

COGNUS THERAPIES: HOW WE WORK WITH SETTINGS TO DELIVER STATUTORY PROVISION 2024 – 2025

PURPOSE & CONTENT OF THIS DOCUMENT

Our goal is to provide an embedded approach, whereby learning settings, families and therapies collaborate to identify and deliver the best support into the everyday life of the child/young person to overcome barriers to learning, and in preparation for adulthood.

The purpose of this document is to provide an operating framework to:

- support a clear mutual understanding of the different ways that therapists and settings can work together to improve outcomes for young people
- set expectations for a collaborative approach to deliver local authority commissioned speech and language and occupational therapy provision
- ensure quality is maintained and service challenges are addressed in a timely and effective manner.

The content of this document is split into the following sections –

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1. COGNUS THERAPIES: BRIEF OVERVIEW OF THE STATUTORY SERVICE

Cognus Therapies provides education-based therapy for children and young people who are residents of the London Borough of Sutton with an Education Health and Care Plan (EHCP) from the age of 4 or starting Reception year at school, up to the age of 25 years, in line with statutory and Sutton Local Authority commissioned requirements. In addition to this we provide advice as part of the Education Health and Care Plan Assessment (EHCNA) process for both Speech and Language Therapy and Occupational Therapy.

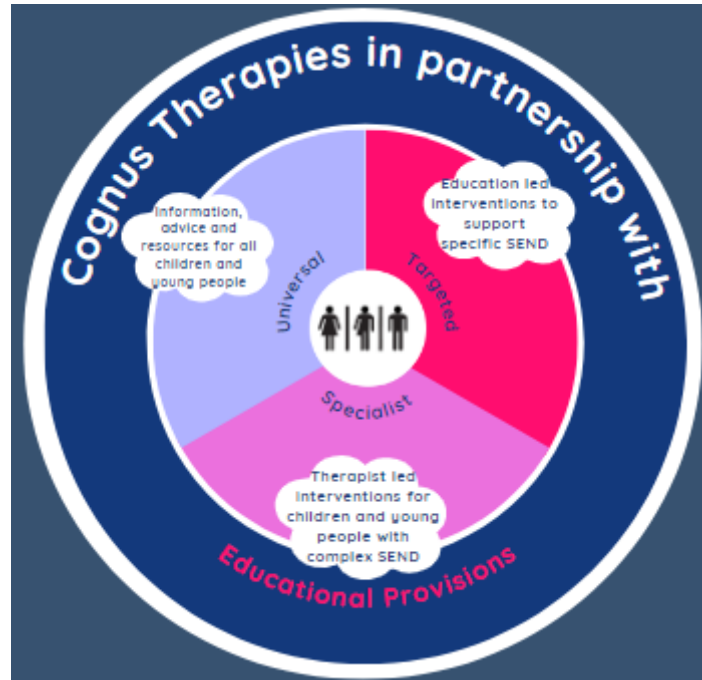
Cognus Therapies is made up of Speech and Language Therapists (SaLT), Occupational Therapists (OT), an Advisory Teacher, Speech and Language Therapy Assistants (SaLTAs) and Occupational Therapy Assistants (OTAs).

All Speech and Language Therapists (SaLTs) and Occupational Therapists (OTs) are registered with the Health and Care Professions Council (HCPC) and are qualified to the standards recognised by the Royal College of Speech and Language Therapists (RCSLT) and the Royal College of Occupational Therapists (RCOT) respectively.

We are committed to promoting equal access to education, and support children and young people in partnership with their school/setting and families to maximise their learning and to prepare them for adulthood.

2. THERAPY DELIVERY AND SUPPORT FOR SETTINGS

Cognus Therapies offers a graduated and holistic approach to meeting the needs of all children and young people with special educational needs and disabilities (SEND). We provide this through support through universal, targeted and specialist services, working collaboratively with their families and educational provisions – a [Graduated Response](#). This means we will have assessed, and will deliver, the most appropriate therapy level in line with the child or young person’s needs.



