



WARGRAVE HOUSE

THE AUTISM SPECIALISTS

Therapy Policy

September 2019



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This policy should be read in conjunction with the following policies:	
1	Positive Planning for Supporting Student Behaviour
2	SEND Policy
3	Equal Opportunities Statement and Policy
4	Health and Safety Policy
5	Child Protection and Safeguarding Children
6	Safeguarding Vulnerable Adults
7	Intimate Care Policy

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1 Introduction

The Therapy service is a multi-disciplinary in-house team consisting of Speech and Language, Occupational, Music and Rebound Therapists. Therapy is provided across the organisation: school, Lakeside, and LEAP Colleges and in our Residential Care provision where it is very much embedded into the 24 hour curriculum.

Our therapy service was reviewed and evaluated in 2018/2019. This review included an efficacy study, therapy team self-evaluation and consultation with therapy providers in similar settings across the North West.

As a result, the therapy team now provides a modern, embedded model of therapy. This 'Plan, Do and Review' model is far more fluid and flexible, meaning that as a team we can respond to student's therapy needs as they change. This way of working also allows us to group or pair students together from different classes for specific types of intervention, where they have similar needs.

The model is outcome driven, based primarily on individual **E**ducation, **H**ealth and **C**are **P**lan (EHCP) outcomes, with progress being measured annually on our in-house assessment tool the **F**unctional **C**ommunication **R**ating **S**cale (FCRS).

2 Purpose

The purpose of this policy is to outline the therapy process and practices, and the principles on which these are based. It outlines the roles of the therapists throughout the organisation and the legal framework which they adhere to. The flow diagram under the Policy section outlines the Therapy Process.

3. Aim(s):

To enable each individual to successfully access their education and learning and achieve their maximum potential.

4 Roles and Responsibilities

Head of Therapy: Will manage and lead the Multi-disciplinary Team of Therapists in the assessment, planning, delivery, evaluation and on-going development of the Therapy Service ensuring that consistently high standards are maintained throughout the organisation. The quality and effectiveness of the service is monitored through weekly Team meetings,; focused CPD meetings; and yearly through a Therapy Services planning, Evaluation and Delivery Review which in turn informs the Therapy Department School and Colleges Improvement Plan (SCIP). The Head of Therapy will also ensure that Therapists' continue to develop their professional skills and knowledge through a range of ongoing CPD activities, identified and evaluated during termly Supervisions and Annual Appraisals.

Specialist Speech and Language Therapists (SaLTs): Will work to promote, maintain, and develop the skills needed by our students to be functional in our setting and beyond. Active participation in life promotes learning, flexible thinking, resiliency, social interaction, self-esteem, self-confidence and independence. At Wargrave, SaLTs use a holistic approach in planning programmes. They take into account the social, emotional, sensory and cognitive abilities and needs of students. Considering the unique learning styles of young people with ASD, our SaLTs work to develop skills to support language development, understanding and social communication through a range of direct and indirect interventions. Fundamentally, they will support all students to develop a means of expressive communication commensurate with their need and abilities, using a range of evidence-based programmes and activities. Inform, advise, collaborate with and upskill the wider team around the child (i.e. family, Teacher, TSAs, Care staff, and other key professionals) to ensure a consistent approach to their communication, social and emotional needs development; assuring each student has the best possible chance of realising their potentials.

Occupational Therapist (O.T.s): Will work to promote, maintain, and develop the skills needed by students to be functional in our setting and beyond. Active participation in life promotes learning, self-esteem, self-confidence, independence, social interaction. Occupational therapists use a holistic approach in planning programmes. They take into account the physical, social, emotional, sensory and cognitive abilities and needs of students. In the case of autism, an O.T. works to develop skills for handwriting, fine motor skills and daily living skills. However, the most essential role is also to assess and target the child's sensory processing disorders. This is beneficial to remove barriers to learning and help the students become calmer and more focused. OT's working with children who have a sensory processing disorder often have postgraduate training in sensory integration. Sensory integration therapy is based on the assumption that the child is either "over stimulated" or "under stimulated" by the environment. Therefore, the aim of sensory integration therapy is to improve the ability of the brain to process sensory information so that the child will function better in his/her daily activities. Children are often prescribed a sensory diet/advice by the O.T.

