



WARGRAVE HOUSE

THE AUTISM SPECIALISTS

Therapy Policy

January 2021



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| This policy should be read in conjunction with the following policies: | |
| 1 | Positive Planning for Supporting CYPs 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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Introduction

The Therapy service is a multi-disciplinary in-house team consisting of Speech and Language Therapists (SaLTs), Occupational Therapists (OTs), Music Therapists (MTs), Rebound Therapists (RTs), School Nurse and Therapy Assistants. 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.

The therapy team provide evidence based integrated therapy so all children and young people (CYP) are supported by embedded individual needs led strategies. Using a 'Plan, Do and Review' model we can respond to therapy needs as they change. This way of working also allows us to group or pair CYP 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, from which annual SMART (Small Measureable, Achievable, Reliable and Timed) targets are set. Progress is measured annually on our in-house assessment tool the **F**unctional **C**ommunication **R**ating **S**cale (FCRS) and O.T. SMART records including changes in the Sensory profile assessment. Quality of provision is ensured by annual audits, supervision, maintenance of Continuing professional Development and professional standards, CYP/parent-carer feedback and surveys on efficacy of training.

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 have a voice, access their learning and achieve their maximum potential.

4 Roles and Responsibilities

Head of Therapy & Clinical Services: 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 CYPs 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 CYP. Considering the unique learning styles of young people with autism, 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 CYP to develop a means of expressive communication commensurate with their need and abilities, using a range of evidence-based programmes, activities and implementing /updating Alternative Augmentative Communication (AAC) as required. SaLTs inform, advise, collaborate with and upskill the wider team around the CYP (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 CYPs 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 CYP 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 CYP. 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 CYP's sensory processing disorders. This is beneficial to remove barriers to learning and help the CYP 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 CYP 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 CYP will function better in his/her daily activities. CYP are often prescribed a sensory diet/advice by the O.T.

The Pyramid of Learning (Appendix 1) demonstrates the importance of the foundations of sensory regulation in order to access learning.

Music Therapist: Will engage CYP 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 music therapist work further encourages strengths and works on supporting challenges. There are no prerequisites for CYPs being able to play an instrument or even to have an interest in music in order to engage. CYP can benefit from music therapy even if they have not previously expressed interest in music. Music therapy provides an expressive and

emotional outlet, using music as a different way of communication. Engagement between Music Therapist and CYP can promote auditory attention, eye contact, turn taking and shared interaction. Similarly, it can also aid self-regulating through both raised awareness, and practically through making musical changes for different energies in the music.

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 CYP to self-regulate by achieving an internal state through proprioceptive and vestibular stimulation that is both energizing as well as calming. CYP may receive Rebound Therapy on a 6-8 week block, or individually. The Rebound Therapist trains and supervises TSA's to deliver Rebound Therapy under the therapist's supervision. CYPs follow the Winstrada grading model, develop skills at their own pace and earn certificates for their efforts.

Speech and Language/Occupational Therapy Assistant: Will assist the SaLTs and O.T.s in the preparation and implementation of therapy programmes/materials by sourcing and making resources needed. Under supervision and guidance of therapists the assistants deliver therapy sessions and assist in implementing an integrated approach including training. Assistants are responsible for some administrative tasks, record keeping and general office management.

School Nurse: Will be responsible for annually updating the Wargrave House Wellbeing Policy. The nurse has regular weekly duties including signing in medication on a Monday morning and signing out medication on a Friday (or end of school/college/ residential week) with an additional member of staff as a witness. The nurse is available for first aid for staff and CYPs and to support and manage sick CYPs in the medical room. The medical room is managed by the school nurse. Where the nurse is a Deputy Designated Safeguarding Lead they will attend weekly Internal Safeguarding Board meetings. The nurse will attend weekly PDBAR - Personal Development Behaviour Attitudes Rewards meetings and a key role is to work in the multi professional team and wider school/ college team ensuring communication of any updates on medical needs. The nurse provides training on medication administration and using a defibrillator. Where applicable, for parts of the Personal Social Health Economic Education (PSHEE) and Sex and relationship Education (SRE) curriculum, the nurse contributes to delivery of sessions working with teachers and therapists.