UNIVERSAL SUPPORT - Information, advice and resources for all children and young people

- Educational settings and families to have access to the [Graduated Response](#) for additional advice and guidance, along with training which has been developed for staff supporting teletherapy.
- The therapist offers strategies to support the child/young person’s needs which are embedded into the school’s daily routine and the curriculum.
- The therapist shares training resources for staff and signpost session resources as part of the Graduated Response.
- Schools have an allocated SaLT and OT to provide information and advice.
- Settings are able to pay to attend SEND champion training programme which we run annually

TARGETED SUPPORT - School led interventions to support specific SEND

- The therapist trains staff as needed on how to deliver the therapy programme for the child/young person.
- The therapist supports those delivering the targeted support to monitor impact, reviewing strategies at the time agreed.

SPECIALIST SUPPORT - Therapist led interventions for children and young people with complex SEND

- Specialist assessments, 1:1, small group and in class support delivered by the therapist/senior therapy assistant in accordance with the therapy recommendations in the EHCP.
- Setting and reviewing therapy targets.
- Development of an individualised programme of support with the child/young person and support network
- Ongoing monitoring and updating of the support.

Therapists develop relationships with the staff, children, young people, and families in all settings.

This built-up partnership over time supports delivery of therapy and monitoring of progress; it also helps when difficult issues arise. Where a change of therapist is required, we endeavour to give settings as much notice as possible and provide a thorough handover to the new therapist. For example in the following circumstances:

- Staff turnover
- Therapist development e.g. to broaden experience of different schools and needs
- Requests made by schools.

The usual notice period to allow handover will be a term for internal planned reorganisations when these are not driven by staff turnover; however, there will be exceptional circumstances beyond the control of the service when this may not be possible.

What can settings expect from Cognus Therapies?

- Prioritisation of face-to-face therapy unless teletherapy is preferred. See section 5 below for more information on teletherapy.
- Confirmation of therapist allocation time to the setting, and agreement as to the days the therapist will be expected on a regular basis. (Taking into account where managing more than one therapist on a day can be difficult for some settings e.g. staff release, rooming etc)
- Where therapists are allocated to settings for full days or half-days, the start and end times and other working arrangements that settings will need to know including the session dates for the term ahead, taking into account any special dates shared in advance, in the setting's calendar.
- Continuity of therapists where possible within and across academic years, bearing in mind other operational pressures that may necessitate change.
- Therapists to share reports with settings a minimum of 2 weeks before the annual review date.
- Therapists will prioritise attendance at annual reviews when required based on the strengths and needs of the child and / or young person.
- Therapists to share target sheets and target review sheets.
- All Cognus Therapies staff, including locums, to receive a thorough induction and caseload handover and to receive regular supervision and monitoring to ensure a consistent therapy offer
- Educational settings and families to have access to the [Graduated Response](#) for additional advice and guidance, along with training which has been developed for staff supporting teletherapy.
- For any time allocated at whole setting level, the therapist will agree how best to use this time with the setting

Working collaboratively with settings to plan effective therapy delivery:

- The named therapist for the setting will meet termly with the relevant member of staff (usually the SENDCo (or equivalent) in mainstream settings, base leaders for mainstream base provision or the designated leader in specialist provision). This is to:
 - Establish a plan of therapy delivery for the term which meets the needs of the children and young people in an appropriate way for the setting. This may be 1-1 input, small group or classwork – or, within the context of a specialist base, through a curriculum lesson.
 - Confirm outcomes, and targets for the term towards the outcomes, liaising with parents/carers.
 - Confirm attendance timings for the term and the outline timetable of direct therapy, parental contact and time for training, consultation or other use as laid out in the “use of therapist time” guidance.
 - To provide universal advice regarding any children/young people currently not on the active caseload related to presenting OT or SaLT related needs.
 - To review any screeners completed by the setting as requests for assessment.

What does Cognus Therapies need from settings?

