



# Linden Lodge School

Provider of specialist education since 1903

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## Equalities Statement:

We have carefully considered and analysed the impact of these policies on equality and the possible implications for people with protected characteristics, as part of our commitment to meet the Public Sector Equality Duty (PSED) requirement to have due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations.

Requests for Paper Copies:

If you require this policy in a different format e.g. print or braille please contact [Co-headteachers@lindenlodge.org.uk](mailto:Co-headteachers@lindenlodge.org.uk)

#### Wellbeing statement of commitment

We are committed to providing a healthy working environment and improving the quality of working lives for all staff and students. The wellbeing strategy aims to support our mission, core values and freedom of thought and expression, freedom from discrimination and the recognition that our community is our greatest asset. For further information on our schools commitment to wellbeing, please see the Mental Health and Wellbeing Policy and Strategy document, or visit our school website.

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## **1. General Policy Statement**

Linden Lodge School is a specialist Regional Centre for children aged between two and nineteen, and provides a high-quality educational experience for visually impaired pupils, including those who are multi-disabled with sensory-motor difficulties and deaf-blindness. The school also supports pupils with profound and multiple learning difficulties. Linden Lodge has extensive and impressive facilities to facilitate the provision of multidisciplinary therapy support to the pupil's learning and development. Pupils attend the school on either a day or residential basis and come from a range of LEAs throughout southern England.

Therapists will work as part of a multi-disciplinary therapy team, which is well-integrated with the school to provide specialist therapeutic input and support to the pupils at Linden Lodge. The school is set up by way of distinct learning units or departments, and each therapist's caseload will be formed as much as possible in line with these departments. Therapy sessions will primarily take place at the school, although there may be occasions where it would be appropriate for them to take place at the pupil's home or in a clinic environment.

## **2. Aims**

In line with the SEN Code of Practice (2015) and school vision, the Therapy Team aims to:

- Provide an inclusive, secure, enjoyable and stimulating learning environment which will enable pupils to realise their potential as individuals in society.
- Embed therapists' intervention in teaching approaches to help children and young people to make the best use of their learning experiences. This shared commitment enables collaborative practices to develop.
- Provide equal access to a broad and balanced curriculum which:
  - (a) meets statutory requirements;
  - (b) reflects the cultural diversity of society;
  - (c) meets the needs of all pupils;
  - (d) develops skills for independence and a pathway for an active role in society.
- To continue to provide continuing high standards of evidence based clinical care in line with professional and Government legislation (e.g. Every Child Matters, NSF for Children and Families, SEN Code of Practice, NICE guideline) within a clear clinical governance framework
- All pupils are supported to make progress which is tracked and reported to parents and families as appropriate, shared with professionals and within our therapy team context.
- Pupils receive the provision set out in their Education Health and Care Plan (EHCP) to identify and respond to their changing needs.

- To maintain close liaison with other professionals and external agencies involved in the management of each pupil's case to ensure a holistic approach.
- Participate in research and development in relevant areas of work when opportunities arise.
- Maintain clinical and professional development of therapists and assistants.
- Monitor and evaluate the effectiveness of the service.
- Contribute to data collection and analysis and to support in building an evidence base.
- Seek advice outside the department and school where necessary.

### **3. Relevant Legislation/Organisations**

To ensure the Therapy Policy aligns with current evidence based practice, the policy has been created to reflect professional and clinical guidance frameworks, in line with national initiatives such as Children's National Service Frameworks, Every Child Matters, NICE, the Children's Act, RCSLT, CSP, RCOT and other child related areas.

The National Institute for Health and Care Excellence (NICE) is an independent organisation that helps those working in the NHS, local authorities and wider community to deliver high-quality health and social care. NICE provide advice on clinical guidelines, health technology, public health and social care guidance.

The Health & Care Professions Council (HCPC) protects the public by regulating 16 health and care professions. They do this by setting standards for professionals' education, training and practice; keep a register of professionals known as 'registrants' who meet HCPC standards and take action if professionals on the Register do not meet HCPC standards.

