



Centre Academy East Anglia

Therapy Policy

Review Date: Jun 2026

Last Review Date: Jun 2025

Held on website: Yes

Equality Statement

Centre Academy East Anglia is committed to a policy of equality and aims to ensure that no employee, job applicant, pupil or other member of the school community is treated less favourably on grounds of sex, race, colour, ethnic or national origin, marital status, age, sexual orientation, disability or religious belief. We provide a safe, supportive and welcoming environment

Signed by Chair of Proprietor Body

A handwritten signature in black ink, appearing to read 'R. Murphy'.

Signed:

Date: 30/06/25

Chair of Proprietor Body

Mr R Murphy

Centre Academy East Anglia is committed to safeguarding and promoting the welfare of children and young people and expects all staff to share this commitment.

Introduction

Students at Centre Academy have various diagnosis and learning styles which can make participation within school life and accessing the curriculum challenging. This impacts on their language, learning, sensory need, and functional performance. We therefore employ a variety of onsite Therapists, delivery of which is underpinned by the values of Centre Academy East Anglia. Therapies are offered to align with standards stipulated within the Equality Act 2010, Children and Families Act 2014 and SENCo code of Practice pages 23/23/25 to ensure that every child has access to the necessary support to be able to thrive in their educational environment. All therapists are familiar with the standards of proficiency outlined by the Health and Care Professionals Council (HCPC), and act in accordance with guidelines set out by the National Institute for Care and Excellence (NICE) to ensure quality and efficacy of service delivery.

Aims of the School Therapy Service

- To enable children attending school to access their learning environment while remaining calm, well regulated, and confident.
- To ensure the school environment is set up with the relevant equipment, strategies, and support required so that students' needs are met and engagement is maximised.
- To work as part of a multidisciplinary team to approach to therapeutic intervention, working collaboratively with internal and external services to provide a high level of support.
- To promote the development of functional fine and gross motor skills in school to optimise participation and independence within activities of daily living.
- To provide the opportunity to improve the child's independent living skills and providing opportunities to develop such skills through cooking, visits to local shops, and opportunities to enhance vocational skills.
- To support the development of children's communication skills so they can confidently express their needs, interact with others, and build meaningful relationships.
- To support children to develop a healthy sense of self-worth and mental wellbeing so that they recognise their potential.
- To provide specialist advice and training to school staff and parents so they feel empowered to implement therapeutic programmes and strategies in home and school.
- Annually review Education Healthcare Plans in conjunction with the child's annual review.

Who we are

The school therapists are overseen by the school SENCo, with the team comprising of an Occupational Therapist, Speech and Language Therapist, Sensory Integration Practitioner, Physiotherapist, Play Therapist and a Mental Health and Wellbeing Practitioner. By acting in accordance with HCPC standards of proficiency, Therapists act strictly within the bounds of

their 'scope of practice', which encompasses the areas within a profession where the Therapists possess the necessary knowledge, skills, and experience to practice lawfully, safely, and effectively. Therapists therefore have the right to refuse or refer treatment which fall outside their scope of practice. Other therapies, as determined by Provision outlined in Education, Health and Care Plans (EHCPs), that extend beyond the scope of practice of Centre Academy's Therapies team are referred to the student's residing Local Authority.

The Therapy team are an inter-disciplinary team who work alongside teachers and parents promote student's skills and abilities by providing a variety of opportunities and strategies for optimal learning and participation. The Therapists at Centre Academy fulfil the assessment and therapy needs for each pupil as specified in their Educational, Health and Care Plan (EHCP). The goal of Therapies at Centre Academy is to provide person-centred and individualised intervention for skill acquisition, maintenance, and generalisation. This is done in liaison with staff, parents and other professionals working with each learner, to address challenges in communication, social interaction, engagement, occupational performance, play, mental health/wellbeing, and sensory processing. Interventions used are evidence-based and are framed from formal assessment results using an array of standardised and unstandardised assessment tools. Targets are collated and prioritised alongside the child, teachers, and parents/carers using a holistic, client centred approach, tailored to the students individual need to accompany EHCP targets. Following a thorough assessment, Therapists devise a therapeutic programme or recommend strategies which are personalised to each learner so that they can maximise their potential as well as have the best educational experience. Therapeutic intervention is delivered in a variety of ways at Centre academy, through 1-1 weekly intervention, group/class intervention, community integration, and through embedding strategies as part of a whole school approach to learning. Such interventions are integrated into the learner's school environment and are integral to their day-to-day learning opportunities.