Settings will need to provide a member of staff for attendance at sessions and liaison. For example:

- A member of the school staff may need to attend a therapy session schedule for 1-1 or small group sessions to see the programme of support modelled, to enable them to deliver follow-up support (as outlined in the child and young person's Education, Health, and Care Plan/EHCP).
- Where the therapist recommends therapy delivery as part of a group session, led by a trained member of staff, the therapist will support the setting with this e.g. by training staff and/or providing materials
- Where the session is to be using a taught curriculum period or series of lessons then the relevant teacher needs to liaise or joint plan with the therapist for delivery, including any follow up work. This may involve the therapist in training teacher and relevant support staff.
- Internet access via ethernet or Wi-Fi connection.
- Settings to distribute reports and targets to staff and families.
- Provide annual review dates for EHCP pupils with 8 weeks' notice.
- Advise Cognus Therapies of a child or young person's non-attendance as soon as possible via pre agreed contact method.
- Support attendance of the child or young person at therapy sessions; in the event of non-attending children and young people, Cognus Therapies may see another student on the caseload if appropriate or work as directed by their team manager.
- Provide a working room for 1-1 or small group work with the therapist
- Provide a working space for training, writing up of notes, consultations etc
- Consider whether access to certain school network or google drives will support the work of the therapist and can be supplied without breaching GDPR issues
- Keep the therapist informed of the annual calendar dates for the year including trips and inset days
- Allocate the allotted amount of time outlined in the EHCP for the child or young person's session

In the event of support staff absence for 1-1 or small group withdrawal, the setting will need to make arrangements to support follow up work, e.g. by allocating another member of staff to the session or agreeing with the therapist the work that can be undertaken.

Settings may work very differently with the therapies team depending on context. For example:

- Mainstream delivery of therapy may prefer to predominately work through 1-1 or small group sessions with the therapist, or embed therapy work within the classroom.
- Specialist therapy delivery may work through 1-1 or small group sessions as above, or within the taught curriculum given their class sizes and the benefit that such an approach can give to certain outcomes (e.g., social interaction or conversation or occupational therapy activities)
- The approach taken will be the one that is most appropriate for the achievement and embedding of outcomes, given the context of the setting. The termly meeting will be used to schedule the best use for the forthcoming term.
- [The Mental Capacity Act \(MCA\)](#) is designed to protect and empower people who may lack the mental capacity to make their own decisions about their care and treatment. It applies to people aged 16 and over. This means that the therapist will need to gain consent from the young person before delivery of therapy commences, and if they have Mental Capacity, they can decide whether they wish to consent to therapy or not and share information with the setting.

3. GUIDANCE FOR THE USE OF THERAPIST TIME

Currently each child and young person has a total allocation of therapist time which is specified within the EHCP. This time MUST be used to ensure that statutory therapy provision is delivered to progress towards EHCP outcomes. For

other students where therapy time is allocated, or where the setting has an allocation of time at the whole setting level, then the guidance below is also relevant.

NB: Therapy delivery includes *direct* therapy for a specified period of time to achieve set outcomes for children/young people (whether individually, in small groups or through targeted joint lessons) as well as *indirect* therapy support.

Direct Support	Indirect Support
<ul style="list-style-type: none"> • Delivery of therapy in class, in a group or as 1:1 support with an appropriate member of school staff present. • Ongoing dynamic assessment recorded in case notes (monitoring and review of progress by the therapist following each session delivered). • Response to crisis needs through specialist interventions delivered as part of the allocation within an EHCP. • Targeted support within the classroom for pupils with therapy needs including observing students in class. • Some aspects of the therapy programme may be delivered by a Senior Therapy Assistant under the supervision of a qualified therapist. • Drop-ins to lessons to observe and feedback or input into lesson delivery. 	<ul style="list-style-type: none"> • Writing of case notes (after sessions, or discussions about the child/young person, a therapist writes case notes. These are a legal requirement and must be completed according to a set standard and kept until the child's 26th birthday or for young people aged 18+, these records are to be kept for 8 years after the end of intervention. Therapists require 15 minutes per case per session to complete these which comes out of the indirect time provision within the EHCP). • Short term planning therapy groups and sessions, medium- and long-term planning including scheduling sessions and writing overarching outcomes in collaboration with settings and families. • Feedback to teachers • Advice on curriculum delivery or planning where time is allocated for this within the EHCP. • Specific training to staff where time is allocated for this within EHCP. • Further discussion with teaching staff and families on individual children and young people's needs. • Creating resources for the schools, either bespoke or sourced from the team's resources to be used for delivery of the programme by the school. • Therapists may be involved in liaison and referrals with other agencies working with the child or young person, or attend relevant meetings, such as transitions, to ensure shared understanding of the child or young person's needs. • Universal support and advice for the setting as per the Therapies Graduated Response. • Assessment and discharge reports where appropriate including end of Key Stages and for school/college leavers. • Individual target setting and strategy sheets to ensure carryover in the classroom as appropriate. • Review of targets. • Contribution to annual review paperwork. • Ongoing engagement with parents to promote generalisation into the home.

