

SUNDIAL

DEVELOPING INDEPENDENT AUTISTIC LIVES

Therapy

February 2025

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Reviewer:	Head of Therapy and clinical services
Co-Reviewer:	Band 7 Therapist
Updated:	February 2025
Next Review:	February 2027
Committee:	Trustees
Approved by the full Governing Body/Board of Trustees:	24.02.25

This policy should be read in conjunction with the following policies:	
1.	Behaviour support
2.	SEND
3.	Equal Opportunities
4.	Health & Safety
5.	Child Protection & Safeguarding Children
6.	Safeguarding Vulnerable Adults
7.	Sensory Policy Statement
8.	Therapy Dog

Change History Record			
Current Version	Previous Version	Summary of changes made	Section Heading & Page Number
Feb 2025	January 2023	Update to new branding and replacing CYP with learners/students	All
Feb 2025	January 2023	Amended introduction to reflect removal of outreach service – this would be a separate policy if reintroduced,	Introduction page 4
Feb 2025	January 2023	Updated with changes from banding to levels	The levels pages 7-8 Appendix 1 page 10
Feb 2025	January 2023	Removal of process and referral flow charts as no longer relevant	

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Introduction

SunDIAL – Developing Independent Autistic Lives

The aim of SunDIAL is 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.

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 therapists are also part of the team. Therapy with the therapy dog (see Therapy Dog policy), is also provided in house with further staff within school being rebound trained. Therapy is provided across school and college. The team adhere to Remarkable Autism Limited mission, vision and values and follow company policies for Wargrave House School and Ascent College.

The therapy team provide evidence based embedded therapy for autistic individuals aged 0 – 25 on a needs led basis. All learners and students are supported by embedding individual needs led strategies across all educational environments. SunDIAL Therapy primarily serves learners and students across school and college while also assessing potential admissions. A therapy level system is in place to support learners and students in accessing therapy on a needs led basis ([appendix 1](#))

The model is outcome driven, based primarily on individual **E**ducation, **H**ealth and **C**are **P**lan (EHCP) outcomes, from which termly targets are set in collaboration with education to inform Individual Education Plans (IEPs). Progress is reviewed half termly and annual review reports completed to update on progress for those on targeted and intensive packages of input.

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

Policy

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.

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.

Speech and Language Therapists (SaLTs):

Speech and language therapists will work to promote, maintain and develop the skills needed by our learner and students 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 learners and students. 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 learners and students 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 learner/student (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 learners and students 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 and delivering therapy.

They consider the physical, social, emotional, sensory and cognitive abilities and needs of learners and students. The OT may work to develop fine and gross motor skills, emotional literacy and regulation skills, and daily living skills. The OTs assess and focus on the learner/student's sensory processing needs. This is beneficial to remove barriers to learning and help the learner/student with their regulation. OT's working with learners/students who have a sensory processing disorder often have postgraduate training in sensory integration. Sensory integration therapy considers the learner/student may be either "over stimulated" or "under stimulated" by sensory input in the environment and internally. Adaptation of the environment, provision of aids and equipment and upskilling of staff in strategies and approaches by the OTs will support

learners and students in effectively managing sensory differences and improve access to their education.

The Pyramid of Learning (Appendix 2) 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.

Therapy Assistant:

Will assist the SaLTs and OTs 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.

Therapy dog:

The therapy dog provides 1:1 or group sessions delivered by the Dog Handler. Sessions are delivered inside and outside the classroom environment, depending on the priorities and needs of the learner/student. (See therapy dog policy for full details)

Procedure

Referrals to School & College

Prior to admission therapists contribute to a suitability assessment. Review of EHCP is completed alongside observations in the learner/student's current placement or home are completed where possible, and further observations in school/college where appropriate. It is at this point that initial therapy levels are determined.

Assessment

All learners and students receive a Baseline assessment from the therapy department regardless of the level of therapy they are funded for. This is usually completed within the first term from admission to school/college. This forms the baseline from which progress is measured.