5 Policy

All CYP entering Wargrave House will receive a Baseline assessment from the therapy department within the first half term of admission. Within this first half term, each individual will have the following documents completed from the Functional

Communication Rating Scale: Communication Advice, CYPs Skill Target Profile. A sensory profile and sensory advice will also be completed.

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/ CYP 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 level of therapy recommended on the EHCP is related to individual need.

Therapists refer to a banding scale which reflects the amount of Universal, Specialist and Targeted therapy required.

The Therapy Process Appendix 2

The Banding Scale Appendix 3.

6. Procedure

All CYP throughout the organisation access a therapy package tailored to their individual needs. Some of 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.
- CYPs 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 CYPs to identify their feelings and internal state, and to become more independent with self-regulation
- Teaches tools (strategies) to use to support regulation
- Supports CYP to understand how their behaviour could impact others

Colourful Semantics

- An evidence based, established system developed by Alison Bryon
- Supports learners with sentence building and understanding question words using a colour coded structured approach
- Focuses on the meaning and helps the development of grammar
- Can be used with AAC, with TEACCH and integrated across the curriculum

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, and 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
Numeracy

Relaxation
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 CYP including those who have autism 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 CYP 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 RT/and or M.T.
- Dialogue with education and care staff around needs they are noticing
- Formal referral form accessible to all staff
(Referral flowchart in appendix 3)

Basis for Referral

- CYP who have specific outcomes on their EHCPs that therapy services can address
- CYPs with specific communication, sensory, motor difficulties
- CYPs struggling to express or regulate emotions
- CYPs with challenges connecting to others
- CYPs who struggle with spontaneity

Tracking Progress

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

- Every CYP will have an assessment session and therapist will consult with staff to shape 'clinical goals' and therapy outcomes whereby the CYP'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 CYP 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 CYPs are receiving direct therapy will also receive a Therapy Information Sheet outlining the therapy those CYPs 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 CYPs informed about what is happening in sessions verbally. Details of the yearly therapy plan can also be found in the "how I will be supported to achieve my outcomes" section of the EHCP.
- Therapy goals are shared with teaching staff and families, and residential staff as appropriate.
- Communications with families 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 CYPs 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 CYP's self-referrals. Therapists may also work with specific CYPs in their classrooms during specific lessons, out in the community, and also in the Residential setting (where a CYP accesses extended services).

During 'Indirect Therapy' interventions, Therapists may work class-based with a CYP/ class team, jointly planning and delivering sessions. Therapy Programs pertaining to individual CYPs needs may be devised and carried out by teaching staff. Therapists may be involved in promoting different therapeutic throughout the organisation, and upskilling staff in using these effectively. Therapists may offer in house training and Elklan accredited training to further enhance staff skillset.

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. EHCP outcomes and provision is assessed on admission and we agree to meet need Where baseline therapy assessments indicate a change in provision therapy and SENCO arrange an urgent review to amend accordingly

EHCP provision is reviewed at Annual Reviews where banding of provision is considered.

Band 1:-

All CYPs require a specialist setting for Autism with embedded therapy to help them access an adapted curriculum (Band 1). The CYPs voice has reached the CYPs's maximum potential so long as they are supported by a specialist setting where inclusive, integrated therapy using Universal approaches support the individual needs

2 hours of **Universal** specialist therapy is delivered to include;-
Baseline assessments, Monitoring, Advice, Progress Reports and Therapists' Attendance at Annual Reviews.

Integrated approaches;- the Zones of Regulation, TEACCH (Treatment and Education of Autistic and Communication Handicapped Children), Makaton, AAC, training in Autism, Colourful Semantics, Intensive Interaction, Physical environment adaptations, sensory advice/sensory diet, use of inclusive regulation strategies including the sensory room, use of OT assistive aids (move and sit, fidgets, pen grips etc.) All specialist staff are trained and supported by specialist therapists who are on the school/FE site. Adaptations to the curriculum with school nurse/therapist input to access sex education/ PSHEE/ school trips. Dyslexia/communication friendly setting. Family support via parent workshops/ parent evenings. The multi-professional team is needed for joint assessment and prioritising individual needs.