The British Association and Royal College of Occupational Therapists (RCOT) is a professional body for occupational therapists in the UK and a registered charity. RCOT sets the professional and educational standards for occupational therapy, providing leadership, guidance and information relating to research and development, education, practice and lifelong learning to members. In doing so, they continuously improve the quality of care.

The Royal College of Speech and Language Therapists (RCSLT) is a professional body for speech and language therapists in the UK; providing leadership and setting professional standards. They facilitate and promote research into the field of speech and language therapy, promote better education and training of speech and language therapists and provide information for members and the public about speech and language therapy.

The Chartered Society of Physiotherapy (CSP) is the professional, educational and trade union body for the UK's chartered physiotherapists, physiotherapy students and

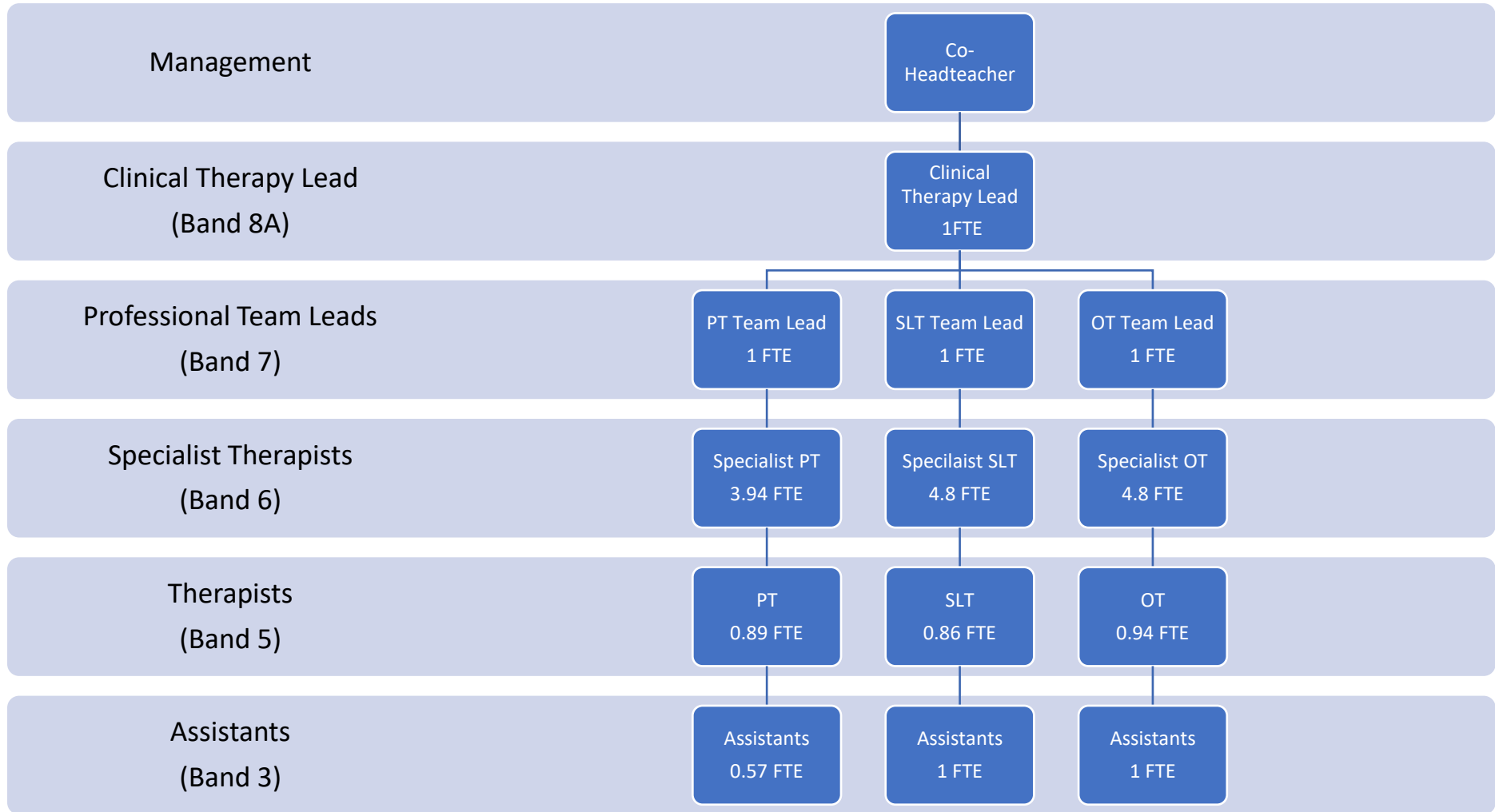
support workers. They provide leadership, guidance and educational standards for physiotherapists.