This process 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 review 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. Therapists provide progress reports for those on targeted and intensive packages.

The level of therapy recommended on the EHCP is related to individual need. Therapists refer to an internal scale which reflects the amount of therapy required.

The Levels

Embedded

At the most basic level students will have baseline assessments, progress reports and a contribution to annual reviews with provision of embedded therapeutic strategies and approaches to support their access to education and learning.

Therapist will provide input in the form of:

- Advice and guidance for staff and home regarding support strategies
- Target setting for embedded work.
- Monitoring progress.
- Time in the student's environment modelling strategies and approaches.
- Staff training, include bespoke package where required.
- Attendance at progress meetings, annual review and debriefs.
- Providing aids and adaptations with guideline on safe use.
- Consultation on the adaptation of educational resources/curriculum to meet needs of the student
- Development and provision of specialist one off interventions and resources

Targeted

At this level students will be supported by the therapy team with periods of targeted direct work in a form that best suits their skills level and specific needs.

Direct input may take the form of:

- 1:1 sessions
- Small group sessions
- Class-based sessions to provide 'in the moment' support and coaching, modelling and informal assessment.
- Community-based support to provide 'in the moment' support and coaching, modelling and informal assessment. This will aim to provide strategies and support to generalise skills to community settings.
- Assessment, both informal and formal.

Direct input typically consists of weekly sessions in half term blocks; however, this can vary depending on the need and session type. Blocks are followed by a review where it will be determined if a further block of sessions is required or if the student is ready to move on to embedded practice in the classroom for a period of consolidation to support sustainable change.

Therapy input will be responsive to student need and reflect the most current and up-to-date best practice.

Intensive

This is the highest level of input provided by the therapy service and is in place to support those students requiring regular weekly sessions across the year rather than in

blocks of sessions and working on multiple areas of need simultaneously, to maintain safety and enhancing their participate in education.

Direct input will be provided in the form of both 1:1 and group work dependent on individual need. Class based sessions may also be utilised to support transfer of skills into other environments.

The content of sessions may have a similar focus to that of targeted input, but the frequency and intensity of sessions will be significantly higher with more regular reviews to ensure progress is being made.

At this level of support, it is likely that students may also require more intensive indirect support. This could take the form of MDTs, additional reports, working with other services, more bespoke resources etc.

Allocation of hours

Embedded level equates to 78 hours of indirect input across the year with all learners/students receiving this as a minimum. This input will be delivered by a team of highly specialist SaLT and OTs supported by knowledgeable and experienced therapy assistants where targets will be embedded into activities across the day at school/college. SaLT and OT targets will also be embedded in dog therapy, music therapy and rebound therapy sessions to provide input in a medium that best suits the needs of the individual and ensures the best possible outcomes for the students. The therapy team will work collaboratively with teaching staff, support teams, home and other professional to ensure therapeutic approaches are supported proactively across the curriculum and in the community. This will support achievement of positive wellbeing and long-term sustainable change for students.

For those students requiring higher levels of input the allocation of hours will be as follows:

- Targeted will provide an additional 39 hours input totalling 117 hours input per year.
- Intensive providing an additional 78 hours of input totalling 156 hours per year.

Therapy delivery

Input will be provided on a needs led basis and therefore hours of direct and indirect input will vary week to week. This will ensure that the therapy team can be responsive to changes in need and unexpected periods of crisis as required while still meeting requirements for reviews and reports as scheduled across the year.

Where EHCPs specify weekly therapy input hours this will be facilitated as prescribed and reviewed regularly to ensure input remains appropriate based on professional assessment.

There will be termly progress reviews to ensure progress continues to be made toward medium and long term targets as set out in the EHCPs. During this process short term targets will be set by the therapy team with clear plans as to how these will be achieved through the use of embedded strategy and direct work as required.

The therapy team will monitor progress towards targets which are worked on in both direct sessions and those embedded in the classroom and adjust as appropriate to ensure continued progress.