All new students attending Centre Academy receive an assessment from Occupational Therapy and Speech and Language Therapy. Therapists will analyse the child's EHCP and provide intervention accordingly as well as providing intervention/support for any needs identified by their independent assessments, following through a therapeutic process of assessment, intervention, and evaluation. Targets are set and updated on a termly basis in line with the Centre Academy provision plan process, with Therapists providing a report of progress at the end of each term which accompanies academic reports. Therapists additionally provide a report outlining treatment and progress for student's annual reviews.

Occupational Therapy

Our Occupational Therapist is a full-time member of staff based at the school 5 days a week. The Occupational Therapist works with students on a 1:1 basis and/or in groups to help them promote and develop functional skills, independence, and participation within activities of daily living. Areas commonly addressed include fine and gross motor development, sensory processing, self/emotional regulation support, handwriting, and promoting positive engagement through independence building and wellbeing inducing activities. The Occupational Therapist uses a holistic approach in planning programmes, this means they take into account learners' preferences, social, emotional, sensory as well as physical and cognitive profile, ensuring interventions are underpinned by evidence-based literature. The Occupational Therapist regularly liaises with staff and parents to find out about learners' occupational performance, with the aim to remove barriers to learning and participation. The Occupational Therapist is additionally a fully qualified Advanced Sensory Integration Practitioner and is therefore able to provide sensory integration therapy if stated within the child's EHCP or if a need is established following [screening](#).



The Therapist uses various professional frameworks and evidence-based models of practice to ensure a holistic approach and a high quality of care when planning and delivering interventions. The Therapist uses the Model of Human Occupation (MOHO) to ensure the approach is child centred and focuses on what is meaningful to the child and establish the barriers to successful environmental engagement. The Ares Sensory Integration framework and fidelity measure are further used to ensure all interventions are delivered in line with professional standards and can be classified as 'Sensory Integration Therapy'.



Speech and Language Therapy

Our Speech and Language Therapist is a full-time member of staff based at the school 4 days a week. Speech, language, and communication skills play an important role in a student's school readiness and ability to achieve to their full potential. SaLT provides assessment, treatment, support and care for children and young people who have difficulties in these areas. Evidence based interventions are run throughout the school year. These aim to support the development of receptive and expressive language skills, the development of vocabulary, and social communication skills. Examples of these programs include: Lego therapy and Colourful Semantics. Intervention may be provided on a 1:1, small group and whole school basis. Whole school interventions are embedded within the school curriculum and benefit all students.

Play Therapy

This 'special time' provides a space where a child can express themselves creatively, through metaphor, and to self-regulate in an uninterrupted environment which is safe and confidential. Tools offered for play include a selection of arts and craft materials, clay, sand tray, musical instruments, puppets, doll's house, play kitchen, miniature figures, and vehicles. Play Therapy at Centre Academy offers initially twelve (40 minute) child led sessions with an [experienced therapeutic play practitioner who is listed on the Play Therapy UK PTK's register, accredited by the Professional Standards Authority](#). Our Play Therapist is available one day per week and works with children who have been identified by teachers and therapists as individuals who may benefit from this specialist intervention.

Mental Health and Wellbeing Practitioner

At CAEA, we recognise the increased risk our students to developing issues regarding mental health and wellbeing. We believe that health and wellbeing take on added importance as it plays a vital role in the children's development and setting them up for success. Our students need to be aware of the importance of mental health and wellbeing on their quality of life. Improving the mental health literacy of our students will provide the key individual awareness to specific issues. Having an Education Mental Health Practitioner (EMHP) on site allows us to assess and support our students with common mental health difficulties, particularly mild to moderate symptoms of anxiety, depression, and behavioural difficulties. Therapy is delivered through group meetings, regular 1:1 sessions and low-intensity interventions based on guided self-help will be put in place to enhance our students' mental health. Please refer to the school Wellbeing Policy for further information regarding this role and the processes involved. This policy is titled Centre Academy East Anglia 'Wellbeing Policy'.