#### **4. Roles & Responsibilities**

Duties which Linden Lodge School would not usually expect the therapist to undertake in the course of their daily routine may divert the therapist from delivering the key outcomes for which they are employed. These include:

- Playground duty
- Personal care
- Managing medical needs that are unrelated to the therapeutic support
- Being responsible for classroom management

Therapy Staffing Structure



Abbreviations: PT – Physiotherapist; SLT – Speech and Language Therapist; OT – Occupational Therapist

## ***Management***

The Co-Headteacher manages the Therapy department, is a member of the Strategic Senior Leadership Team, and plays an integral role in directing the service provision of therapy within the school. The Co-Headteacher holds the overall responsibility of the support provided within the school, including providing feedback to the ICB.

Clinical Therapy Lead (8A) plays an integral role in supporting the clinical management of the Therapy Team within the school. The Clinical Lead is responsible for developing and maintaining a fully integrated, high quality multi-disciplinary therapy team. They will provide clinical leadership, supervision and management of therapy staff. They will promote a culture of continuing professional development responsive to the specialist needs of the children, families and staff of Linden Lodge School. The Clinical Lead will be a source of expert therapeutic advice and skilled support for all members of the school community.

## ***Professional***

### *Team Lead (Band 7)*

Each discipline has a Team Lead which works as a skilled and dynamic, clinical-lead relevant to their discipline, providing clinical leadership, supervision and management of the relevant team as part of the integrated, multi-disciplinary therapy team at Linden Lodge School. In addition, the Team Lead will be required to use clinical expertise to deliver hands-on therapy and develop the skills of the junior staff within the team, thereby ensuring the provision of a high standard of assessment, treatment and advice to children, young people and their families accessing the school.

### *Specialist Therapist (Band 6)*

The therapists will be responsible for providing specialist, evidence-based and outcome focused therapy provision specific to their discipline in order to support the needs of the children and young people attending the school who are at different life stages. They will be required to support teaching staff and families/carers to implement therapeutic strategies and approaches. Therapists are expected to pursue training and provide expertise in this training for the department and the school in the future.

### *Therapist (Band 5)*

The therapists will be responsible to provide evidence-based and outcome focused therapy provision specific to their discipline in order to support the needs of the children and young people attending the school who are at different life stages. The therapists will work within their scope of experience and will be supported appropriately by senior therapist in complex cases.

### *Assistant (Band 3&4)*

The assistants will work as part of the integrated, multi-disciplinary therapy team at Linden Lodge School. Their role will be to assist and support the therapy team in the



delivery of child centred care in a variety of settings. They will work alongside qualified therapists to ensure, efficient running of the department and to support delivery of service intervention with children and their families. While all clinical work will be directed by a qualified member of staff (OT, PT, SLT), the role requires the ability to work independently, carrying out agreed programmes of intervention and making minor alterations to equipment and providing relevant feedback to qualified therapists. Administrative duties to support the service include tasks such as; general organisation of work areas, filing, completing spreadsheets, forms and contributing to the creation of standardised written advice for families.

## **5. Risk mitigation for staffing**

There is no minimum staffing level required. If a pupil is acutely unwell, they need to access the appropriate medical interventions through the appropriate channels. However, ensuring the statutory requirements are fulfilled will require sufficient staffing throughout the year.

## **6. Caseload**

Pupils are taken on roll within the school with an EHCP that specifies the amount of therapy required for the pupil. EHCPs are provided without reference to the environment that a child will be in at school. Pupils who do not have statutory requirements on their EHCP but require therapeutic support can be referred to the service directly through the therapist. Referrals will be documented on

## **7. Delivery**

Embedding therapists' interventions in teaching approaches can help children and young people to make the best use of their learning experiences. This shared commitment to using resources most effectively enables collaborative practices to develop. These collaborative practices integrate health and education support for children and young people. The Therapy Team at Linden Lodge School is a highly collaborative integrated model which is focused on enabling pupils to access the class-based curriculum and to reach their full potential. Each individual team has specified delivery approach.

