

**SUNDIAL**

**DEVELOPING INDEPENDENT  
AUTISTIC LIVES**

**Therapy**

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Committee:	Personal Development, Behaviour & Attitudes
Approved by:	

This policy should be read in conjunction with the following policies:	
1	Positive Planning for Supporting CYPs Behaviour
2	SEND
3	Equal Opportunities
4	Health & Safety
5	Child Protection & Safeguarding Children
6	Safeguarding Vulnerable Adults
7	Sensory Integration
9	Therapy Dog

### References & Further Resources

List using Harvard referencing format (see notes).

### Appendices

List appendices by number and title in the order they appear in the policy.

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## Introduction

SunDIAL Therapy service is a multi-disciplinary in-house team consisting of Speech and Language Therapists (SaLTs), Occupational Therapists (OTs) and Therapy Assistants. Outside contracted Rebound Therapist and Music Therapists are also part of the team. Therapy with the therapy dog is provided (see Therapy Dog policy). Therapy is provided across school and college. There is also a SunDIAL Therapy Outreach offer. The team adhere to Remarkable Limited mission, vision and values and follow company policies for Wargrave House School and Ascent College.

The therapy team provide evidence based integrated therapy for autistic individuals aged 0 – 25. All children and young people (CYP) are supported by embedding individual needs led strategies across education and at home. SunDIAL Therapy primarily serves students across school and college (core client list). The outreach service is delivered according to capacity outside of the core client list.

The model is outcome driven, based primarily on individual **E**ducation, **H**ealth and **C**are Plan (EHCP) outcomes, from which termly SMART (Specific Measurable, Achievable, Realistic and Timely) targets are set and shared with education to inform Individual Education Plans (IEPs). Progress is measured annually or interim as required using Therapy Outcome Measures (TOMs) ref 1.

Quality of provision is ensured by annual audits, supervision, maintenance of Continuing Professional Development and professional standards. CYP/parent-carer feedback and surveys off efficacy of training.

## 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.

## Aim(s):

### **SunDIAL – Developing Independent Autistic Lives**

For everyone accessing the service to be facilitated in having a voice regarding their needs, have access to support strategies to help access their learning and develop their daily functioning skills.

## Policy

### 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 Service planning, Evaluation and Delivery Review which in turn informs the Therapy Department School and College 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 Supervision and Annual Appraisals. The department must be managed by ensuring the team are up to date with research and evidence-based practice.

**Specialist Speech and Language Therapists (SaLTs):** Will work to promote, maintain and develop the skills needed by our CYPs to be functional in their setting and beyond. Active participation in life promotes learning, flexible thinking, resiliency, social interaction, self-esteem, self-confidence and independence. SaLTs use a holistic individual needs led approach in planning intervention. They take into account the social, emotional, sensory and cognitive abilities and views of CYP. Considering the individual learning styles of autistic individuals, our SaLTs work to develop skills to support 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 upskills 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; using all modalities as part of a Total Communication Approach.

**Occupational Therapist (OT):** Will work to promote, maintain and develop the skills needed by our CYPs to be functional in their setting and beyond. Active participation in life promotes learning, self-esteem, self-confidence, independence, and social interaction. Occupational therapists use a holistic approach in planning programmes. They consider the physical, social, emotional, sensory and cognitive abilities and needs of CYP. The O.T. may work to develop skills for handwriting, fine motor skills and daily living skills. The OTs assess and target the CYP's sensory processing needs. This is beneficial to remove barriers to learning and help the CYP with their regulation. OT's working with CYP who have a sensory processing disorder often have postgraduate training in sensory integration. Sensory integration therapy considers the CYP may be 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 may 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 and has been adopted by Wargrave House School as reference to the curriculum.

**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.

## Procedure

### Referrals to School & College

CYP receive a Baseline assessment from the therapy department within the first term from admission to school/college.

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/families/outside professionals 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 working together with the wider team to review the medium- and long-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. Outside of the annual review process a formal referral form accessible to all staff across school and college (Referral flowchart in appendix 3)

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.

### Banding for Therapy Provision

The purpose of therapy is to support the autistic individuals so they can:

- Develop their potential for learning, functioning and well-being.
- Develop their regulation and communication skills in order to have a voice regarding their provision in line with SEND legislation.