Physiotherapy

As a school, we employ external [Physiotherapists](#) who visits the school one day a week, with the aim of maximising our student's physical ability within their everyday activities at school, home and in their community. The Physio supports students with a range of physical/neurological/orthopaedic/developmental challenges and provides individually tailored exercise programs for both home and school to enhance movement and participation in school activities. The Physio works closely alongside therapeutic and teaching staff to provide specialist equipment/seating outlined within EHCP provisions or recommends equipment following assessment. The Physio has a weekly timetable where they arrange to see students depending on the provision identified within the EHCP or the provision decided following assessment. Teachers and Therapy staff may make a referral to the physio if they identify a pupil who may have a need in this area. The Physio will then assess and make recommendations accordingly.

Our Professional Standards

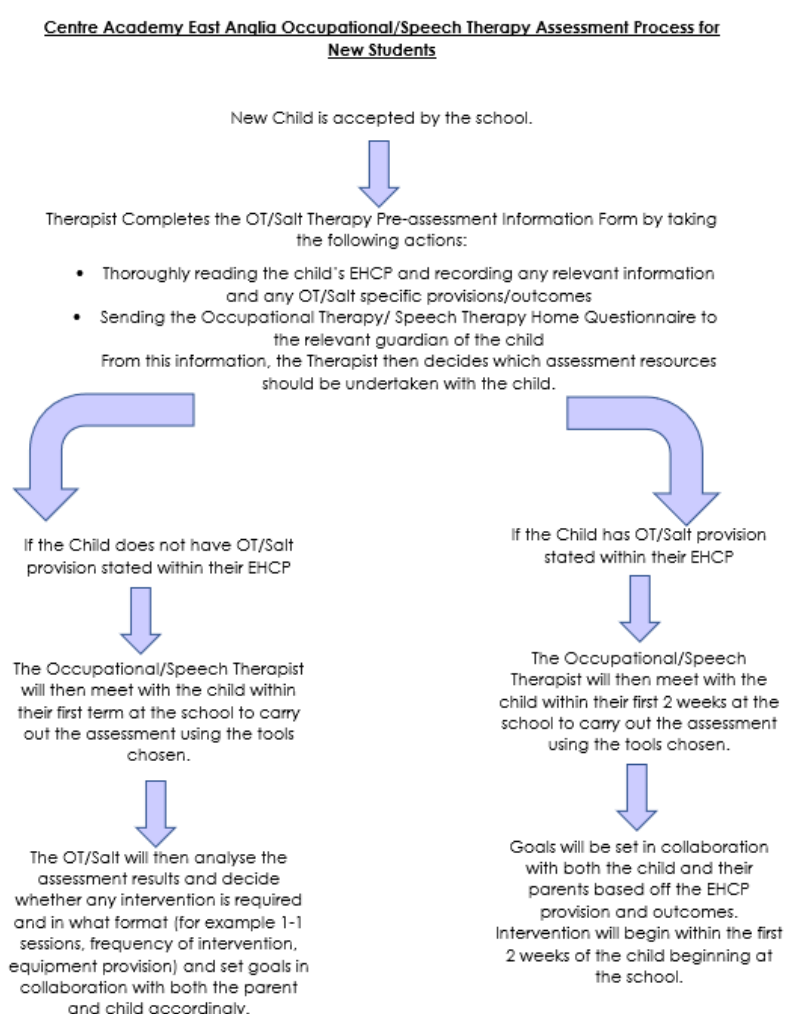
Occupational Therapists and Speech and Language Therapists are Allied Health Professionals regulated by their own professional bodies – the Royal College of Speech and Language Therapy (RCSLT) and the Royal College of Occupational Therapists (RCOT) respectively, and

both by the Health and Care Professions Council (HCPC). This means that they adhere to professional and ethical standards, one of which is to remain informed of recent evidence and research relating to their clinical practice. A requirement of these Professional Standards is to maintain confidential clinical notes. The Therapists at Centre Academy complete a clinical note following each session with the child to keep a record of their engagement, performance, and progress. Case notes at Centre Academy are stored securely in line with professional standards and are only accessible by the Therapists and teaching staff.

