

At Lokrum Fields, we provide personalised therapeutic support as an integrated part of our standard offer. Where students require additional support over and above our standard integrated approach, we work with parents to agree funding through the EHCP process.

What do we mean by integrated therapy?

Everything that happens at Lokrum Fields – teaching and support, resources and activities, the learning environment, school policies etc - is designed with due regard for students' therapeutic needs.

All staff receive regular ongoing training, to a significantly higher level of skill than typically found in mainstream schools or autism bases. This equips staff to embed therapeutic strategies into their day-to-day practice and to recognise the impact and value of their interactions with students. A training and resource library is also available and staff are encouraged to access this.

Therapeutic strategies are integrated throughout the school day rather than being taught in separate therapy sessions, except where bespoke one-to-one therapy is clinically recommended or where students have a limited short-term need for extra assistance, as agreed in co-production with the student, parents, staff and therapists. Students are supported to practise and develop strategies throughout the school day, helping them to generalise their skills across ordinary activities rather than skills being limited to the context of a therapy group.

An Educational Psychologist, Speech & Language Therapist and Occupational Therapist are usually on-site on a weekly basis, observing and helping to maintain best practice, providing advice to staff and parents, responding to emerging needs, and contributing to EHCP reviews.

During a student's transition to Lokrum Fields, all members of the therapy team contribute to the development of their Ambition Pathway, with time allocated for getting to know the student, having conversations with parents and liaising with staff and the other therapists.

On an ongoing basis, our therapy team considers each students' needs, aims and progress on a termly basis in full co-production with the student, parents and staff. The termly reviews are usually based on the student's Ambition Pathway. Once a student is settled at Lokrum Fields, our usual approach will be for therapists to attend the termly reviews on a rotation basis, having liaised with the rest of the therapy team in advance. Where a student has a particular prevailing need, it may be appropriate for the therapist whose specialism is most relevant to that need to also attend. If a meeting cannot occur during a therapist's allocated on-site time, for example due to parents being at work, we will do our best to facilitate another way for the therapist to have a conversation with parents in advance of and/or after the termly review, as appropriate. Virtual meetings may be used to help with attendance logistics.

At any time, parents may ask to book a phone call or virtual meeting with any of our therapy team, for example to discuss an emerging need or concern, to seek advice or to suggest a change of approach. Appointments are usually 20 minutes, although a double appointment can be booked for more complex issues. Any parent wanting an appointment needs to contact the school office. Urgent issues will be prioritised – the level of urgency will be discussed with the parent and therapist. Appointments will usually be within the therapists' normal time on site except where other arrangements have been made in addition to our standard offer. Parents who wish to just provide feedback to a therapist can do so by emailing the school office and their email will be passed on at the earliest opportunity. The parent appointments are not intended to be used on a frequent basis eg for weekly updates.

The whole therapy team contributes to EHCP annual reviews. Therapists' reports for annual reviews are provided to parents at least four weeks in advance, allowing parents time to consider and discuss any

recommendations with the therapists prior to submitting parental views and requesting any changes to the EHCP.

What are the priorities of integrated therapy?

In order of priority, we focus on:

1. Enabling students to become secure at Lokrum Fields:
 - Understanding the student's individual needs and adapting our approach or environment as necessary to enable the student to feel secure and to develop trusting relationships with staff.
 - Providing an educational setting which students feel able to keep attending and in which they feel able to learn.
 - Minimising the risks to mental health (including the risk of placement breakdown) which are associated with masking.
 - Identifying any strategies which students can use to communicate their thoughts, wishes and feelings, including the most suitable means of home liaison, and consistently supporting and engaging with communication via these routes.
2. Addressing students' vulnerabilities:
 - Developing protective behaviours, including reducing the risk of over-compliance and facilitating self-advocacy.
 - Providing students with the opportunity to explore safe ways of recognising and managing their emotions.
3. Making progress in areas which the individual students and/or parents consider a priority:
 - We recognise that different students may have significantly different goals and will need individual approaches to achieve these.
 - Staff, therapists, parents and students work in co-production to plan and implement effective ways of meeting individual goals, as part of the student's Ambition Pathway.
4. Making progress in areas specified in the EHCP:
 - An individualised approach is planned and implemented in co-production, as part of the student's Ambition Pathway.
5. Helping students to develop skill and understanding in typical areas of difficulty, for example:
 - Feeling comfortable accessing a wide range of opportunities outside home and school.
 - Feeling comfortable and confident in managing social interactions in various contexts.
 - Understanding and managing their sensory preferences.
 - Recognising, labelling and regulating emotions.
 - Developing safe and meaningful friendships.
 - Independent living.
 - Identifying and recalling successes.
 - Recovery tools and resilience for when things go wrong.