Music Therapist: Will engage students in active music making and participation to help them build core life skills and to increase quality of life. Through playing instruments, improvising, singing, song writing and using pre-existing songs, the student and the music therapist work together to champion and further the student's strengths and to work on things that are challenging. There are no prerequisites for students being able to play an instrument or even to have an interest in music in order to engage, in some cases students who have benefited the most from music therapy are those who have not previously expressed interest in music. Music therapy provides an expressive and emotional outlet for students where through music they are able to find different ways of expressing themselves. Similarly, it can also aid self-regulating through both raised awareness, and practically through making musical changes for different energies in the music.

Speech and Language Therapy Assistant: Will assist the SaLTs in the preparation of therapy sessions by making and sourcing resources needed to aid communication and engagement during therapy sessions; and also by taking a role in the delivery of sessions. In our setting, she is also responsible for some administrative tasks, record keeping and general office management.

Rebound Therapist: Will deliver a specialist service that uses our sunken trampoline and specific therapeutic techniques that promote a wide range of balance, motor skills, co-ordination, body awareness, sensory integration, sequencing and communication skills. This therapy is also highly

successful in helping our students to self-regulate by achieving an internal state through proprioceptive and vestibular stimulation that is both energizing as well as calming. Students currently receive Rebound Therapy on a 6-8 week block, or as part of a lunch-time club activity.

During the sessions students will follow the Winstrada grading model, develop skills at their own pace and earn certificates for their efforts.

5 Policy

All students entering Wargrave House will receive a Baseline assessment from the therapy department within the first term of admission. Within this first term, each individual will have the following documents completed from the Functional Communication Rating Scale: Communication Advice, Student Skill Target Profile, and Therapy Planner and Outcomes.

Assessment tends to be completed on a yearly basis, in line with annual reviews, and may take the form of structured observations, formal assessment, informal assessment and discussion with staff/student where applicable. Therapists are also involved with the annual process of assessing EHCP medium term outcomes and setting new targets for the upcoming twelve months. This process also involves therapists, alongside teachers, and residential care staff where applicable, working together to review the medium and longer term targets to determine whether they are still suitable for the individual and to discuss how best interventions in each setting, can maximise opportunities for the practice and generalisation of target skills.

(The Therapy Process Appendix 1 refers).

6. Procedure

All students throughout the organisation access a therapy package tailored to their individual needs. The therapies on offer are detailed below.

Attention Autism

- Targets the teaching of attention, communication and social interaction skills
- Focuses on building functional social communication, understanding and spontaneous communication
- Uses the power of shared good times for building engaged learning and trusting relationships where interaction, communication and learning can flourish
- Delivers activities that inspire attention and motivate communication

LEGO® Therapy

- An evidence based therapy developed by clinical psychologist Daniel LeGoff (2004)

- It targets social communication skills in young people with Autism using LEGO[®] which is often a natural motivator.
- Students alternate between three roles:
 1. **Engineer.** The Engineer holds the instructions and is responsible for letting the Supplier know which bricks are required and telling the Builder how to assemble them.
 2. **Supplier.** The Supplier holds the bricks and is responsible for listening to the instructions given by the Engineer to find the correct LEGO[®] piece, and giving these pieces to the Builder.
 3. **Builder.** The Builder is responsible for assembling the model with the pieces they receive from the Supplier by following instructions provided by the Engineer.

Social Inclusion

- Offers a variety of unique social inclusion experiences and provides opportunities to work on social skills, outside of the usual learning environment
- Opportunities to work on conversation skills, positive interactions with unfamiliar people, forming and expressing opinions, listening, tolerating and working with others, and generalising skills in new environments
- Developing empathy and Theory of Mind

Supported Conversation Groups

- Targets the teaching of conversation and listening skills
- Focuses on topic maintenance, listening to responses and asking follow up questions
- Goals include conversation initiation and topic selection, gaining attention appropriately and repairing breakdowns in communication

Zones of Regulation

- An established curriculum created by Occupational Therapist Leah Kuypers
- Aims to teach students to identify their feelings and internal state, and to become more independent with self-regulation
- Teaches tools (strategies) to use to support regulation
- Supports students to understand how their behaviour could impact others

Rebound Therapy

Rebound Therapy is a fun and interactive activity that can not only influence a person's physical function but also participation, communication and sensory system. These benefits can be

enhanced by using games that incorporate activities such as counting, teamwork, silly sounds, finding specific colour flash cards, identification of images or colours.

