

Therapy Policy

Therapy at West Heath plays a major part in the social, emotional, mental health, behavioural and physical wellbeing of our students. Between them, the young people who attend West Heath experience a wide variety of challenges that may have impacted negatively on their capacity to engage with education. In order to give them the best chance of being happy and successful in life we therefore provide a range of therapeutic support, both within and outside the classroom.

Although not officially designated as a “therapeutic school”, our whole approach is underpinned by a ‘soft’ therapeutic approach which permeates everything from our curriculum to our behaviour management. Whilst many of our students have a specified therapeutic requirement on their Education, Health and Care Plans, most of our students will access our therapeutic department at some time or other during their time with us, whether it be for in-depth counselling, a safe place to off-load, a need to control their anger, help with social skills, difficulties with sensory issues, or just to learn some relaxation techniques before exams. Although numbers obviously vary from year to year, currently over 80% of our students are receiving therapeutic support of one kind or another, and a large percentage are receiving more than one. We have well-resourced OT and Play-therapy rooms, in addition to individual rooms for all therapists to see students.

Therapies available to students include:

- Speech and Language therapy
- Occupational therapy
- Cognitive Behaviour therapy
- Mood management counselling
- Counselling/Psychotherapy
- Play therapy
- Integrative child psychotherapy
- Holistic massage therapy
- Lego therapy
- Dungeons and Dragons

Therapy Management

The overall management of the therapeutic department is the responsibility of the Head of HEART and Therapy, whose task is to lead and coordinate the work of the therapists as a whole, supporting and guiding the work of its component parts to ensure a consistently high quality, specialist therapeutic service. By acting as a liaison between therapists, SMT, other members of staff, and external agencies (e.g. CAMHS, Local Authorities) this ensures that therapeutic insights can be more widely understood and applied consistently for the benefit of the individual student.

As well as ongoing informal meetings and formal supervision, the multi-disciplinary therapy team meet every week to discuss concerns, provide feedback, and share information on individual student's therapeutic needs. Therapists keep records on SIMS, including attendance and engagement, and basic details of sessions; they also contribute to Annual Reviews if appropriate by submitting a written report. The Head of HEART and Therapy always attends parents evening and can feed back any information to/from therapists; however, parents/carers are able to have direct telephone/email contact if they so wish.

All referrals for psychological therapy are channelled through the Head of HEART and Therapy who will then allocate the student to the most appropriate therapist depending on the individual's needs and availability of therapists. However, therapists reserve the right to make a clinical judgement as to whether a student is capable of engaging in therapy at any time; they also reserve the right to terminate therapy when they feel appropriate. For Occupational and Speech and Language Therapy, the therapists reserve the right to take a student off their case-load if they feel there is no longer a need for direct input. Many EHCPs are very out of date and still specify requirements which are no longer age appropriate. When this happens, our Review Coordinator, SENCo, and relevant Head of School are advised so that parents and Local Authorities are made aware.

Whilst therapists will endeavour to see a student soon after referral, there may be a waiting list at times; because of this, it should be noted that therapists cannot keep slots open if the student consistently refuses to engage for 6 weeks, and a re-referral will need to be made if required. However, before this, every effort will be made to engage with the young person, and therapists will be in ongoing communication with Pastoral Leads/tutors/boarding staff and parents/carers if appropriate to discuss strategies and alternative ways of trying to engage with the young person. It will also be discussed at the student's annual review so the local authority is aware. Therapy is not open-ended and provision and progress is reviewed at the end of each term.

The psychological therapy team works as an adjunct to external mental health providers and, where appropriate, therapists will liaise with external mental health providers. It is important to note, however, that they are not a substitute for CAMHS, and because of limited resources they may not be able to meet the needs of extreme cases. All therapists are aware of the school's lone worker risk assessment and guidance, and other relevant safeguarding policies.

It should also be noted that our therapists are not registered with the Adoption Support Agency and will therefore not undertake specific adoption counselling.

Confidentiality

In line with all counselling/therapy provision, a confidentiality statement applies which students are made aware of before commencing their sessions. This states that whilst counselling/therapy is a confidential process, and therefore parents/carers cannot be told specific details of sessions by the therapist, there are certain exceptions:

- 1) If a student tells a therapist, or a therapist becomes aware that the student is involved in or planning to commit a crime then the therapist has a duty to inform the relevant authorities
- 2) Therapists may provide information to certain people and professionals involved with the student regarding attendance
- 3) If a therapist is worried about a student's safety or the safety of others then he/she will share this information with the relevant people. Normal safeguarding procedures will be followed if the student is in immediate danger of self-harm/suicidal ideation.
- 4) The therapy staff works as a team. Therapists may consult with other members of the team to provide the best possible care. These consultations are for professional and training purposes.

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