What does integrated therapy look like at Lokrum Fields?

Lessons and activities are planned with the therapeutic needs and priorities of the relevant students in mind. For example, curriculum delivery may include:

- When looking at books or films in class, pausing to draw attention to aspects of human behaviour which students might not have identified intuitively.
- Encouraging students to articulate their ideas and modelling how to express an interest in the ideas of others.
- Involving students in planning activities, modelling thinking through 'what if' scenarios and imagining solutions.
- Providing students with carefully presented genuine choices and responding positively to suggestions, to model the benefits of self-advocacy.
- Using technology effectively to reduce mental load and to equip students to benefit from assistive software.
- Planning lessons in a way which accommodates students who need to withdraw to a different workspace where possible, equipping them to implement self-regulation without missing out.
- And much more ...

Staff are flexible and skilled in adapting their own behaviour and language to compensate for students' needs, for example:

- Where a student needs a question to be repeated, thinking about whether to use exactly the same words (eg to assist a student with auditory processing difficulties) or whether to re-phrase the question (eg to assist a student with receptive language difficulties).
- Being aware that even highly skilled staff and parents (and possibly the student themselves) are unlikely to know for sure whether a student is masking in any particular situation. Consistently implementing strategies to mitigate the risks of masking, even when it appears unnecessary.
- Recognising behaviour such as being distracted / not appearing to concentrate / avoiding a task etc as potential indicators of anxiety. Responding in a way which provides a safe way out for the student and an opportunity to revisit the task later, once any underlying barriers have been overcome, rather than being overly task-focused.
- Actively listening to students, reflecting their words back to them to check understanding, and remembering to follow through on any agreements, however small, to avoid loss of trust.
- Being careful with how their own opinions are articulated, so that a student doesn't feel under pressure to pretend that a particular therapeutic approach is or isn't helpful in order to align with staff opinion.
- And much more ...

Individual therapeutic strategies which have been agreed in co-production are implemented consistently throughout the day, for example:

- Individualised sensory resources (preferred fidget toys / blankets, lighting, use of earphones, seating etc)
- Using assistive software (dictation, coloured backgrounds, font size, visual supports etc).
- Individualised organisational strategies to promote independence and reduce mental load (eg to-do lists / verbal prompts / visual prompts, using a student's preferred method).
- Individualised self-regulatory strategies (eg use of outdoor space, animals, quiet activities, higher energy activities etc in line with the student's profile and preferences).

Therapeutic strategies which are generally considered useful for students in our cohort are implemented by default, except where contra-indicated by therapists or by student/parental preference, for example:

- Using a low demand approach and de-personalising requests.

- Avoiding giving several instructions at once.
- Allowing and encouraging use of outdoor space, sensory areas and interaction with animals for wellbeing and self-regulation.
- Responding positively when students attempt or manage to use strategies to support their wellbeing and/or their ability to remain in school, even when these strategies involve a temporary interruption to their learning.
- Communicating plans clearly and in advance - with a copy accessible to students and parents from home - and communicating changes as early as possible.
- Having regular, meaningful conversations with parents to obtain their views and advice on any changes, current priorities, planning and adapting therapeutic interventions to ensure the best outcomes for the student.
- Offering exposure to a wide range of self-regulation 'tools', but with no expectation that students will be willing to try every technique or will find every technique helpful.
- Social strategies such as modelling conversation starters and offering supported activities at lunch time.
- Pre-teaching new vocabulary and planning additional consolidation.
- Helping students to identify and label emotions, for example using emotion coaching and interoceptive techniques.
- Reduced reliance on teaching methods which rely on working memory, such as copying notes or listening to verbal information without accompanying visual support.