What we do

Assessments

Assessment is completed through a range of standardised and unstandardised to identify the specific needs of each learner. Each student will have access to a **short screening** assessment from Occupational Therapy and Speech and Language Therapy upon admission to the school. These findings are used to **establish if there are any unidentified support needs, as well as to support the design of a functional and individualised therapy programme where necessary**. A report will not be generated following the assessment, the results will instead be analysed by the Therapist who will make an informed decision regarding the most suitable intervention strategy for the child based off their specific needs. Some assessments will be reviewed regularly, and at a minimum on an annual basis, as an outcome measure for student progress. Please see appended a flow chart outlining this process.



Intervention

At Centre Academy East Anglia, we implement a three-tiered approach to specialist intervention across the school. The three-tiered approach is an integrated approach to service delivery that identifies universal, targeted and specialist supports in order to support the needs of all students within school. The original framework was devised to provide a practical and holistic solution to the meeting the needs of children and young people within educational settings. (Gascoigne et al, 2000)

Tier definitions

- Universal Tier – The universal tier consists of the implementation of therapeutic support that is accessible to all students within the school and whole-school training that is led by the MDT.
- Targeted Tier – The targeted tier gives specific support in a meaningful and functional context for those children with a highlighted area of need, this includes focused small group, paired and class-based intervention that is delivered either by MDT lead or trained class-based staff. Targeted intervention is over-seen and monitored by the lead MDT professional.
- Specialist Tier – The specialist tier includes direct interventions from all areas of the MDT. This can be delivered via 1-1/ small group therapy.



Occupational Therapy

Universal Level

The Universal Tier has a focus on supporting students, families and staff across the whole school. Universal Occupational Therapy support empowers families and staff to best meet the physical and sensory processing needs of our students. This support also aims to identify and alleviate any barriers to engagement in meaningful activity for health, wellbeing, quality of life and development. Examples include:

- Provision of advice, signposting and training to families/ class teams to increase awareness and understanding of Sensory Processing and its impact on behaviour, functional skills and ability to engage in learning.
- Provision of indirect support for all children and young people to access the curriculum through information, strategies, advice, and training given.

- The Person-Environment-Occupation (PEO) model emphasizes that occupational performance is shaped by the interaction between person, environment, and occupation. At a universal level, Occupational Therapy will promote the creation of sensory friendly environments that support engagement across the school.

Targeted Level

The Targeted Tier focuses on individual and classroom-based assessment and interventions that are planned, monitored and overseen by the Occupational Therapist. This may include:

- Students identified as requiring support at a targeted level will be assessed using standardised assessment tools, focusing on sensory processing, praxis, fine and gross motor skills, emotional regulation, and social participation. Assessment will be carried out across a range of environments and in collaboration with families and class teams.
- Targeted recommendations will be made to meet the identified needs of students following assessment. This may include provision of specialist equipment, development of movement programmes, sensory circuits/diets, fine and gross motor skill development packs, and support with sensory modulation through self-regulation strategy resources such as the Zones of Regulation.
- Based on identified needs, further training on specific patterns of Sensory Processing Disorder will be provided to classes and families. Classes will be supported to implement recommended strategies within the classroom and at home to fit the profiles of the individual pupils. These recommended strategies will be reviewed termly and adapted accordingly.

Specialist Level

The Specialist Tier includes the direct interventions led by the Occupational Therapist.

- These include delivering sessions as stipulated within section F of a student's EHCP and those whose need is identified as high-priority following observation and assessment by the Occupational Therapist. Assessment at a targeted level will support the Occupational Therapist to identify students who require further specialist assessment and intervention. Students identified as requiring support at this level be offered a 6 or 8 week block of therapy. This may include Ayres' Sensory Integration Therapy within the Sensory Clinic environment. Therapy outcomes will be reviewed and further blocks of therapy can run consecutively if required. This can be delivered on a 1-1 basis or as part of a small group.
- Specialist interventions will be offered to students whose needs act as a significant barrier to function, learning, social participation, wellbeing and quality of life. Students may move through the tiers towards Tier 2 or return to Universal level when SMART targets are achieved and as deemed appropriate by the leading professional.