The benefits of Rebound Therapy have been likened to those found in hippo therapy, it provides a weightless environment and as well as three dimensional movement. This challenges the body in a multitude of ways for a variety of benefits including the development of:

Strength of limbs	Relaxation
Numeracy	Freedom of movement
Patience	Sense of achievement
Communication	Stamina
Co-ordination	Spatial awareness
Independence	Body awareness
Self-confidence	Social awareness
Balance	Consideration of others
Muscle tone	Trust and confidence in Coach/Assistant
Reaction speed	Colour recognition
Self-image	Height and depth perception
Eye contact	Fun and enjoyment

Music Therapy

Music Therapy at Wargrave House is commissioned from Nordoff-Robbins who employ highly skilled Music Therapists who are experienced with working with a range of children and adults including those who have ASD and associated anxiety and stress. Our Music Therapist is expertly trained to tune into each movement, reaction and expression of the individuals she works with to discover how music can enrich their lives. This could be to communicate where words have failed, to socially connect with peers, staff and friends, and to build confidence and self-esteem.

While other forms of music therapy may involve playing music, we make music, together. This could be through improvisation, making use of music people already know, creating new music together, or working towards some kind of performance.

Process for Referral

- Therapists observe and assess students on their caseloads (SaLTs) other Therapists (O.T. and M.T.) may observe children in and around the school and colleges.
- Dialogue with MDT including discussion around co-working (e.g. joint sessions with SaLT and O.T. and /or MT (for students with multiple difficulties)
- Dialogue with education and care staff around needs they are noticing
- Formal referral form accessible to all staff
(Referral flowchart in appendices refers)

Basis for Referral

- Any student can benefit and sessions will be crafted around their individual needs
- Students who have specific outcomes on their EHCPs that therapy services can address
- Students with specific communication, sensory, motor difficulties
- Students struggling to express or regulate emotions
- Students with challenges connecting to others
- Students who struggle with spontaneity

Tracking Progress

Sessions are shaped on an individual basis and therefore 'progress' is specific to the needs of each student

- Every child will have an assessment session and therapist will consult with staff to shape 'clinical goals' and therapy outcomes whereby the student's strengths and challenges are identified
- Therapists will keep clinical notes around every session and where possible, will record parts of sessions to reference/demonstrate how the student is responding

Therapists will use measures of progress specific to their clinical disciplines i.e. SaLTs use the Functional Communication Rating Scales (FCRS) and other qualitative and quantitative assessments. The Music Therapist will use Nordoff Robbins rating scale (where applicable). O.T. uses a range of standardised and non-standardised assessments

All class teachers whose students are receiving direct therapy will also receive a Therapy Information Sheet outlining the therapy those students will be receiving, the goals that will be worked on during those sessions, and the times/ dates the sessions will occur. The EHCP will inform the therapy taking place, with those goals being central to the intervention.

Communication

- Therapists will keep staff involved with the student informed about what is happening in sessions verbally. In addition, they will distribute an 'Overview of Therapy Intervention Summary' to each class teacher half-termly, which provides a summary of the types ('direct' or 'indirect' therapy) students in their class are currently receiving, together with references to student's EHCPs outcomes and FCRS functional therapy targets where applicable.
- EHCP/Therapy intervention review Meetings between education staff and SaLTs occur during the penultimate week in each term, to review progress and targeted areas of focus for the next half-term.
- Communications with parents are key and occur via the home-school book, email, telephone, on-site meetings, home visits and twice yearly Parent Consultation Meetings.

- Where appropriate and where there is consent, therapists may share reports, advice, strategies and photographic/video clips of sessions to staff and to carers/parents and other professionals during meetings, training sessions etc.

‘Direct’ vs ‘Indirect’ Therapy Intervention

‘Direct Therapy’ interventions include students being withdrawn on a 1:1, or small group basis usually for blocks of therapy with specific aims derived from and relating to their EHCP outcomes, assessment and observations findings, MDT referrals and student’s self-referrals. Therapists may also work with specific students in their classrooms during specific lessons, out in the community, and also in the Residential setting (where a child accesses extended services).

During ‘Indirect Therapy’ interventions, Therapists may work class-based with a student/ class team, jointly planning and delivering sessions. Therapy Programs pertaining to individual students needs may be devised and carried out by teaching staff. Therapists may be involved in promoting different therapeutic approaches e.g. ‘Zones of Regulation’, throughout the organisation, and upskilling staff in using these effectively.

Indirect therapy will also take the form of attending meetings e.g. EHCP outcome meetings, annual reviews, behaviour and dietary support meetings, LAC reviews etc.

All therapists are involved in training and upskilling other members of staff throughout the organisation. Training may take the form of whole school twilight sessions, targeted workshops, class group training etc. All new staff are provided with induction training on An Introduction to ASD and the Triad of Impairments; Alternative and Augmentative Communication; TEACCH (Treatment and Education of Autistic and Communication Handicapped Children); Sensory; Self-regulation and Zones.