Pupils are seen at school during school hours which are usually 9am to 3pm. Pupils and their families/carers may also be seen at home outside of normal school hours when it is deemed necessary and appropriate to do so. There is no emergency out of hours provision provided in this service.

## **8. Assessment**

For new pupils, a comprehensive multi-disciplinary team assessment of all areas of functioning is necessary to provide a baseline and to plan intervention. This will be completed within 6 weeks of commencing the school full time.

For each student there must be an attempt to assess specific areas that are necessary, including communication, sensory needs, eating and drinking needs, moving and handling, fine and gross motor skills and independence skills. Although in

the early stages it may not be possible to use formal assessments with some pupils, a range of formal standardised assessments are available to each department. The most appropriate assessments are chosen depending on the age of the student and other factors such as the severity of the impairment or the level of attention.

Initial report should be created as a baseline measurement and any plans/programmes required for class and home.

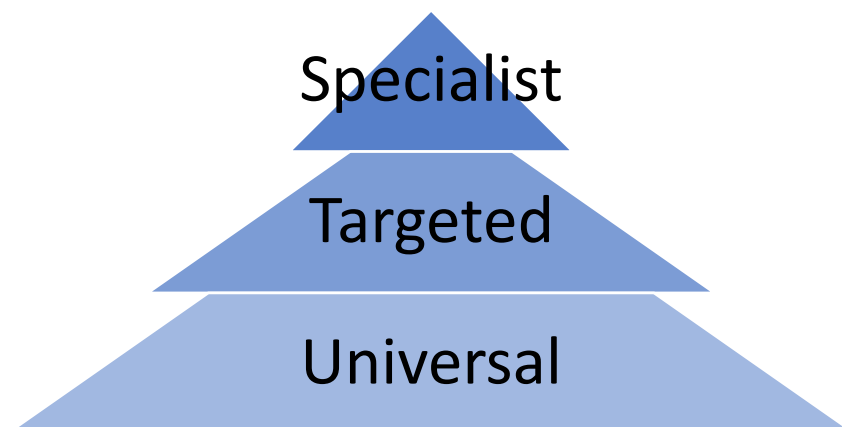
Review assessments will be completed in line EHCP requirements which is yearly unless the pupil is under 5 which will be every six months.

A detailed assessment will be completed whenever the pupil is changing key stage (Yr. 2, 6, 9, 12, and 14) to inform and advise the EHCP with appropriate summary outcomes for the next phase of the pupil's education.

## 9. Intervention

The involvement of a Therapist is based on a clinically-determined decision regarding a pupil's needs and the potential impact the Therapist may have on the student or those supporting the student. One to one and small group intervention focusing on developing skills is mainly carried out by the Therapist, but it may also be planned and facilitated by the Therapist and carried out by the teacher, TA or assistant.

The Therapy Team delivers therapy intervention based on the WAVE model. Each level within the WAVE model requires specialist therapeutic knowledge and skills to develop and support competence in those affecting change. An individual may receive support at more than one level/role at one time, or move within the WAVE model as they develop and progress. The model recognises impact on functioning/activity/participation and allows for consideration of complexity of need taking into account the pupil's or young person's setting. The WAVE Model considers the most appropriate people and setting or context to affect change and therapy will be delivered according to this. Each individualised team within the Therapy Team will have a detailed WAVE model.