Education Health Care Plan (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. The therapy team deliver the corresponding level of therapy agreed by the Local Authority and/or until such time the EHCP is amended.

EHCP provision is reviewed at Annual Reviews where banding of provision is considered and revised according to need. Specialist registered/ trained Therapists deliver therapy directly or via supervised/trained OT/SaLT assistants.

### **Band 1**

All students entering Wargrave House School need Band 1 because they require a specialist education setting with embedded therapy to help them access an adapted curriculum.

The student voice has reached the student's maximum potential so long as they are supported by a specialist setting where inclusive, integrated therapy using Universal approaches support the individual learning/functional needs.

**2 hours of Universal specialist therapy** is delivered to include; -

Baseline assessments, monitoring, advice, Progress Reports and Therapists' Attendance at Annual Reviews and staff training. Indirect therapy as part of the universal approach may include resource making, referrals to other professionals, modelling intervention, liaison with wider team and home to provide indirect therapy under the guidance of specialist therapists i.e., therapy approaches delivered by other key people.

**Core Integrated approaches;** - the Zones of Regulation, TEACHH, Makaton, AAC, training in ASC, 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 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 and are involved in recommending proactive strategies for behaviour support.

### **Band 2**

**3 Hours Total Therapy.**

In additional hour to the **2 hours of core integrated approaches plus 1 hour of additional Direct Targeted Specialist Therapy** is delivered.

The learner/student needs blocks/weekly specialist group/ individual therapy intervention/ therapy approaches 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 communication, using social stories/cartoon strips, Life Skills. Specialist intervention may support;- 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, Rebound Therapy, Music Therapy, 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 home visits- outreach to the community e.g. in support of moving school or moving into F.E. / adulthood.

### **Band 3**

#### **4 hours of Therapy in Total**

In addition to the **2 hours delivery of core integrated approaches plus 2 hours of additional Targeted/ Direct Targeted Specialist therapy** (as outlined in band 2) is delivered where; The complexity/ significance of individual needs determines a need for a high level of therapy intervention. These students require additional targeted therapy to maximise their potential in having a student voice, learning, functioning and developing their skills. All class teachers whose CYPs are receiving direct therapy will also receive information 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.

## **Outreach**

### **Process for Referral**

- There is an open referral procedure for Outreach meaning adults can refer themselves, families, carers, professionals can refer.
- Admissions to Wargrave House School and Ascent may highlight a need for OT and/or SaLT assessment prior to admission which may inform a referral to transition pathways
- Therapists, education team and families work in a multi-disciplinary way to and can signpost for a referral where a need is indicated



- The referral forms for families and commissioners are on the SunDIAL website and they can be sent to the SunDIAL enquiries inbox which is managed by the Head of Therapy

### Basis for Referral

- CYP who have specific outcomes on their EHCPs that therapy services can address
- CYPs with specific communication, sensory, motor needs
- CYPs struggling to express or regulate emotions
- CYPs with behaviour needs
- CYPs disengaged with education

Outreach clients can be seen in the community and at their homes, outside education settings during school hours. The SunDIAL Therapy site will be used for outreach outside of school hours and during school holidays except for those students referred for a transition pathway for admission to Wargrave House school/college.

### Transition Pathways

Our Sundial Outreach Transition Pathways are available for Local Authorities to support learners with a primary diagnosis of autism with transition for either of the following scenarios;

- Home to school (mainstream or specialist)
- Preschool – school (mainstream or specialist)
- School – school (mainstream or specialist)
- Home to college (mainstream or specialist)
- School – college (mainstream or specialist)
- College to college (mainstream or specialist)

The therapy plan will be tailor-made to individual needs and include Occupational Therapy, Speech and Language Therapy and additional therapy offers may be included to meet need.

The therapy team, as part of the admissions team for Wargrave House school and college provide update information regarding capacity to offer a Transition Pathway Outreach offer. The capacity to support CYP with transition to Wargrave House school and college, where recommended, would prioritise outside referrals.

### Tracking Progress In House and Outreach

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 needs are identified
- Therapists will keep clinical notes around every session and record where it was held, who was in the session and sign and date the entry in accordance with Health and Care Professions Council (HCPC) requirements.
- Therapists will use measures of progress specific to their clinical disciplines using a range of standardised and non-standardised assessments
- A tracker of termly SMART target outcomes and annual TOMS is maintained, and data can be extracted to validate the efficacy of therapy and SunDIAL service.