Band 2:-

1 hour therapy time in addition to the core integrated approaches. 3 hours of **Specialist** therapy is delivered to include;
The CYPs needs blocks/weekly specialist group therapy intervention/ therapy programmes in order to maximise their potential including extending their ability to have a voice. The specialist areas include Emotional Literacy Support, Attention Autism, Sensory processing, Sensory Integration/regulation/behaviour, Sensory diets, Fine& Gross Motor development, Rebound Therapy, Music therapy, Social Skills, using social stories/cartoon strips, Life Skills. Specialist registered/ trained Therapists deliver therapy directly or via supervised/trained OT/SaLT assistants.

Band 3:-

2 hours therapy time in addition to the core integrated approaches. 4 hours of **Targeted** specialist therapy is delivered to include

The complexity/ significance of individual needs determines a need for individual therapy. These CYPs require 1:1 targeted therapy to maximise their potential in having a voice.

1:1 direct **Targeted** therapy includes;- Language, dyspraxia (Developmental Coordination Difficulties – DCD), setting up AAC, Sensory Integration, Sensory diet, SEMH interventions, Selective Mutism, bespoke social stories/ individualised behaviour support, individualised gross /fine motor skills. In depth assessment e.g. Model of Human Occupation (MOHO) or Social Communication in order to assess the level of need in communication/functions for transitions. Assessment may include including home visits- outreach to the community e.g. in support of moving school or moving into F.E. / adulthood.

All therapists are involved in training and upskilling other members of staff throughout the organisation. Training may take the form of whole school and college training sessions, targeted workshops, class group training etc. All new staff are provided with induction training on An Introduction to Autism; Alternative and Augmentative Communication; TEACCH; Sensory; Self-regulation and Zones. In order to view our CYPs 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: www.rcot.org

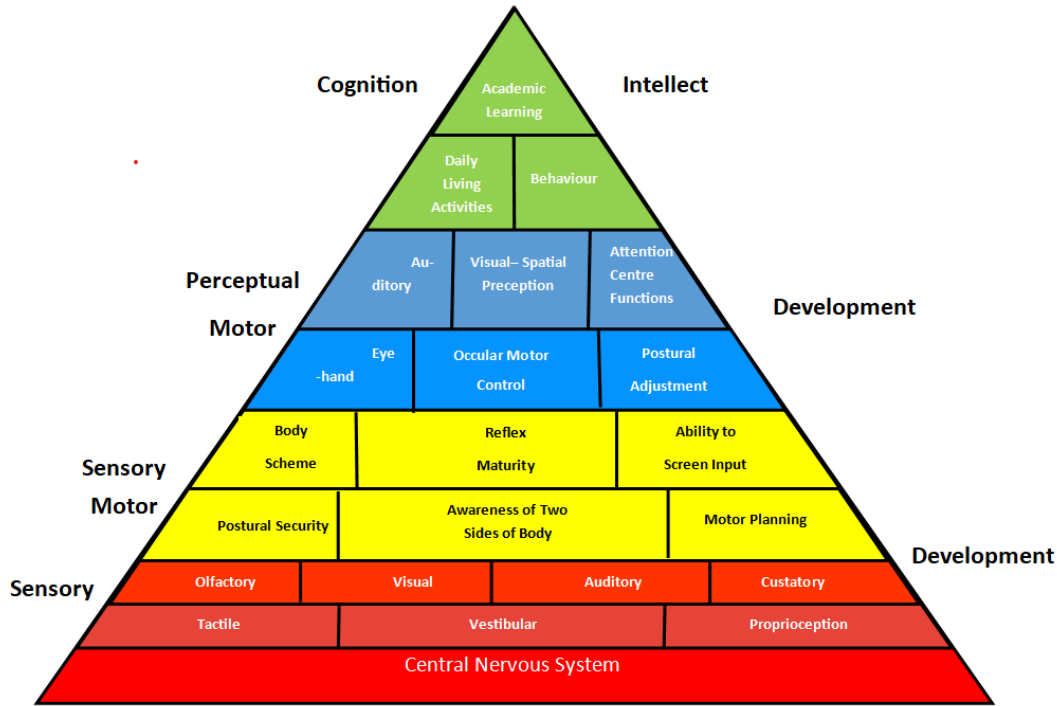
Policy Impact

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 CYPs, service users, staff and parents.