**Universal: Support for quality teaching for all pupils**

Universal support involves high quality teaching at a whole school level. At this level, Therapy professionals may be involved in building school capacity through:

- Training and staff development to build capacity and raise awareness
- Assisting teachers to interpret data and to interpret professional reports
- Advising teachers on appropriate resources to support intervention.
- Working with the whole school to identify and implement school improvement objectives related to meeting the needs of every pupil
- Parent/teacher training programmes – skills groups, projects and initiatives
- Curriculum differentiation, adapting the learning environment for the whole class

### **Targeted: Group therapy sessions**

Targeted support is class based or small group intervention for pupils. At this level, Therapy professionals may be involved in:

- Providing sessions that contribute to EHCP/Statement statutory requirements
- Demonstrating and providing class-based therapy sessions for some or all pupils. All teaching staff are required to be present to ensure that they are able to embed the recommendations into the pupil's day.
- Providing support to teachers and assistants to target specific goals and elicit target responses for individual pupils or groups of pupils. This may involve the delegation of specific therapy activities to non-qualified staff.
- Advising teachers and assistants on appropriate resources to support intervention at this level.

### **Specialist: Specialist 1:1 therapy**

Specialist intervention would comprise of individual pupils identified as having severe or profound impairment which prevents the pupil to access the curriculum fully. Pupils will receive specialist 1:1 therapy, if they:

- Predetermined by statutory guidelines with subsequent reviews
- Socially unacceptable behaviours impacting on accessing the curriculum
- Any pupil not currently accessing the curriculum (within his/her ability)
- Some pupils will require additional input to that outlined in their EHCP for short periods if additional unforeseen needs arise (e.g. following surgery)

- Have specialised needs necessitating 1:1 support (e.g. eating and drinking, AAC, etc.)
- Assessing and reviewing pupils who require specialist equipment (e.g. standers, slings).

Therapist will provide support in development of Individual Education Plans (IEPs), outcomes, and targets. They will provide advice for EHCPs/Annual Review. They will also provide strategies and therapy plans/programmes at an individualised level, where necessary and appropriate.

## **10. Fulfilment of Statutory Duties**

In the best practice, the Therapy team will ensure statutory requirements are fulfilled based on recommendations in the Education section on the student's EHCP. It is important that Therapists and education staff are aware of the relevant statutory duties. Therapists and education professionals are governed by these duties. Pupils will receive their Education Health Care Plan (EHCP) sessions or the recommended sessions as per last Therapy report. Over time, the balance and severity of a pupil's needs may change. Any changes will be signalled by the Therapist in the pupil's EHCP therapy report and recommendations for any changes to the EHCP will be made within the EHCP meeting in partnership with the pupil and their families. This should be updated in the pupil's EHCP. It is the responsibility of the school and family to ensure that the EHCP is reflective of the reports provided.

While every attempt is made to ensure pupils receive their designated sessions, due to tight timetabling it is not possible for therapists to provide catch up sessions if they, or the pupil, have missed a session through illness or been required to attend other activities e.g. training/meetings etc.

The outcome of this intervention is that parents are involved and kept well informed and pupil have their needs met within the time-scales set out in legislation, associated regulations and the code of practice.

## **11. Evaluating progress**

It is recognised that evaluation of service provision is required in order to provide value for money, a high-quality service and on-going improvement and development. Progress of the pupils is tracked over time through the impact of interventions through yearly and summary outcomes which are set in partnership with teachers and families. This is completed by the review of individual progress and discussions with teachers and families. Additionally, intervention may be measured through the progress through curriculum areas. Intervention should be modified accordingly. Intervention must always include consideration of the child's need to change, readiness to change and ability to change.

The Therapy Team will continually evaluate effectiveness of all levels of interventions, relevant approaches and programmes of therapy through a variety of methods. This may be by standardised testing, measuring outcomes of set targets, and through knowledge of evidence-based practice. Evaluation of the impact of therapy is essential

in identifying which level and delivery of direct therapy is effective. If a pupil does not make progress following intensive input, this will be an indication that the level/type of intervention needs to change.

Quality Assurance is provided through the monitoring and evaluation systems. At Linden Lodge School this includes support and supervision from independent consultants. These consultants yearly check scrutinises progress data, parental feedback through EHC plans and meetings, parent's evenings and other communications and Ofsted.

## **12. Record Keeping**

Notes are written on every occasion which is a contemporaneous account, by all staff involved with the service user, of all matters relevant to their care. Records need to be completed promptly and as soon as possible after providing care, treatment or other services. This is in line with recommendations by HCPC. In addition, therapist need to adhere to standards set out by RCSLT, RCOT and CSP. Notes should be written in a manner that assumes that the service user may request to see them at some point under the terms of Access to Records. This is in line with the school Data Policy.