Speech and Language Therapy

Universal Level

The Universal Tier has a focus on upskilling staff, developing a communication friendly environment and is available to all. It empowers parents and staff to facilitate support for all students. Examples include:

- Provision of advice, signposting and training to parents/ settings to increase awareness and understanding of SLCN.
- The delivery of local and nationally accredited training for the wider workforce e.g. ELKLAN, Word Aware.
- Provision of indirect support for all children and young people to access the curriculum through information, advice and training given.
- Promotion of communication friendly environments

Targeted Level

The Targeted Tier focuses on small group or paired intervention that are planned, monitored and overseen by the SaLT. These may be ran by the SaLT, or trained class-based staff regularly across the different key stages within school. Examples of group intervention at a targeted level include:

- Phonological Awareness
- Vocabulary building and Colourful Semantics
- Lego Therapy

Specialist Level

The Specialist Tier includes the direct interventions led by the SaLT, these include delivering sessions as stipulated within section F of a student's EHCP and those whose need is identified as high-priority following observation and assessment by the SaLT. Students identified in-house as needing Specialist intervention will be offered a 6 or 8 week block of therapy, dependant on their SLCN needs and this will be reviewed at the end of the therapy period. Further blocks of therapy can run consecutively.

Students within this tier may have a diagnosis of Verbal Dyspraxia, Developmental Language Disorder (DLD), or may be identified as individuals who's SLCN are presenting as a significant barrier to them accessing the learning environment and curriculum. Students may move through the tiers towards when SMART targets are achieved and as deemed appropriate by the overseeing professional.

Evaluation

Therapists use a wide variety of both objective and subjective outcome measures to evaluate student progress. Therapeutic goals which follow the SMART format (specific, measurable, achievable, realistic, and timely) are set on a termly basis for any child receiving specialist intervention. These goals are then evaluated on a termly basis alongside the various outcome measures used to guide the next steps for student intervention.

Risk Assessment and safeguarding

All therapies have their own individual risk assessments which are reviewed and amended regularly. Therapists have received thorough safeguarding training delivered as part of a school wide program overseen by the designated safeguarding lead. All Therapists have also attended basic first aid training and have a first aid box available in each therapy room. All rooms where 1-1 sessions take place are fitted with a security camera which displays on a screen in the SENCo's office and is monitored throughout the day. The Therapists also have access to walkie talkies to communicate with school staff if necessary.

Therapists are available during the school day to support students in crisis as part of their duty of care for pupils. This may result in the Therapist being unavailable for a timetabled session. If a situation which requires support arises, the Therapist will use their professional discretion to prioritise risk management and evaluate if there is a danger to health, providing support to the child with the highest need. This will be avoided where possible and will occur when there is no other suitably trained member of staff present who can support the child in need. In this instance, a member of staff will explain to the timetabled child that their session is unable to take place due to crisis. If a child misses their timetabled session, it is unlikely that this session will be able to be rescheduled due to timetable constraints.

Therapists may wish to take students on trips into the local community as part of their therapeutic intervention to support the development of their independence and life skills. Offsite risk assessments will be completed and reviewed by the staff member responsible prior to the trip. All trips are arranged alongside the school SENCo who will contact parents to gain consent from parents prior to students being taken offsite.

Reports, EHCPs and Annual Reviews

Reports are generated for the necessary students who have received intervention at the end of each term, outlining what the intervention has entailed alongside a review of the goals set for the student. This report will also outline the plan for intervention moving forward, highlighting the areas for the students next block of intervention or a recommendation of strategies where intervention is no longer required. EHCP Therapy targets will be reviewed annually and formally reported upon as part of the Annual Review. This will include a review of formal or informal assessments. Reporting will ensure therapy goals are updated and will

