into community learning;
- into work experience;
- between children's and adult services;
- into further education;
- into social care or supported living;
- from Riverside Bridge School into adult life.

Planning should begin early enough to identify barriers and determine required information, strategies, equipment, assessment or professional liaison.

Transfer of specialist knowledge

Where appropriate and lawful, transition information may include:

- strengths and needs;
- successful communication approaches;
- sensory and environmental requirements;
- physical access and positioning;
- effective strategies;
- specialist equipment;
- emotional wellbeing and regulation;
- reasonable adjustments;
- relevant safety considerations;
- the learner's own views.

The purpose is to reduce the risk of effective support being lost simply because the pupil moves into a new environment.

Section 12

ROLES AND RESPONSIBILITIES

Clarifying roles. Sharing expertise. Maintaining accountability.

Governing Board

The Governing Board provides strategic oversight and assurance that:

- statutory responsibilities are understood;
- specialist provision is appropriately governed;
- resources are considered proportionately;
- safeguarding and professional requirements are maintained;
- provision is monitored for effectiveness and impact.

Headteacher and Senior Leadership Team

School leaders are responsible for:

- establishing the strategic model for integrated therapeutic provision;
- ensuring alignment with curriculum and wider school priorities;
- overseeing statutory provision;
- supporting effective collaboration between education and specialist staff;
- respecting professional roles and boundaries;
- ensuring appropriate resources, environments and training are available;
- monitoring effectiveness;
- identifying priorities for continued development.

Specialist therapists and professionals

Specialist professionals are responsible for working within the professional, ethical and regulatory requirements of their discipline.

Responsibilities may include:

- specialist assessment;
- direct intervention;
- consultation;
- professional advice;
- development of programmes and recommendations;
- modelling and coaching;
- staff training;
- environmental adaptation;

- multidisciplinary working;
- EHCP processes;
- liaison with families;
- transition planning;
- record keeping;
- review of specialist provision;
- professional supervision and continuing professional development.

Professionals determine where interventions require specialist delivery, training, competency or supervision.

Teachers

Teachers retain responsibility for teaching, curriculum planning and educational provision.

They are responsible for:

- understanding relevant specialist recommendations;
- ensuring appropriate strategies inform classroom practice;
- ensuring relevant information is understood by co-educators;
- providing feedback about pupil responses and progress;
- identifying and communicating emerging concerns;
- working collaboratively with specialists;
- contributing educational evidence to assessment and review;
- ensuring adaptations support rather than unnecessarily restrict curriculum access;
- promoting independence.

Co-educators

Co-educators are responsible for:

- understanding relevant agreed strategies;
- implementing approaches appropriately;
- contributing observations;
- promoting communication, participation and independence;
- using specialist equipment or programmes only where appropriately trained;
- raising concerns where strategies appear ineffective or needs change;
- working within the limits of their training and role.

Families

Families are partners in understanding the learner. They contribute valuable knowledge and should be appropriately involved in assessment, planning and review. Families are not responsible for delivering school provision or replicating therapeutic intervention at home unless they choose to use strategies they consider helpful within family life.

The learner

Pupils should participate in decisions about support as far as possible. Their views, preferences, communication, responses and experiences should inform assessment and review. No pupil should be excluded from participation because they do not communicate through speech.

Shared responsibility with clear accountability

Multidisciplinary working does not mean responsibility becomes unclear.

Where a specialist professional recommends an approach, there should be clarity about:

- who implements it;
- what training is required;
- who monitors implementation;
- when it will be reviewed;
- who should be contacted if concerns arise.

This protects pupils and staff and maintains professional accountability.

Section 13

MONITORING, EVALUATION AND QUALITY ASSURANCE

Evaluating impact. Assuring quality. Strengthening provision.

Riverside Bridge School monitors specialist therapeutic provision to ensure that it remains appropriate, effective and responsive.