All recording and reporting on therapeutic input are completed through a cloud-based software named 'Write Upp or 'My concerns'. This software falls within the requirements for GDPR. This enables the school to see the details of sessions and progress details of each individual student and monitor the effectiveness of specific strategies which are being used. Each user has a login which is individualised which reduces the risk of inappropriate access.

Reports are regularly drawn down to demonstrate specific areas of therapy management within the school. These can then be reported to stakeholders and others with a specific interest in school activities.

Any paper documents will be scanned and placed onto a secure school drive. This drive will only have access by relevant staff. Any relevant documents such as plans, reports and intervention programmes will be stored on TEAMS, SIMS as well as G Drive.

Notes written by trainee staff such as University Students will be countersigned by a HCPC registered therapist in that specific discipline.

## **13. Retention Policy**

Data protection principles state that information must not be retained longer than needed for purpose (General Data Protection Regulation (Rec 39 Art 5)) and protects the rights for the individual to request their personal data is erased (Art 17) under certain circumstances, although the right to erasure is usually not applicable to health records. The retention schedules defined in the Records Management Code of Practice for Health and Social Care Records (2016) are considered best practice in the absence of local policies.

Record Type	Retention starts	Retention Period	Action at end of retention	Notes
Children's Records	Discharge or patient last seen	25 <sup>th</sup> or 26 <sup>th</sup> birthday	Review and if no longer needed destroy	26 <sup>th</sup> birthday applies if patient 17 at conclusion of treatment Includes X-Rays, scans, videos and other formats
Clinical audit	Creation	5 years	Review and if not longer needed destroy	
Clinical diaries	End of the year to which it relates to	2 years	Review and if not longer needed destroy	
Clinical protocols	Creation	25 years	Review and if not longer needed destroy	

## 14. Supervision

Supervision is one way you can complete CPD, an important part of meeting HCPC's Standards of conduct, performance and ethics. Supervision can take a variety of different forms such as one-to-one meeting via skype or face to face, peer or group supervision; co-supervision. HCPC do not set requirements for the supervision approach, or the type or amount of supervision you should complete. However, in line with the professional bodies, supervision is deemed at the core of continuing professional development as it provides a pivotal opportunity to structure learning. Failure to access appropriate supervision may affect the indemnity insurance. Therefore, at Linden Lodge, the following supervision is provided:

### Line Managerial supervision

Managerial supervision is carried out by a supervisor with authority and accountability for the supervisee. If the managerial supervisor does not have a specific discipline background, then s/he will need to pay attention to their scope of practice and delegate accordingly. The line manager sets objectives, undertakes appraisals, provides advice on managing caseload and issues that may cause a problem in the day-to-day functioning of the service, supports practitioners to fulfil their personal specifications and job descriptions, oversees sickness and leave arrangement. The line manager will be allocated by the Clinical Team Lead and may change depending on service needs.

Managerial supervision will occur:

- At least one hour of managerial supervision per therapist every six weeks.
- NQPs must access managerial supervision more frequently: one hour every week during the first three months; and one hour every month thereafter.

Professional (clinical) supervision:

A professional supervisor should have the skills, qualifications, experience and knowledge of the area of practice required to undertake their role effectively. Assistants and NQP need to receive supervision from HCPC discipline specific therapist. More experienced therapist may choose to access professional supervision from non-discipline specific. Team Leads will be provided with external supervision to meet their supervision needs which Linden Lodge will fund. Team Leads are required to seek out their own appropriate supervisor and make arrangements with the supervisor and the school.

Professional supervision will occur:

- At least one hour of professional supervision every four to six weeks for a qualified therapist.
- NQPs must access supervision more frequently: one hour every week during the first three months; and one hour every month thereafter. NQTs are working towards signing of their Royal College's competencies generally within the first year of working.
- It is expected that if significant clinical issues are noted or observed as part of clinical supervision then the clinical supervisor needs to advise the line manager.

It is recommended that managerial and professional supervision are offered by different people, however, it is recognised that there will be situations where this is difficult in practice. In such circumstances, the supervisor needs to negotiate which role they are taking at any given time for the sake of clarity and transparency.