4. STATUTORY THERAPY PROVISION

This is the therapy specified as a required provision within a child/young person's EHCP.

- If therapy is identified as a required provision within a child or young person's EHCP, the plan will specify the therapy package that needs to be delivered directly by the therapist/Senior Therapy Assistant and/or through programmes of therapy delivered by the setting, linked to the outcomes sought for the child or young person.
- The Senior Therapy Assistant would be either a member of RCOT or RCSLT and supervised by an Occupational Therapist (OT) or a Speech & Language Therapist (SaLT). The OT/SaLT would at all times maintain the duty of care including prescription, writing reports for annual review and setting the targets that support EHCP outcomes. The OT/SaLT will therefore conduct sessions throughout the year to enable them to do this.
- The model of therapy delivery on a day-to-day basis is assessed by qualified therapists in discussion with settings, the individual child or young person and their families. This allows for a holistic and collaborative approach, taking into account the required outcomes, the setting context and the best way to maximise embedding of the therapy.
- As the delivery of provision within an EHCP is statutory with consent gained as part of this process from parents/carers/ and settings, additional parental consent is therefore not required for the delivery of therapies; however, communication on the child's progress and their ability to access the direct therapy will be maintained with the setting/family throughout the academic year by the therapist. This may be arranged with the setting as part of their contact or review processes. Cognus Therapies implements a holistic and embedded approach to therapy provision which ensures that the setting and family are actively involved in the child or young person's therapy support.
- The therapist plans, monitors and/or delivers a programme. This is either with an appropriately trained adult present, so that the therapist or Senior Therapy Assistant can demonstrate and model strategies and activities to be carried out regularly in the setting, or through joint work and training with teaching staff where embedded work is via taught lessons. Each session will be delivered on a 1:1 basis, in a group or within a whole class environment. This will then allow the setting to extend and consolidate the impact of each therapy session.
- Cognus Therapies undertake to deliver all statutory therapy included within a child/young person's EHCP during each academic year.

5. TELETHERAPY VERSUS FACE-TO-FACE THERAPY

- Where therapy delivery requires specialist knowledge and cannot be delivered by those without this specialism, then the Therapies team identifies an appropriately skilled therapist to provide the therapy written into the EHCP.
- If a face-to-face therapist is not available this may result in an appropriately skilled therapist delivering remotely (aka "teletherapy"), provided this meets the requirements set out in the EHCP.

Face-to-face provision is the preferred option for the majority of children and young people who require therapy. However, it is recognised that in some circumstances teletherapy can be used as an equally effective alternative to face-to-face provision, particularly in educational settings where digital technology and teaching staff are available, and it is agreed that a child or young person is able to access that style of provision or chooses to do so. For example, some post-16 learners prefer teletherapy and RCSLT and RCOT advise the use of teletherapy in certain circumstances. Training and guidance are provided internally for therapists, delivering teletherapy.

When used creatively, teletherapy can be used to deliver group sessions or joint sessions with both the Occupational Therapist and Speech and Language Therapist present. The therapist, if working via teletherapy, can be 'present' through the appropriate use of digital technology. In addition to this, teletherapy can be used

to upskill settings' staff through training and provision of resources, and to include parents/carers in teletherapy sessions. Further guidance on preparing for teletherapy sessions can be found [here](#).

In times when permanent staff cannot be recruited, then one or more of the following will be implemented:

- Locum staff delivering face-to-face therapy to cover shortfalls, maternity leave etc.
- Locum staff from other areas (not commutable) to deliver teletherapy.

