Hampshire County Council
Virtual School

Guidance on the Use of PP+ Funding for Therapy

For Virtual School colleagues supporting Personal Education Plan discussions and funding decisions

Key principle

PP+ should be needs-led, linked to educational outcomes, informed by robust needs analysis, and used to address barriers to education. Therapy may be appropriate where there is clear evidence that emotional, social or behavioural needs affect learning, engagement, attendance or participation in school.

The central question should be: *How will this intervention improve the child's engagement, participation, attendance, behaviour for learning, emotional regulation within school, or educational progress?*

This guidance is intended to support consistent decision-making when schools request PP+ funding for therapeutic interventions. It should be used alongside the child's PEP, views of the child and carers, professional advice and any relevant support plans.

1. Purpose of PP+ in relation to therapy

Pupil Premium Plus (PP+) is intended to improve the educational outcomes of children in care through targeted support identified within the Personal Education Plan (PEP). Therapeutic interventions may be funded where there is a clear educational rationale and evidence that emotional, social or behavioural needs are creating barriers to learning.

Therapy should not usually be the first consideration when a need is identified. Schools and professionals should demonstrate that needs have been assessed thoroughly and that appropriate universal and targeted interventions have been considered or implemented before requesting funding for specialist therapeutic support.

2. What should be considered first?

Before funding therapy through PP+

Schools should be able to show what has been tried, what has been learnt, what impact has been seen, and why a more specialist intervention is now required. This should be recorded clearly through the PEP process.

A. Assessment and understanding of need

Needs should be identified through recognised assessment tools, observations and the views of the child and key adults. This helps ensure that any intervention is matched to the child's presenting need rather than selected because it is available.

Tool	Purpose	What to consider
SDQ	Emotional wellbeing and behavioural screening.	What does it show about emotional distress, conduct, peer relationships or prosocial strengths?

Tool	Purpose	What to consider
PEP Toolkit	Identifying barriers to learning across key areas of need.	Which areas most affect learning, progress or engagement?
Reach2Teach	Needs analysis and target-setting support.	How does it inform SMART PEP targets and planned provision?
Boxall Profile	Social, emotional and behavioural development.	What developmental or relational needs are indicated?
Thrive Assessment	Emotional and developmental needs.	What are the priority areas for emotional development and regulation?
ABC/ABCC Chart	Understanding behaviour patterns, triggers and maintaining factors.	What happens before, during and after incidents, and what might the behaviour be communicating?

The assessment should help identify:

- The specific educational barriers being presented.
- How these barriers affect learning, engagement, attendance, relationships or participation.
- Which existing strategies have helped, and which have not.
- Whether the need is primarily educational, health-related, social-care related, or shared across agencies.
- The voice of the child, carers, school staff and relevant professionals.

B. Individual interventions

Targeted individual interventions should be considered before moving to externally commissioned or specialist therapeutic provision, unless there is a clear professional rationale for urgent specialist involvement.

Intervention	Potential focus	Impact questions
ELSA	Emotional literacy, trusted-adult support and regulation skills.	Has it improved readiness to learn, emotional language or coping strategies?
TALA	Targeted attachment and learning support.	Has it strengthened relationships and reduced barriers to engagement?
Mental Health Support Team (MHST)	Early mental health support where available.	Has advice or direct support been sought from the local MHST?
Sensory/self-regulation tools, including Zones of Regulation	Developing self-awareness, regulation and coping strategies.	Is the child using strategies more independently and consistently?
Mentor/key person	Consistent relational support from a trusted adult.	Is there evidence of improved attendance, safety, relationships or engagement?
Targeted support for unstructured time	Reducing anxiety, conflict or dysregulation during less structured parts of the day.	Has support reduced incidents, avoidance or distress?

C. Group interventions

Group-based provision may be suitable where the child needs structured opportunities to develop communication, social understanding, confidence, regulation or relationships with peers.

Intervention	Potential focus	Impact questions
Lego Therapy	Collaboration, communication and social problem-solving.	Is the child developing social interaction and shared attention skills?
Talkabout	Social communication and self-awareness.	Is the child applying learnt skills in class or at social times?
Time to Talk	Speaking, listening and social interaction.	Is confidence and participation increasing?
DESTY	Emotional resilience and wellbeing.	Is the child better able to identify feelings and coping strategies?
Nurture Group	Belonging, routines, emotional security and relationships.	Is there evidence of improved engagement, regulation or attendance?
Targeted support for unstructured time	Structured social support during break, lunch or transitions.	Has this reduced incidents, isolation or dysregulation?

D. Classroom and whole-school support

Therapy should not replace high-quality everyday practice. Schools should consider whether classroom routines, adult responses and the wider environment are helping the child feel safe, regulated and able to learn.

Approach	Purpose	Impact questions
Training	Attachment-aware, trauma-informed, relational and de-escalation approaches.	Are staff confident and consistent in their responses?
Emotion Coaching	Consistent adult responses that help children understand and regulate emotions.	Are adults using emotion coaching language consistently to support regulation and reduce escalation?
Safe space	A planned, supervised space for regulation and recovery.	Is it used proactively and safely rather than as an exclusionary response?
Timeout or exit pass	Agreed system to prevent escalation and support regulation.	Does it help the child return to learning more quickly?
De-escalation script	Consistent adult language during moments of stress.	Are adults using predictable, calm and relational scripts?

3. When might therapy be appropriate?

Funding may be considered where there is a clear link between the proposed therapy and the child's ability to access, engage with and benefit from education.

