



Music Therapy

Last Reviewed Date:	23/09/2026
----------------------------	------------

Headteacher:		Date:	24/09/2026
Subject Leader:		Date:	24/09/2026

Date of Next Review:	September 2027
Subject Leader:	Edward Shipsey

C O N T E N T S

1	Equal Opportunities Statement
2	Audience for Policy
3	What is Music Therapy
4	Organisation of Music Therapy
5	Aim of Music Therapy
5.1	Individual Aims
5.2	Group Aims
6	The Practise of Music Therapy
7	Implementation of Music Therapy
7.1	Criteria for Referral for Initial Music Therapy Assessment



7.2	Procedure for Initial Referral and Assessment
7.3	Termination of Sessions
8	Assessment
9	Record Keeping
10	Resources
11	The Role of the Music Therapist



1. Equal Opportunities Statement

All pupils regardless of ethnicity, religion, gender or disability should be given the opportunity for either individual or group music therapy if this is deemed appropriate for them.

2. Audience for Policy

All staff
Governors
Parents, guardians, carers
Other professionals connected with the school
OFSTED inspectors

3. What is Music Therapy

Music therapy works on the principal that all human beings regardless of disability or injury have an emotional awareness of and an innate response to sound.

Children who have difficulty in understanding their environment or those whose verbal communication is an inadequate form of self expression, may be stimulated by music and respond to it. Music offers a powerful tool for conveying inner feelings. Music Therapy offers a secure and supportive environment where children are free to explore and express themselves through music.

As a largely non-verbal medium, music is often able to engage dysregulated and withdrawn children for whom verbal self expression may be difficult. By using music creatively, the therapist seeks to enable an interaction – a shared musical experience leading towards therapeutic goals. These goals are determined by the child's responses and the therapists' understanding of the child's needs.

At Amwell View we believe that caring for the physical, mental, emotional and spiritual well-being of children is a prerequisite to the development of children in other contexts. Music Therapy employs techniques specifically for promoting healthy personal and social development. Therefore although Music Therapy is not a part of the National Curriculum, we consider it to be a valuable means for access to the curriculum to be facilitated.

We realize that music therapy can be of enormous value for children with severe learning difficulties and it can meet the needs of pupils with a diagnosis of autism, PMLD, and SLD. Music Therapy and music education are complementary and not seen as alternative forms of provision.

4. Organisation of Music Therapy

Children at Amwell View after referral and initial assessment may be offered a weekly individual music therapy session. This is usually a maximum of thirty minutes duration. The therapist conforms as far as is possible to the dictates of the school timetable although some flexibility of timing may be inevitable. The sessions take place in the music therapy room, the therapist both collecting the child for the session and accompanying him/her back to their class afterwards. For some sessions it is necessary/essential to enrol the assistance of another member of staff, as circumstances demand.



Group music therapy may precede, follow or run in conjunction with individual music therapy sessions. Group sessions at Amwell View take place after consultation between the therapist and the class teacher. These take place either in the music therapy room or in the classroom depending on the size and needs of the group, they are between 25- 45 minutes duration. Work with groups is usually supported by other staff. It is important to have continuity of staff and to meet at the same time and place each week. Staff working as assistants in a music therapy group are given guidance in non-directive methods of working.

5. Aim of Music Therapy

5.1 Individual Aims

By adopting a supportive role and thus providing a 'safe' environment in which to explore personal feelings – both conscious and unconscious, the therapist seeks first to awaken the natural musicality inborn in every child; secondly to make contact with and 'meet' the child emotionally in the music; thirdly to offer new experiences in the music to help transcend the barriers imposed by disability and to help enable the child to reach a fuller potential.

Individual music therapy sessions may also aim:-

- To build trust and confidence.
- To develop self-esteem and a sense of worth.
- To develop skills of listening, attention, turn taking.
- To enrich non-verbal communication.
- To develop spontaneity and freedom.
- To provide an outlet for emotion in which the child feels able to express themselves at their own level.
- To improve sensory and motor skills.

5.2 Group Aims

In group music therapy the emphasis is on providing an opportunity for children not only to gain a greater self awareness through musical interaction with the therapist, but also to develop awareness of others through spontaneous and appropriate child/child interaction.

In group music therapy, the therapist creates musical experiences which aim to meet as far as possible the therapeutic needs of both the individuals in the group and the group as a whole. Within these musical situations, children are encouraged to develop awareness of their peers, express emotions musically and find containment within the music.

In addition, aims of group music therapy may include encouraging personal confidence within the group situation, developing social skills such as turn taking, improving sound toleration, developing motor skills, developing focused intentional action and giving opportunities for spontaneous expression.

The aims of music therapy are therefore not musical, they are therapeutic. It is through the process of making music that benefits arise.



6. The Practise of Music Therapy

'Clinical improvisation' is a vital component of the therapeutic process and is used by the therapist at Amwell View.

This means that the children are normally invited to improvise on a wide variety of readily accessible instruments or if they are able and inclined with their voices.

The children's music making is musically supported, explored and where possible developed by the improvisations of the therapist on instruments of their choice.

The course of the improvisation may be influenced by any of the following considerations:-

- a) Reports of the child's behaviour since the previous session.
- b) Observations of the child's response when being collected for the session and upon approach to the music therapy room.
- c) The child's initial behaviour in the room
- d) Non-verbal communication given out by the child, through body language, posture, head/body movement, facial expression, eye contact etc.
- e) The way the child approaches, selects and handles the instruments and other equipment.
- f) The mode of exploring the first musical sounds.
- g) The child's response to the therapist's musical interaction/intervention and to specific elements in the music.
- h) The occurrence of spontaneous vocalisation
- i) The development or otherwise by the child of a set routine from session to session.