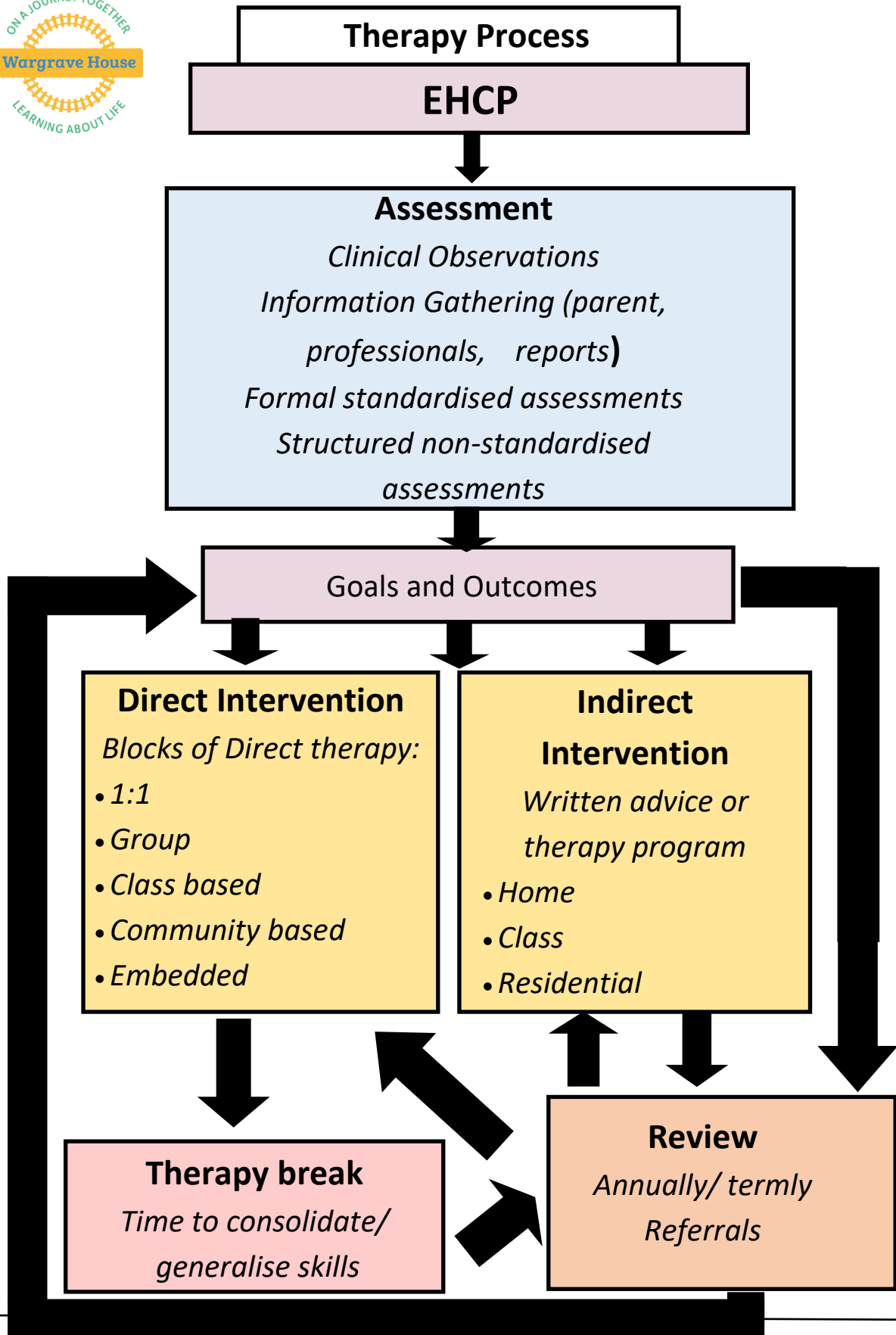
Appendix 1



PYRAMID of LEARNING



Appendix 2



Appendix 3. Referral Process