- There is clear evidence of significant emotional, behavioural, attachment or trauma-related need affecting education.
- Universal and targeted interventions have been implemented, reviewed and found insufficient on their own.
- The need is beyond what can reasonably be provided through school-based support.
- There are clear educational outcomes linked to the intervention.
- Progress can be measured through agreed outcome measures.
- The child, carers, social worker, school and relevant professionals have contributed to the decision where appropriate.

Examples of possible educational barriers

- Persistent emotional dysregulation affecting learning or relationships in school.
- Severe anxiety affecting attendance, participation or transition into school.
- A high-risk transition point where emotional needs may affect placement stability or school engagement.

> **Useful test:** *Has the school demonstrated a graduated response and a continuing educational barrier that is unlikely to be addressed through universal and targeted support alone? If so, specialist therapeutic support may be considered where there is a clear educational rationale and measurable educational outcomes.*

- Whether the primary purpose of the intervention is educational rather than clinical or social care focused.
- Whether the intervention represents the most appropriate educational response to the identified need.
- Whether outcomes are measurable and linked to PEP targets.
- Whether the proposed intervention is likely to improve engagement, participation, attendance, emotional regulation, behaviour for learning or educational progress.
- Whether universal and targeted approaches have been appropriately implemented and reviewed.
- Whether there is a clear educational rationale for the intervention.

Decision-making principles

A formal clinical diagnosis or specialist assessment is not required in order for a therapy request to be considered. However, where specialist therapeutic interventions are proposed, schools should normally demonstrate that the request is informed by assessment information, a graduated response and, wherever possible, advice from appropriately qualified professionals. This helps ensure that interventions are proportionate, targeted and likely to improve educational outcomes.

Professional advice

Gateway requirement	Evidence expected
Educational barrier identified	Clear evidence that the child's needs affect attendance, engagement, participation, learning, behaviour for learning, relationships within school or educational progress.
Needs analysis completed	Assessment information has been gathered through recognised tools, professional observations and the views of the child and key adults.
Tier 1 support reviewed	The school can demonstrate what universal support has been implemented and the impact of these approaches.
Tier 2 support reviewed	Targeted interventions have been implemented, monitored and reviewed, with evidence showing that further support is required.

Child's voice considered	The views of the child or young person have informed decision-making and are reflected within the PEP process.
Multi-agency discussion	The school, carers, social worker and relevant professionals have contributed to discussions regarding need and proposed support.
Educational outcomes identified	Clear, measurable educational outcomes have been agreed and linked to identified barriers.
Review arrangements agreed	Monitoring arrangements, outcome measures and review points have been identified before funding is approved.
Professional advice sought where appropriate	Where available, decisions should be informed by advice from appropriately qualified professionals, such as Educational Psychologists, CAMHS practitioners, MHST practitioners, specialist advisory services or other relevant professionals.

Before PP+ funding is agreed for specialist therapeutic support, schools should normally be able to demonstrate:

Funding decisions should remain focused on educational outcomes and should not replace the statutory responsibilities of health or social care services.

4. When PP+ should generally not be used

Important boundary

PP+ should not replace statutory responsibilities of health or social care services. Where the primary purpose of an intervention is clinical treatment or social-care therapeutic work, other funding routes should be considered first.

Funding would not normally be agreed where the primary purpose is:

- Clinical mental health treatment.
- Life-story work or therapeutic work primarily linked to care planning.
- Family therapy.
- Support that should ordinarily be commissioned through health or social care pathways.
- An intervention with no clear educational rationale or measurable educational outcomes.
- Provision that forms part of the school's ordinary or standard offer for pupils.

Useful test: Is the therapy intended to remove a barrier to education, engagement and learning, or is it primarily meeting a health or social care therapeutic need?

Where needs sit across education, health and social care, a joint solution may be appropriate. The PEP should record the agreed rationale, funding responsibilities and intended outcomes.

5. Evidence required for funding requests

Requests for therapy should normally include enough information to enable the Virtual School to understand the need, the proposed response, and how impact will be evaluated.

- A clear needs analysis, including relevant tools or professional evidence.
- Current educational barriers and how these present in school.
- Existing interventions, including duration, frequency and impact.
- The proposed therapeutic intervention, including provider, frequency, duration and cost.

- Qualifications or suitability of the provider.
- Intended educational outcomes linked to PEP targets.
- How progress and impact will be measured and reviewed.
- Views of the child, carer, school and social worker where appropriate.

Impact evidence	Examples
Assessment measures	SDQ, Boxall Profile, Thrive re-assessment, PEP Toolkit or Reach2Teach review.
School indicators	Attendance, behaviour records, exclusions or suspensions, engagement in lessons, readiness to learn.
Qualitative evidence	Pupil voice, carer feedback, teacher observations, social worker views and therapist reports.
PEP review	Evidence of progress against SMART targets and whether provision should continue, change or end.

6. Decision-making summary

Step	Decision point	Prompt question
1	Needs analysis completed	What do the tools, observations and pupil voice show?
2	Barrier to education identified	How is the need affecting learning, engagement, attendance, relationships or progress?
3	Universal and targeted support reviewed	What has been tried and what impact has it had?
4	Rationale for therapy is clear	Why is specialist therapeutic input needed now?
5	Educational outcomes agreed	What will be different for the child in school?
6	Impact measures agreed	How and when will progress be reviewed?

Final principle

Therapy should be considered where it is likely to improve a child's ability to access, engage with and benefit from education. It should be needs-led, outcome-focused, evidence-informed and clearly linked to educational progress and wellbeing within school.