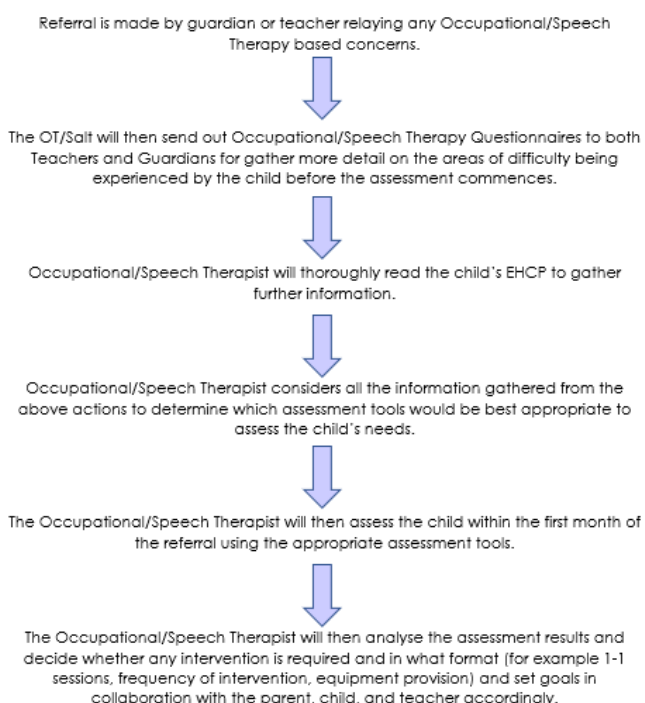
be made available to parents and local authorities prior to the Annual Review meetings. Upon request and determined by the Therapist's capacity, the Therapist will attend the Annual Review meeting as appropriate. If attendance is not possible, the Therapist will liaise closely with those chairing the meeting to ensure that the key messages can be conveyed. Due to time constraints any additional reports for the review will have to be completed during the learners' direct contact time. In the review, Therapists may make adaptations to EHCP provision based on clinically informed and reasoned judgements. This may involve adding provision where there has been an identified need, or removing provision where all therapeutic targets have been met and the student no longer requires intervention.

Further delivery of Therapy input

Therapy provision is delivered in a variety of ways via both direct and indirect means. Direct contact involves face to face contact with the student, through intervention sessions, assessment sessions, and equipment provision. Indirect contact involves report writing, liaison with parents/carers, teachers/therapists, and external services involved in the child's care. All pupils shall receive a form of indirect therapy input through the amalgamation of therapy interventions and strategies embedded into school routine. Additionally, therapy staff work closely with school staff to ensure an integrated approach to the learners' needs. This includes regular discussions with, and training of, all staff accountable for working with the learner. The staff accountable for the learners are expected to carry over, monitor and review these targets when working with the learner. It is expected that staff will consult with the Therapist as and when support is required by following the Therapy referral process outlined below within the flow chart.

Whilst every attempt is made to ensure that pupils receive their allocated therapy sessions it is not possible for catch up sessions to be completed if the Therapist or the pupil misses a session due to illness or due to required attendance at another event. If a student does not attend a session after 5 minutes, the Therapist will check the system for any authorised absences/appointments. If the child is present and in school, the Therapist, where appropriate, will go to the child's class and collect them for their session. The Therapists will work off timetable for 2 weeks per term whereby reports will be written for each student receiving intervention at that time and conduct assessments for any referrals/new students.

Centre Academy East Anglia Occupational/Speech Therapy Assessment Process for Existing Students



In the event that there is a vacancy in service, every attempt will be made to recruit in a safe and timely manner to avoid any gaps in provision.

Communication with Families

The Therapists aim to facilitate a close relationship with the home setting to ensure that goals are relevant to both home and school and to allow families to communicate with the relevant Therapist. Therapists aim to provide parents with a yearly Therapy Evening, whereby a range of resources will be available to support the integration of therapeutic strategies into the home setting. The Therapist are also open to arranging any necessary meetings with parents and carers throughout the school year to discuss targets/progress/home support. Due to capacity constraints, these meetings may attribute to the child's allocated direct therapy time unless stated otherwise within the EHCP. The Therapists send an introductory email and assessment questionnaire to all parents and are available for parents to contact during school hours for any enquiries.