## 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 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.
- Reports on Therapy Outcomes are made available to Governors and Trustees
- The SunDIAL business plan and therapy improvement plan are made available to the CEO of Remarkable.
- Banding information is tracked and recorded by documents shared between the SENCO and Head of Therapy.

## Legal Context

All therapists have professional registration with the Health and Care Professions Council 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](http://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](http://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](http://www.rcot.org)

### **Policy Impact**

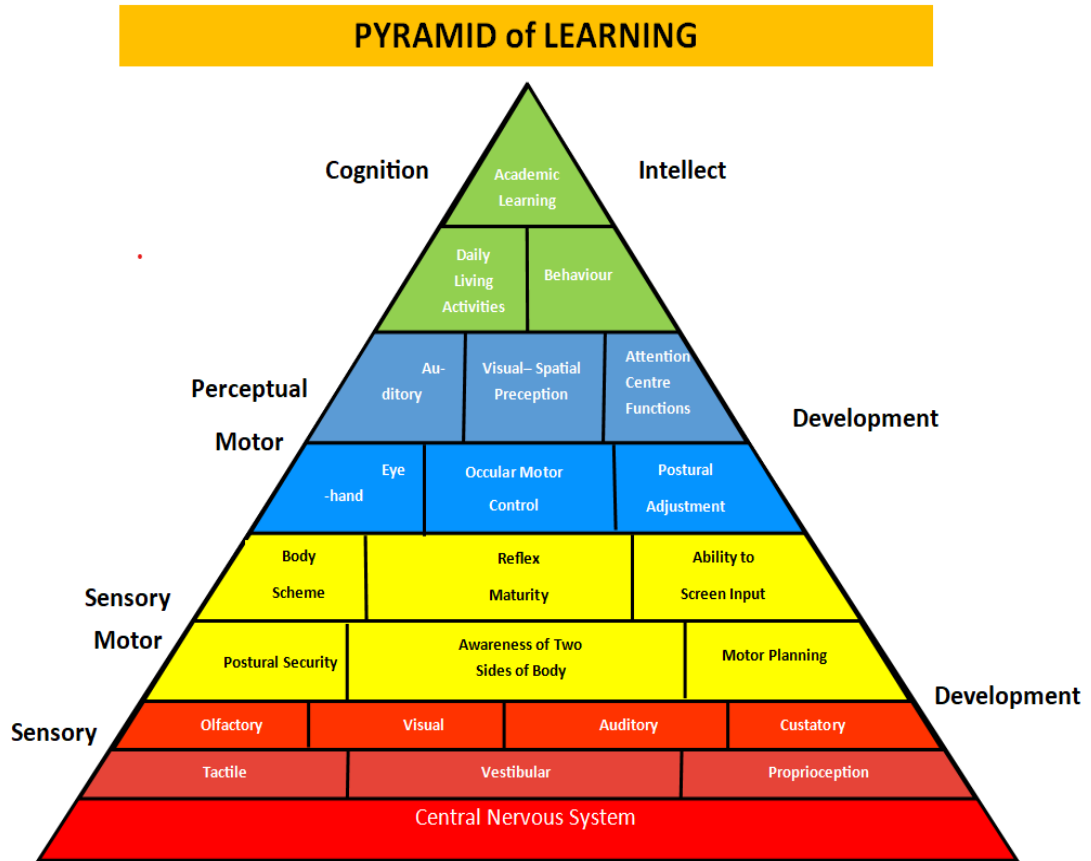
We have a rolling programme for reviewing our Company policies. We regularly review the impact of our policies on the needs, entitlements and outcomes for CYPs, service users, staff and parents.