Evaluation focuses primarily upon **the difference provision makes to learners rather than the quantity of therapeutic activity delivered**.

Monitoring provision

Evidence may include:

- pupil progress and participation;
- specialist assessments and reviews;
- EHCP outcomes and provision;
- classroom observation;
- implementation of recommendations;
- pupil voice;
- family feedback;
- staff feedback;
- multidisciplinary discussion;
- attendance and engagement;
- wellbeing information;
- transition outcomes;
- professional records;
- evidence of increasing independence or successful application across contexts.

Evidence should be proportionate to the nature of provision.

Evaluating impact

Evaluation may consider improvements in:

- curriculum access;
- communication;
- interaction;
- sensory or emotional regulation;
- physical and functional development;

- wellbeing;
- relationships;
- participation;
- independence;
- self-advocacy;
- community access;
- Preparing for Adulthood.

The relevant indicators will differ according to the learner and intervention.

Quality of implementation

Where recommendations are intended for implementation by education staff, monitoring should consider whether staff:

- understand the purpose;
- have received appropriate training;
- implement the approach appropriately;
- have necessary resources or equipment;
- know when specialist advice should be sought;
- understand how pupil response should inform ongoing practice.

Where implementation is inconsistent, leaders and specialists should explore the underlying reason rather than assuming that the pupil or intervention has failed.

Quality assurance of specialist practice

Specialist professionals remain accountable to the standards and requirements of their respective professions.

Where professionals are employed or commissioned by the school, appropriate arrangements must be in place for:

- professional supervision;
- safeguarding;
- record keeping;
- continuing professional development;
- quality assurance.

Different specialist disciplines will require different approaches to professional supervision and quality assurance according to their professional, ethical and regulatory requirements. A single model should not therefore be applied uniformly across SaLT, OT, EP, Play Therapy and Counselling.

Reviewing deployment

Leaders should periodically consider:

- whether provision reflects current pupil need;
- whether statutory requirements are being met;
- whether specialist capacity is directed where it can have greatest impact;
- the balance between direct and indirect work;
- whether staff knowledge and confidence are developing;
- whether unnecessary dependence on specialist intervention is being avoided;
- whether referral and allocation processes remain effective;
- whether emerging needs require changes to provision.

Continuous improvement

Monitoring should inform future development.

This may result in changes to:

- professional development;
- specialist deployment;
- referral processes;
- resources and equipment;
- environmental provision;
- multidisciplinary working;
- commissioning;
- curriculum accessibility;
- wider school practice.

The purpose of quality assurance is not simply to demonstrate that specialist provision exists. It is to ensure that specialist expertise continues to improve pupils' access, participation, wellbeing, independence and future outcomes.

Section 14

RELATED POLICIES & FRAMEWORKS

Connecting practice. Strengthening consistency.

The Integrated Specialist Therapy Policy forms part of Riverside Bridge School's wider governance and practice framework and should be read alongside, where relevant:

- Curriculum Policy;
- Teaching, Learning and Assessment Policy;
- Total Communication Policy;
- Positive Support Policy;
- Preparing for Adulthood Policy;
- Safeguarding and Child Protection Policy;
- Relationships, Sex and Health Education Policy;
- SEND Policy;
- SEND Information Report;
- Parent Partnership Policy;
- Bridge for Families - Home Support Programme Policy;
- Accessibility Plan;
- Equality Information and Objectives;
- relevant Health and Safety policies and procedures;
- relevant professional guidance, standards and codes of practice governing individual specialist disciplines.

Individual specialist professionals must also work in accordance with the professional, ethical, regulatory, information-sharing and safeguarding requirements applicable to their own discipline.

At Riverside Bridge School, specialist therapeutic provision exists to make a meaningful difference to pupils' lives. Through skilled professional expertise, collaborative working and thoughtful integration into education, we seek to reduce barriers, strengthen participation and enable every learner to communicate, develop, experience greater wellbeing and become as independent as possible.