6. MONITORING AND ASSESSING PROGRESS

- Prior to the delivery of any therapy, information is gathered by the therapist for each child or young person e.g. through the EHCP, reports, case notes and discussion with the setting and the family. The review of this information informs how the child or young person will best access the therapy and make progress as required.
- As part of each therapy session, the therapist undertakes *dynamic assessment*. This is an informal process, approved by RCSLT and RCOT that ensures that the child or young person is making appropriate progress towards agreed targets with the provision specified, and to plan future therapy sessions. This ensures that the provision in place continues to be appropriate and allows the therapist to continually review the delivery method and adjust as needed, liaising as needed with the setting and the home for significant changes.
- If at any time it is decided, following discussions with the setting and family, that the existing therapy support is no longer suitable to meet the child/young person's needs (e.g. if progress is not being made against targets or there is no engagement in sessions), Cognus Therapies will conduct a case review and make adjustments as necessary (e.g. change the length of sessions, frequency of sessions or mode of delivery).
- Where children and young people have met their current EHCP outcomes, then therapy provision will be reviewed and updated, and future outcomes will be set if appropriate (this is usually at annual review). The result may be to continue direct therapy, change of provision or discharge.

7. SUMMARY OF REPORTING FOR ANNUAL REVIEWS & TRANSITION

A full review of therapy provision and progress is carried out on an annual basis, at the time of annual review.

For transition years (end of EYFS/ Y2/ Y5 for Y6 transition/ Y9/ Y11/ Y13/ leaver), a full assessment is carried out using a mixture of formal and informal assessment, as is appropriate for the child or young person. A report is submitted with revised needs. Outcomes and provision are set for the next Key Stage. The report includes views of the child/ young person and views of the parent/carer and takes into consideration the views of the setting. The report is sent to the setting and the LBS Special Educational Needs & Disabilities (SEND) Service.

For non-transition years, therapists review targets set throughout the year and provide an overview of this, taking into account their case notes and ongoing dynamic assessment (whereby the therapist reviews how the child or young person has performed during each session). A short report is provided based on this information and progress towards the EHCP outcomes.

Therapists are allocated 3 hours per year for the annual review process. However, in transition years, a full assessment and report are required, and a therapy session is used for assessment purposes.

Settings should not assume attendance at annual reviews from therapists, however therapists welcome the opportunity to attend or contribute to annual reviews where they can.

Within specialist provisions and bases therapists will endeavour to have either the OT, SaLT or senior therapy assistant attend an annual review meeting for 15-30 minutes at the start or end of the review. The attendance will alternate between the two professionals to ensure balanced input over time. If an OT, SaLT or senior therapy assistant would better represent the pupil this can be agreed by the school and the therapist. If the review falls on a day that is not a working day for the assigned therapist, they will not attend the meeting. In certain cases, both OT and SaLT may attend if the school specifically requests the presence of both therapists for a particular case.

If a therapist is unable to attend a scheduled review, therapists will inform the parent in advance via email or through the Class Dojo/ EduKey platform.

At the beginning of the academic year, settings should provide Cognus Therapies with the date of the annual review or, if this cannot be provided, the month of the annual review to allow forward planning. Therapists require a minimum of 8 weeks' notice prior to annual reviews to adequately assess, write, QA and submit reports to settings. Settings are required to send reports to families prior to the two week deadline before the annual review meeting.

If reports are not received by settings with two weeks' notice before an annual review, they should alert the therapies team at the earliest opportunity for follow-up (contact details in Section 12 below).

In the unexpected event of an annual review report not being available, the therapy team will inform the setting, the SEN team and the family to advise when the report will be submitted. Feedback from therapies is not a statutory requirement as part of the annual review process, however where there is no report from the therapist, no therapy changes could be made to the EHCP.

