



Therapy Policy

Signed	
Position	Head of School
Date Agreed	26 th January 2026
Next Review	26 th January 2027

Equality Statement

Centre Academy London 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.

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

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1. Introduction

Students at Centre Academy London (CAL) have various diagnoses 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 London. 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.

Therapies are overseen by the school SENDCo, with the team comprising of an Occupational Therapist, Speech and Language Therapist, Occupational Therapist and a Mental Health and Wellbeing Practitioner. 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/Borough.

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 CAL fulfil the assessment and therapy needs for each pupil as specified in their Educational, Health and Care Plan (EHCP).

The goal of therapies at CAL 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 CAL, 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 CAL 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.

2. Occupational Therapy

Our Occupational Therapist (OT) is a part-time member of staff based at the school 4 days a week. The OT 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. The OT often works alongside the PE teacher to implement the programme during physical activity. 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 OT 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 OT regularly liaises with staff and parents to find out about learners' occupational performance, with the aim to remove barriers to learning and participation. The OT is also a fully qualified 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 assessment.

3. Speech and Language Therapy

Our Speech and Language Therapist (SaLT) is a part-time member of staff based at the school 3-4 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.

4. Mental Health and Wellbeing Practitioner

At CAL, 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. Our Mental Health and Wellbeing practitioner is also qualified in the 'Thrive' program, delivering this to the students who have been identified as benefitting from this intervention.

5. Professional Standards

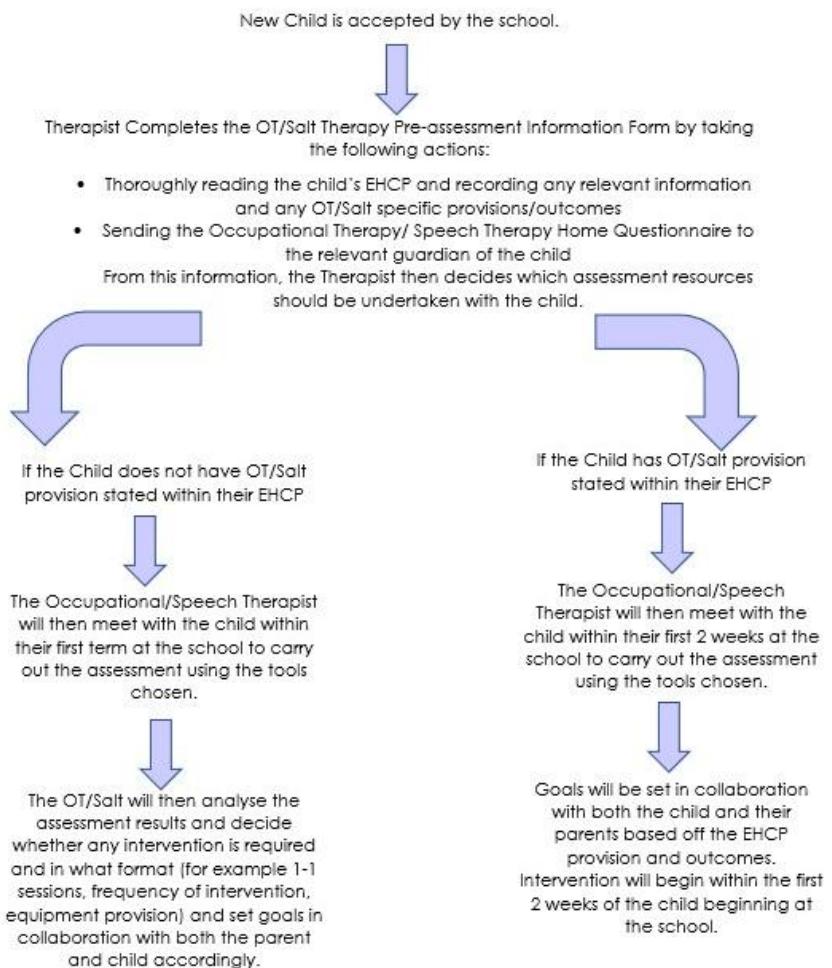
Occupational Therapists and Speech and Language Therapists are Allied Health Professionals regulated by their own professional bodies – the Royal College of Speech and Language Therapy (RCSLT) and the Royal College of Occupational Therapists (RCOT) respectively, and both by the Health and Care Professions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

6. Assessments

Assessment is completed through a range of formal and informal methods to identify the specific needs of each learner. Each student will have access to an assessment from Occupational Therapy and Speech and Language Therapy upon admission to the school. These findings are used to design a functional and individualised therapy programme. 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 below for a flow chart outlining this process:



7. 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. All annual review reports are sent to the SENDCo and parents 2 weeks prior to the annual review date. All end of term reports are sent to both parents and tutors.

8. 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 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. The therapists will work off timetable for 1 week per term whereby reports will be written for each student receiving intervention at that time. 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.

9. 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

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

Referral is made by guardian or teacher relaying any Occupational/Speech Therapy based concerns.

The OT/Salt will then send out Occupational/Speech Therapy Questionnaires to both Teachers and Guardians for gather more detail on the areas of difficulty being experienced by the child before the assessment commences.

Occupational/Speech Therapist will thoroughly read the child's EHCP to gather further information.

Occupational/Speech Therapist considers all the information gathered from the above actions to determine which assessment tools would be best appropriate to assess the child's needs.

The Occupational/Speech Therapist will then assess the child within the first month of the referral using the appropriate assessment tools.

The Occupational/Speech Therapist will then analyse the assessment results and decide whether any intervention is required and in what format (for example 1-1 sessions, frequency of intervention, equipment provision) and set goals in collaboration with the parent, child, and teacher accordingly.

with the relevant therapist. The therapist is 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 to all parents and are available for parents to contact during school hours for any enquiries.

10. Audio Recordings and Videos/Pictures

The Therapy team may request to take audio/video/picture footage of a child for several reasons 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 as 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.

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