In order to view our students holistically family involvement is key, and therapists strive to involve families and parents through home visits, if requested; opportunities for parent training and workshops; and whole school events such as parent’s evenings. The therapists also work very much as part of a multi-disciplinary team.

7. Legal Context

All therapists have professional registration with the Health and Care Professions Council (HCPC) and adhere to their ethical framework and standards of proficiency, in order to remain eligible for registration. Furthermore, all therapists must meet and document a required amount of CPD each year to ensure they continue to learn and develop, keeping their skills and knowledge up to date so they are able to practice safely and effectively. For further information please visit:

www.hcpc-uk.org

All Speech and Language Therapists in the department are required to be members of the Royal College for Speech and Language Therapists (RCSLT), a professional body for Speech and Language therapists in the UK, providing leadership and setting professional standards. For further information please visit:

www.rcslt.org

Occupational Therapists in the department are required to be a member of the Royal College for Occupational Therapists, a professional body for Occupational therapists in the UK. For further information please visit:

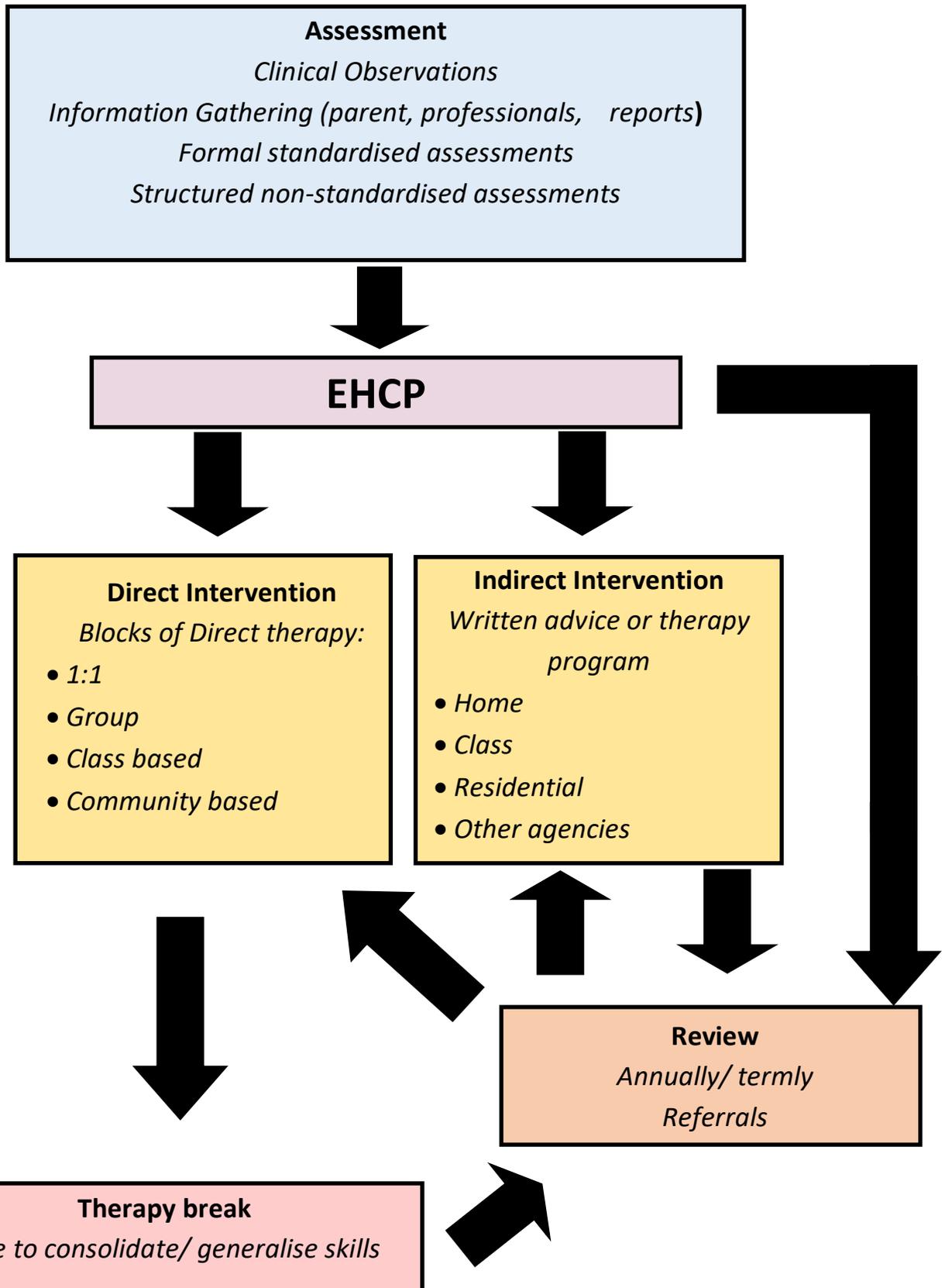
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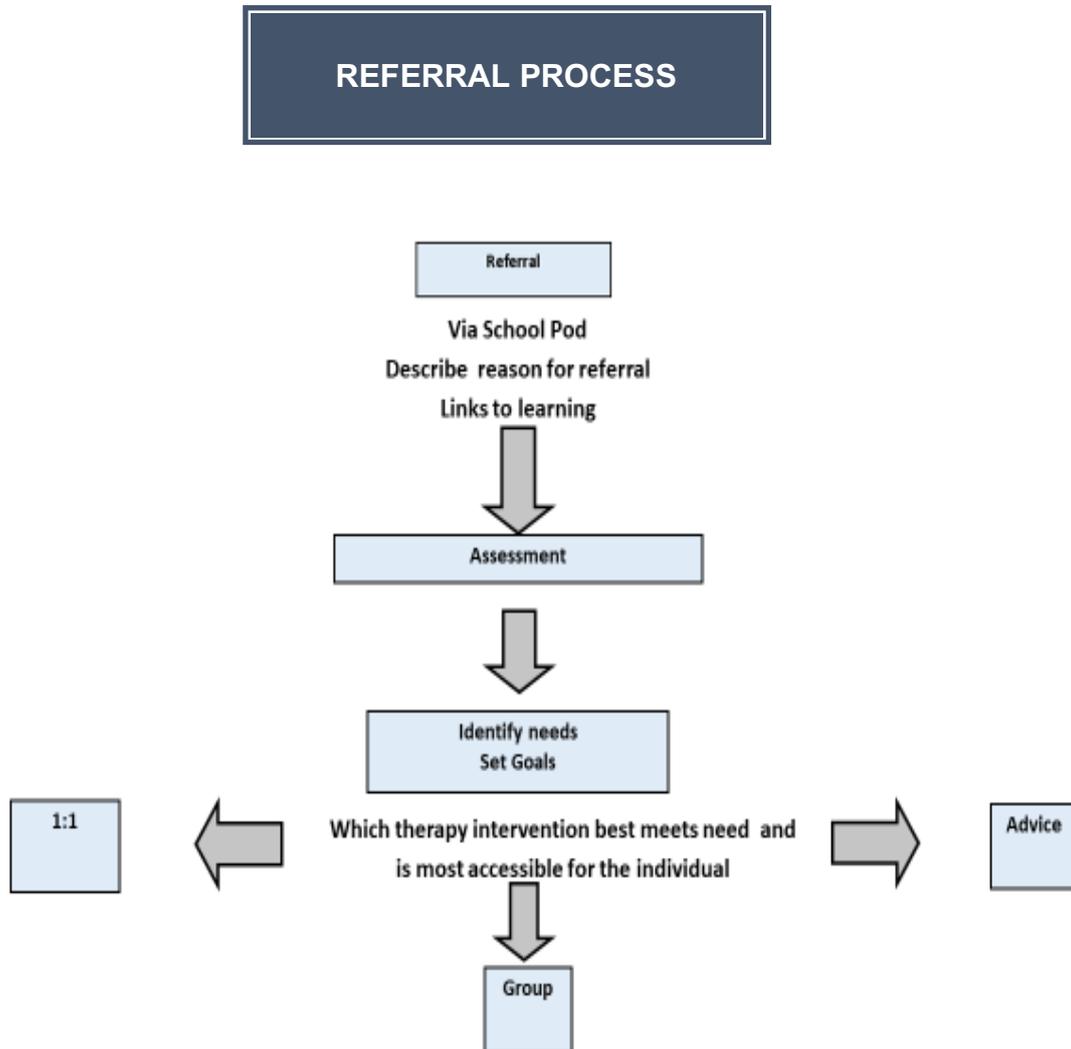
Policy Impact

We have a rolling programme for reviewing our Company policies. We regularly review the impact of our policies on the needs, entitlements and outcomes for students, service users, staff and parents.

Therapy Process

Appendix 1
Therapy Process





Appendix 2. Referral Process