8. COMMUNICATION WITH FAMILIES AND YOUNG PEOPLE

- NOTE: The Mental Capacity Act (MCA) is designed to protect and empower people who may lack the mental capacity to make their own decisions about their care and treatment. It applies to people aged 16 and over (ref NHS). [Mental Capacity Act 2005 \(legislation.gov.uk\)](#) This means that the therapist will need to gain consent from the young person before delivery of therapy commences, and if they have Mental Capacity they can make a decision as to whether they wish to consent to therapy or not and share information with parents/carers.
- When working with a new therapist, parents/carers/young people will receive a one-page document with a picture of the therapist/assistant and contact details. This will be sent out to parents/carers/young people by the setting.
- Thereafter, at the beginning of each academic year, a letter will be sent from Cognus to the setting outlining who the child/young person's SaLT and OT is, to forward this on to parents.
- The therapist will contact the setting and families to introduce themselves. Our Welcome Pack for families can be found [here](#).
- Therapists offer 2-3 contacts per year to families (this could be a phone call, an email or a face to face session); additional calls can be offered to families if required. Settings may wish to agree with therapists the timings or arrangements for these as part of the termly schedule. Therapists will manage parent contact so it does not impact negatively on time allocated for direct work with the pupil.
- Upon request the parent/carer can arrange with the therapist to attend one therapy session per term where appropriate and where settings can accommodate this and the nature of delivery does not involve other children. Parents/carers are able to request to attend any 1- 1 teletherapy sessions that are delivered in the home.
- In preparation for transition reviews, parents/ carers/children and young people will be asked their views and aspirations regarding suitable targets and this would be shared with the setting. In addition, children and young people, settings and families are involved in the target setting process during each year. The therapist will make contact by email, telephone or in person.

- Feedback on progress through review of targets is given in line with each setting's protocol which may be termly or twice a year.
- Families are sent copies of documentation via the setting such as target sheets and annual review reports.
- Therapists will include some ideas that can be utilised in the home within their target reviews.
- A wealth of resources are available within the Therapies Graduated Response which is available on the [Cognus website](#).

9. QA SYSTEMS

- Cognus Therapies are engaged by the London Borough of Sutton commissioners, who oversee and direct delivery models and specific Key Performance Indicators (KPIs) data which is reported monthly.
- All EHCP transition reports sent out by Cognus Therapies are checked at managerial level.
- Each therapist receives clinical supervision whereby they can seek support from a supervisor about any difficult cases and clinical reasoning skills, as well as managerial supervision to monitor performance. If the setting wishes to speak to a therapist's supervisor, they should contact the Therapies Team Manager for details (see below). Emails will be acknowledged and/or responded to within 3 working days, including a time frame for a fuller response if required
- To maintain a quality service, each therapist is assigned to a hub group with similar clinical backgrounds for weekly peer support led by a Therapy Lead. Therapists are unavailable to settings at this time (Monday afternoon for OTs and Tuesday afternoon for SaLTs).
- Therapy Leads have a specific role in the monitoring of clinical performance of therapists and perform frequent audits of documentation.
- Each therapist is allocated time for CPD in line with Royal College guidelines.
- The service asks the setting to give feedback at the time of each child/ young person's annual review via a Microsoft Forms survey.

10. REVIEW

This document is to be reviewed annually in consultation with settings to ensure accuracy and clarity is maintained.

11. FEEDBACK & IMPROVEMENT MECHANISMS

Cognus is committed to improving the outcomes of young people through working in partnership with families, young people and settings. We always value feedback on our services and therapies - what works well, and less well - to support reflective practice and drive continuous improvement of our staff and services. If you have comments or ideas, please do contact feedback@cognus.org.uk

12. CONTACT DETAILS

- Head of Therapies and Principal Occupational Therapist: Alex Benjamin alex.benjamin@cognus.org.uk
- Cognus Therapies Principal Speech and Language Therapist: Tamara Rainsley tamara.rainsley@cognus.org.uk
- Cognus Therapies Assistant Team Manager: Julie Kiely julie.kiely@cognus.org.uk
- Telephone: 020 8323 0458
- Cognus Therapies email – cognus.therapies@cognus.org.uk (3 day working response)

Cognus recommends calling the main Cognus Therapies landline, see above, if you are unable to contact your therapist, for example if - child/young person is ill and not attending a session.

13. USEFUL LINKS

- [Overview of Cognus Therapies](#)
- [Sutton Information Hub](#)

Last reviewed September 2024