What part do standardised / off-the-shelf therapeutic programmes play?

There are a number of programmes and therapeutic approaches which are frequently mentioned in EHCPs. Examples include:

- Social Thinking
- Talkabout
- Wordaware
- Social skills groups
- Zones of Regulation
- Mindfulness / relaxation techniques
- Sensory diet
- Emotion coaching

Each programme in isolation is likely to have both strengths and weaknesses and may be beneficial for some students while being neutral or counter-productive for others. We consider each programme carefully with the aim of ensuring that our integrated offer combines their strengths and avoids risks.

We recognise the expertise of the therapists who were involved in the EHCP process, while also understanding that therapists are sometimes constrained in the recommendations they can make, for example being under pressure to recommend group therapy instead of an individual approach. There is a limited number of named, off-the-shelf programmes for therapists to choose from, so the recommendation of a programme does not necessarily mean that the therapist considers it to be ideal for a particular student. At the time of making a recommendation, therapists will not usually know whether a student is likely to be placed in mainstream or whether they will be placed in a specialist provision. We therefore take a balanced view of EHCP recommendations, working in co-production with the student, parents and our therapy team, to ensure all parties have a shared understanding of why particular programmes have been named in the EHCP and to agree the most beneficial way of achieving the underlying aims.

As part of our approach to co-production, we share information with students and parents about any programmes which are named in the EHCP, including, for example, the core information covered in our staff training, access to programme materials from our library, and website links. In cases where we believe that a programme is already covered by our integrated therapeutic approach, we provide parents with information about how each aspect of the programme is covered. Where a programme is delivered in a way which goes beyond our integrated approach, we work in co-production to ensure that the delivery provides a genuine benefit for students and that all parties agree with the method of implementation.

Our cohort of students has a niche set of needs and characteristics and, even where programmes have been developed specifically with autism or anxiety in mind, the standard programmes are typically aimed at a much broader audience. Therefore, we invest in adapting the ideas and resources of the underlying programmes, with the benefit of input from our therapy team and student voice (directly and/or via our student governor), as well as engaging with training and published resources to ensure that our in-house adaptations retain the intentions of the programme which are appropriate to our student cohort.

Our staff receive training in the programmes which are commonly mentioned in EHCPs, including:

- The basics of each programme
 - What it is trying to achieve
 - The underlying premise / how it aims to work
 - The audience for whom it was developed
 - The specialism/field of the author
- Any risks or caveats
 - Whether our students are likely to have encountered this programme previously, and whether it is likely to trigger any negative associations.
 - The extent to which the profile of the target audience aligns with the profile of our students.
 - Whether implementing the programme for all our students could have any negative consequences on those for whom it was not recommended in an EHCP or for whom it was recommended but has since been judged in co-production to be unhelpful.
 - Whether any off-the-shelf resources are suitable for our cohort or whether custom resources should be used.
- Which parts of the programme can be applied universally at Lokrum Fields
 - Which aspects of the programme are thought to be universally safe and beneficial for our students.
- How the universal application can be embedded into day-to-day practice
 - Identifying any overlaps with existing practice eg PHSE, management of social times, built-in sensory breaks, other embedded therapeutic programmes etc.
 - Identifying any new areas of embedded practice at Lokrum Fields which have been / will be developed to reflect this programme.
- Procedures for extended support for individual students
 - Understanding when a student may require more than our universal approach.
 - Understanding the protocol for arranging any additional therapeutic input or adaptations to the programme in co-production.

As part of our ongoing staff training programme, training may focus on different programmes in rotation. However, the overall focus of our integrated therapy programme will continue to follow the priorities established above - i.e. enabling students to feel secure at Lokrum Fields, addressing their vulnerabilities, and making progress in areas of individual priority - with any application of adapted or standardised programmes being secondary to this individualised approach.