Legal Context

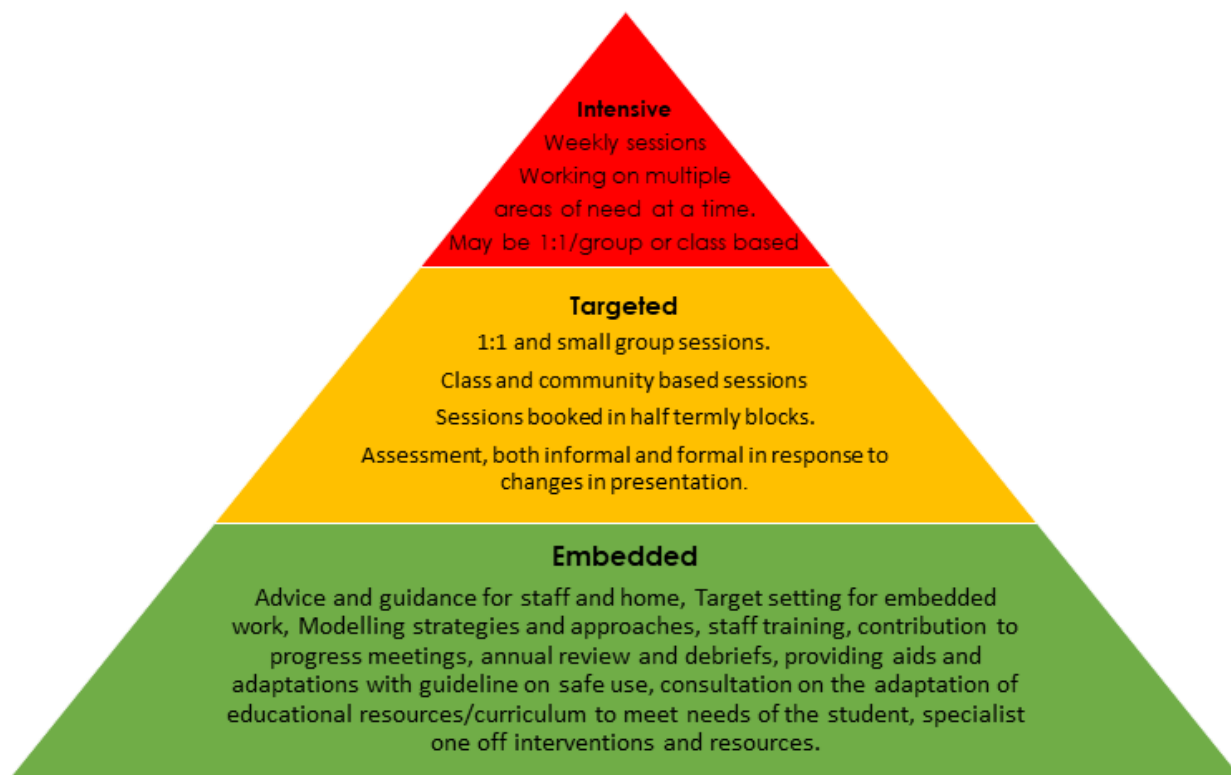
All therapists have professional registration with the Health and Care Professions Council and adhere to their ethical framework and standards of proficiency, in order to remain eligible for registration. Furthermore, all therapists must meet and document a required amount of CPD each year to ensure 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

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 learners/students, service users, staff and parents.

Appendix 1 – Therapy levels pyramid



At all levels input will be provide on a needs led basis and therefore hours of direct and indirect input will vary week to week. This will ensure that the therapy team can be responsive to changes in need and unexpected periods of crisis, as needed, while still meeting requirements for reviews and reports as scheduled across the year. Where EHCPs specify weekly therapy input hours this will be facilitated as prescribed and reviewed regularly to ensure recommendations reflect current need.

Appendix 2 – Pyramid of Learning