## References

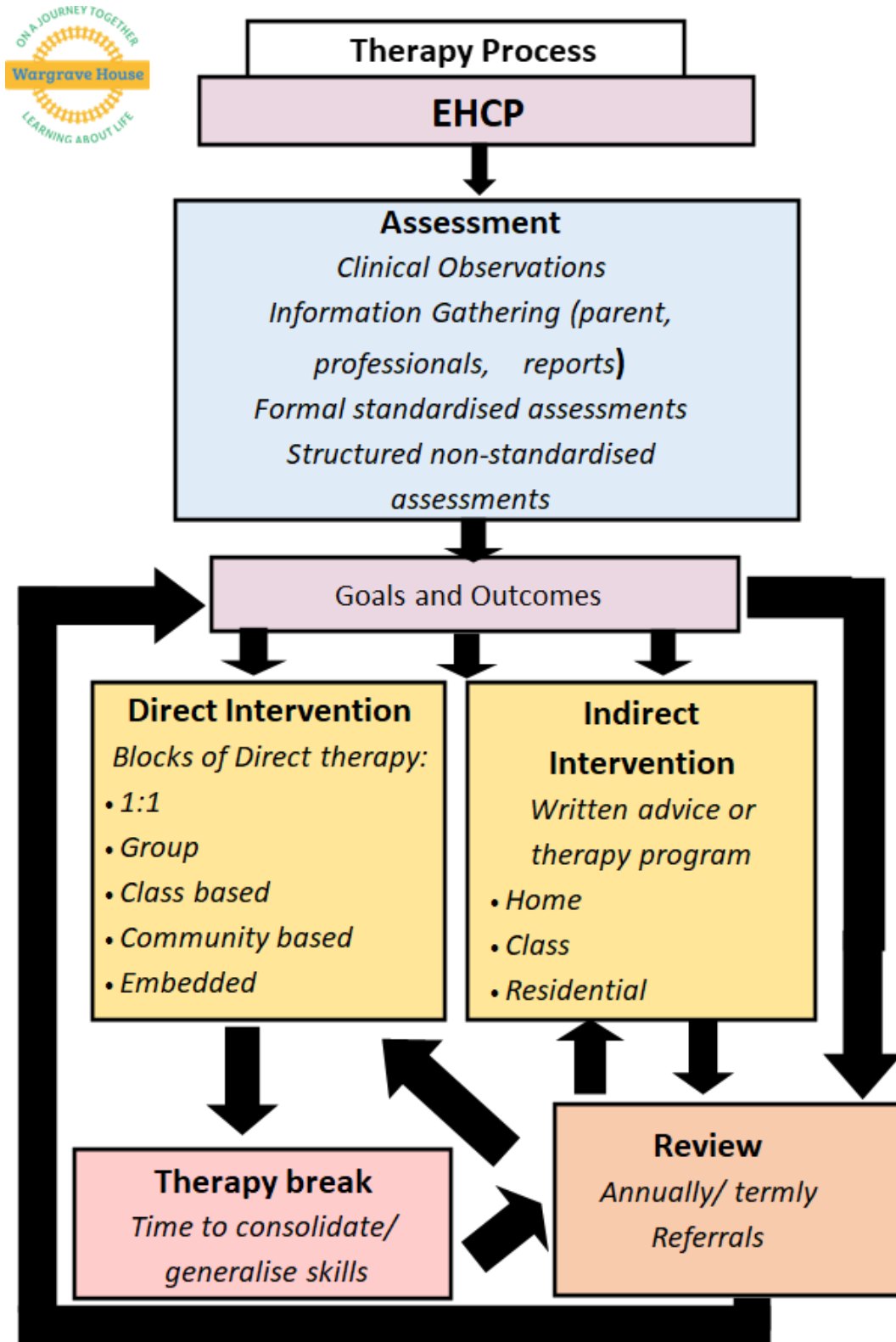
1. **Therapy Outcome Measures (TOMs)** <sup>ref 1</sup> **Rehabilitation Professionals** *Pamela Enderby and Alexandra John*

The Therapy Outcome Measure (TOM) allows professionals from many disciplines working in health, social care and education to describe the relative abilities and difficulties of a patient/client in the four domains of impairment, activity, participation and wellbeing in order to monitor changes over time. TOM has been rigorously tested for reliability and clinical validity. It is quick and simple to use, taking just a few minutes to complete, and is used for treatment planning, clinical management, audit and research. It allows for the aggregations of data so that comparisons can be made for the purposes of internal and external benchmarking.

Appendix 1 – Pyramid of Learning



Appendix 2 – Therapy Process



### Appendix 3 – Referral Process