Safeguarding supervision

Linden Lodge School is committed to ensuring that all staff members have access to safeguarding supervision. It will be the overall responsibility of the head of safeguarding to ensure that this is effectively managed, supported and developed throughout the whole organisation. As per school safeguarding supervision policy, all staff including therapist will have reflective supervision. This is held termly and led by a Safeguarding expert. Recording supervision is the responsibility of both parties.

It is recommended that managerial and professional supervision are offered by different people, however, it is recognised that there will be situations where this is

difficult in practice. In such circumstances, the supervisor needs to negotiate which role they are taking at any given time for the sake of clarity and transparency.

## **15. Continuing Professional Development**

Continuing Professional Development (CPD) is the way in which therapist continue to learn and develop throughout their careers so they keep their skills and knowledge up to date and are able to practise safely and effectively. CPD forms an integral part of maintaining therapist's HCPC registration and is the responsibility of each individual therapist to make sure that their knowledge, skills and performance are of a good quality, up-to-date and relevant to their scope of practice. Linden Lodge School will support a range of CPD to ensure the development of their therapist (refer to CPD document).

For study leave, the CPD document should be shared with the Professional Lead for approval before being shared with the Clinical Lead. The Clinical Lead will have the final approval for training and will seek the necessary financial support from Linden Lodge – finance team. If the training does not require funding, the therapist should email their line manager with details of the course and the required leave time.

## **16. Audit**

An aspect of clinical practice is monitored termly, either by peer review or by the line manager. An audit is carried out according to the needs identified by the Manager and by the department:

- Case note audit and monitoring is undertaken twice a year as a peer group activity.
- Peer observation of therapy intervention is undertaken at least once a year.
- Observation of therapy intervention by a line manager is undertaken at least once a year.
- Information is collected on an ongoing basis in terms of the quantity of therapy intervention received by each student.
- Therapists are all appraised annually and have regular supervision in line with the RCSLT, COT and CSP recommendations
- Therapists' training and development needs are reviewed at annual appraisal and interim meetings and plans are made to meet these needs. It is the therapist's responsibility to maintain a continuous, up-to-date and accurate record of their CPD activities.
- South West London ICB have developed the KPIs for this contract. The Clinical Team Lead and Co- Head Teacher will ensure contract monitoring and delivery of KPIs. Where necessary, as part of the audit, Professional Team Leads may provide support.



## **17. Quality Control**

Monitoring the work of the Therapy Team is the responsibility of the direct line manager. This includes the following:

- All Therapist must be registered with the HCPC.
- All therapist must have Professional Indemnity insurance as per UK Government/EU legislation which is a requirement for HCPC registration. Insurance may be arranged through employer, professional body, trade union or defence organisation or through an insurer.
- The Senior Therapist is ultimately responsible for ensuring the quality of therapy delivered within their department. This will be completed through audits and supported through clinical supervision.
- The team as a whole work together to monitor and evaluate the quality of practice as part of school self-evaluation.
- Short courses are supported by the school training budget.
- A well-resourced staff library and journals are available.
- Membership of professional organisations and SIGs are encouraged.
- All Therapy professionals are registered with the HCPC and keep evidence of CPD that can be submitted for audit if required.
- Staff will be appraised on a yearly basis and 6 month review.
- Patient experiences measures are used to review the service provision.

## **18. Safeguarding/Child Protection**

Therapists are expected to be aware of and abide by Linden Lodge School policy. Speech and Language Therapists probably have more occasions to speak one-to-one with a student than other staff members and may be more likely to receive confidential information. Consequently, they must show extra vigilance and must report anything of concern to a Safeguarding Officer.

## **19. Equality and Inclusion**

At Linden Lodge we will continuously seek to ensure that all members of the school community are treated with respect and dignity. Every individual will be given fair and equal opportunities to develop their full potential regardless of their gender, ethnicity,

cultural and religious background, sexuality, disability or special educational needs and ability, and other factors as detailed within the school's Equality, Diversity and Community Cohesion Plan. These meet, in full, the requirements of the Equality Act, October 2010.