The therapist observes the relationship between the musical elements used and the child's behaviour in order to determine the way of working at that moment. They are trained to make non-prescriptive assessment of these responses, to interact flexibly and spontaneously through the music.

7. Implementation of Music Therapy

A child may be referred to the music therapist by any professional concerned with the child's needs or by the parents. Children with the difficulties listed below meet the criteria for referral for initial assessment. A referral for music therapy does not require that the child be musically talented.

7.1 Criteria for Referral for Initial Music Therapy Assessment

Priority should be given to children exhibiting the following forms of emotional, behavioural, social or psychological impairment:-

- a) Difficulties with communication and interaction skills.
- b) High levels of anxiety.
- c) Difficulties in relating to others – emotionally dysregulated, aggressiveness
- d) Self harming
- e) Low self-esteem, withdrawn and unmotivated
- f) Unexplained lack of developmental or educational progress.
- g) Difficulty adequately expressing themselves through words.
- h) Children with PMLD.



7.2 Procedure for Initial Referral and Assessment

A period of initial assessment sessions is arranged and as a result recommendations are made by the music therapist either that a course of music therapy commence for the child concerned or that such an intervention would not be appropriate. A referral form is completed, at the beginning of the work.

7.3 Termination of Sessions

Continuing observation and evaluation of a course of music therapy sessions by the therapist, alongside on-going consultations with other professionals concerned, influence the future direction of sessions and will also determine the length of the course of therapy. Therapy work will usually cease when it is mutually agreed that the child concerned has progressed to a stage in which it would be in his/her best interests to participate in a curriculum musical context appropriate to his peer group, rather than to continue in a therapy situation.

8. Assessment

The way a child responds to music therapy, the development of musical interaction between the child and the therapist and progress in other areas of personal development that may arise out of the sessions, will be carefully monitored by the therapist. The therapist's report, together with those of teachers, other therapists and related professionals, contributes towards the EHCP.

The report will usually include the following:-

- The child's progress in therapy since the previous review will be summarised emphasising general trends.
- Problems and difficulties will be noted as well as areas of progress.
- Recommendations and aims for the future course of therapy.

Music therapy should be included in the Statement as "additional non-educational provision" This should help to safeguard the child's music therapy if either the therapist or the child should subsequently leave the school.

9. Record Keeping

It is neither practical nor appropriate for music therapy records to resemble educational records. Mental, emotional, social or physical health eludes precise quantification. Music therapy is not prescriptive – its direction and content are substantially affected by the child's choice. Because music therapy depends on a therapeutic relationship, the therapist's initiatives, responses and even subjective reactions are as important as those of the child, and are recorded to give a true picture. Methods of working and outlook differ from one therapist to another and for these reasons there are no standardised assessment procedures. Nevertheless the following factors will be included in the therapist's records:-

- Dates, times and duration of sessions
- Summary of sessions mentioning such matters as instruments played, activities and games, styles of interaction and the use of any precomposed familiar music.



- Extraneous factors which may have influenced the child e.g. a changed layout of the room, distractions from outside, changed health problems/medication etc.
- Interpretations, subjective reactions should also be included.

The therapist also sometimes records on audio or video sessions and uses them to reflect on what is happening in the sessions.

It should be noted that in all record keeping, whether by video, audio or written methods, rules of strictest confidentiality should be observed. However, some of the above may from time to time need to be shared with teachers and other professionals concerned with the child, and the parents. Parent consultations take place during the school's parents evening and additionally parents of children from the class Music Therapy groups are updated on the achievements of their children through videos on tapestry.

Music therapists are professionally required to undertake regular music therapy supervision with a qualified music therapy supervisor, where they can discuss issues related to their clinical work.

10. Resources

Music therapy sessions mainly take place in the music therapy room. This room has a piano which should be regularly tuned and a good and wide range of large and small percussion instruments which can be shared with the music teacher and other members of staff.

11. The Role of the Music Therapist

Music therapy uses music with a therapeutic approach to help individuals of all ages who are experiencing physical, psychological, emotional or mental problems. The therapist seeks to establish an interaction – a shared musical experience – in the pursuit of therapeutic goals. The therapist aims to help clients develop emotional regulation and self-expression. Therapy sessions may be with individuals or groups using music and communication to explore relationships, attitudes and emotions.

Typical responsibilities of the Music Therapist will include

- Assessing needs and setting goals
- Planning, reviewing and assessing therapy sessions to monitor effectiveness and outcomes as well as to plan subsequent sessions
- Taking an active role in sessions by playing, singing and listening
- Encouraging participation in sessions and supporting them by responding musically using instruments and improvisation
- Maintaining records and case notes to aid report writing
- Feeding back and reporting to families, school staff and other associated professionals
- Encouraging children to use a range of musical instruments and their own production of sounds to express themselves
- Helping the child to explore the world of sound and to create a musical language of their own



POLICY DOCUMENT

- Improvising with music as a reaction to what the client is communicating in order to develop a meaningful musical relationship
- Supporting the child's creative development and facilitating positive changes in their behaviour and well-being.
- Helping the child develop an increased self-awareness.