Audio Recordings and Videos/Pictures

The Therapy team may request to take audio/video/picture footage of a child for several reasons in order to assist with intervention, reflection, and development. Some of the most common reasons are as follows:

- To help the child/therapist monitor therapeutic change over the course of therapy. Recordings/videos and pictures can provide feedback to individuals, teachers and families on performance and behaviours.
- To assist with child assessment. It can be very beneficial for a Therapist to record an assessment, especially if this assessment is movement based as it allows the Therapist to watch the assessment back and analyse movement abilities to pick up anything they may have missed in the moment.
- For discussion in supervision. All staff delivering therapies should receive regular clinical supervision and sharing recordings with supervisors is a way to provide direct access to sessions and enables greater objectivity. Selective recall of sessions is inevitable, and recordings can provide a counterbalance. It can be less intrusive than having the supervisor sit in on the session.
- A training course requirement. Recorded material may be required by the training provider for assessment of a trainee therapist's competence, or for case discussion with tutor's or peers.
- Evidence of competence within therapeutic model used. Experienced clinicians need to maintain their clinical skills and some accrediting bodies require recorded samples for reaccreditation. Recordings can be a way for therapists and accrediting bodies to ensure that clinicians are faithful to the model being used. Recording supervision sessions can be part of an accreditation process for the supervisor.

When a new child is accepted by the school, the Therapy team will send an audio consent form to the relevant parent/carer of the child. If a therapist is considering recording video footage of the child for assessment/reflective purposes, a consent form will be sent home to the relevant parent/carer. No videos or audio footage will be recorded until written consent is obtained from the adult responsible for the child. Consent will also be gained from the child prior to commencing any recording, with the child being informed that recording is taking place. If the child, parent, or carer does not provide consent, this decision will be respected by the Therapy team and no recordings will occur. If consent is not given by the parent/carer, this automatically means that no recordings will take place and the child will not be asked to provide consent. The therapist will take the time to explain the request for recording and to assist the child in their decision. The therapist will not put pressure on the student and instead will explain that it is the child's right to make a free choice. In all cases, the person responsible for the recording must gain the child's consent using a consent form which sets out the relevant conditions. The original copy of the consent form will be kept in the student's file, along with the consent form obtained from parents/carers. Pictures of work/achievements made by the child are often taken using school cameras/phones during the session to document success. These photos will never involve children's faces and the child will not be identifiable, therefore, consent will not be required for any photographic work evidence. Audio and video recordings can be only made on encrypted devices such as digital recorders with boundary microphones, these devices will remain on school grounds always and never be left unattended unless stored away securely. Any audio or video footage obtained by the Therapist will be discarded after 1 year.

How to contact us

You are welcome to contact our team anytime if you wish to discuss anything further or would like any advice or support.

Please find contact details for the Therapists and SENCo below:

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Role: Occupational Therapist and Advanced Sensory Integration Practitioner

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Role: Speech and Language Therapist

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Role: Mental Health and Wellbeing Practitioner

References for further reading

Occupational Therapy

Model Of Human Occupation:

<https://ottheory.com/therapy-model/model-human-occupations-moho>

Royal College of Occupational Therapy:

<https://www.rcot.co.uk/>

Health and Care Council Standards of Proficiency for Occupational Therapists:

<https://www.hcpc-uk.org/standards/standards-of-proficiency/occupational-therapists/>

Sensory Integration Education:

<https://www.sensoryintegrationeducation.com/>

Speech and Language Therapy

Speech and Language Uk:

[Help for families - Speech and Language UK: Changing young lives](#)

Royal college of Speech and Language Therapy:

[Home | RCSLT](#)

Health and Care Council Standards of proficiency for speech and language therapists:

[Speech and language therapists | \(hcpc-uk.org\)](#)

National Institute for health and Care Excellence (NICE) guidelines for speech and language therapists:

[speech and language therapy | Search results | NICE](#)

Elklan:

[Elklan Training Limited](#)

This policy will be reviewed on a yearly basis by the Therapy team to allow for any necessary updates or amendments.

Date of most recent review: 28/04/2025

Date of next review: 28/05/2026