# Interventions at Carlton Digby

## 2021 – 2022

Interventions offered

1. Switch on Literacy
2. Numeracy
3. Rebound
4. Art
5. Lego
6. Sensory Diet
7. Sensory OT
8. Elsa
9. Nurture
10. Music
11. Physio targets

Trained staff from across the school and in a variety of positions offer the above interventions on a regular basis in school.

5 Pupils access catch up literacy

8 Pupils access Numeracy intervention

9 Pupils access rebound therapy

9 pupils access therapeutic art intervention

3 Pupils access lego therapy

13 Pupils access Sensory Diets

Sensory Occupational therapist not currently employed

12 Pupils access Elsa

5 Pupils access Nurture

5 Pupils access music therapy

8 pupils access physio/walking intervention

## Catch up Literacy

Catch Up® Literacy is a structured one-to-one intervention for learners who find reading difficult. It enables struggling readers to achieve more than double the progress of typically developing readers.

Catch Up® Literacy uses a book-based approach to support learners in their reading of a book so they activate both dimensions of reading – word recognition processes (including phonics) and language comprehension processes.

It is suitable for all struggling readers whose Reading Age is significantly below their Chronological Age and is designed for use with struggling reader's aged 6-14, rather than beginner readers.

## Numeracy intervention

| 1:30 - 2 | 2 – 2:30 | 2:30 - 3 |
|---|---|---|
| Small or 1:1 AFL groups | 1:1 Focus children (10 minutes per child) | Planning time for future sessions |

**Post teach / Assessment for learning intervention (30 minutes)**

Teachers will plan and deliver a Maths lesson around theme or area of Maths for that week. This may be a whole class area of Maths or individualised planning. From this, they will complete formal assessment and identify children who would need extra support. The teacher will share their assessment with trained TA and any resources they feel would support. The intent of the intervention is to provide rehearsal of learning and embedding of knowledge learnt earlier that week. This will enable the intervention to link to whole class learning. This will be implemented through 1:1 or as a small group. It will be made evident within Maths books.

**Catch up / Focus children (30 minutes – 10 minutes per child)**

The intent of this intervention is to allow support on specific learning gaps that need plugging and is fully personalised to the needs of the pupil. It will be implemented through a short, intense ten-minute session weekly on a one-to-one basis. Using the solar assessment tool, we will identify areas of need and specific mathematical difficulties that need to be addressed with this maths intervention. Teachers will identify a child they feel would benefit from this intervention and share this with trained TA's and the Maths lead. The trained TA's will plan and assess these sessions. This will be recorded using the format provided that identifies the area of need, activities completed and any assessment.

# Rebound Therapy

BRIEFLY, REBOUND THERAPY is the phrase that describes a specific model of trampoline therapy:- exercise therapy which uses a full sized trampoline to provide opportunities for movement, therapeutic exercise and recreation for people across virtually the whole spectrum of special needs.

IT IS MORE than special needs trampolining or disability trampolining; Rebound Therapy can provide a huge number of potential benefits.

THE PHRASE 'REBOUND THERAPY', when correctly applied, describes a specific methodology, assessment and programme of use of trampolines to provide opportunities for enhanced movement patterns, therapeutic positioning, exercise and recreation for a wide range of users with additional needs.

REBOUND THERAPY IS used to facilitate movement, promote balance, promote an increase or decrease in muscle tone, promote relaxation, promote sensory integration, improve fitness and exercise tolerance, and to improve communication skills.

THE PHRASE 'REBOUND THERAPY' was coined by the founder, E.G. Anderson, in 1969 to describe the use of trampolines in providing therapeutic exercise and recreation for people with a wide range of special needs. Participants range from mild to severe physical disabilities and from mild to profound and multiple learning disabilities, including dual sensory impairment and autistic spectrum.

STUDENTS' PROGRESS IS recorded using the Winstrada development programme. Grades 1, 2 and 3 of this programme are based entirely on the original, accredited and approved 'Eddy Anderson model' training course as detailed on this website. When working with students with profound or complex needs, progress can be accurately measured and recorded using the Huddersfield Functional Index in conjunction with the Winstrada development programme.

## Therapeutic Art Intervention

Art Therapy or Art Psychotherapy uses art media and art making as its primary mode of communication. Working alongside a qualified art psychotherapist, individuals of all ages can be helped to express and make sense of their thoughts and feelings in the non-judgemental and confidential safety of the art therapy space.

Art Therapy differs from talking psychological therapies in that it is a 3-way relationship between the client, the therapist and the artwork. It provides the opportunity for expression and communication of thoughts and feelings when words can sometimes be so hard to find.

Wide ranges of art materials are available for your use in art therapy. These include paints, pencils, pastels, charcoal, clay and various papers. You may also choose to explore found objects, collage, photographs, 3D making or more unconventional and experimental uses of art materials.

There is no set way of working. Art making may be to a directed theme, in response to a conversation or a feeling for example, or may be spontaneous and non-directed.

We have had three staff members' access training with Clare Brewer who is a qualified Art psychotherapist.

Staff will deliver an arts based intervention in school on a 1:1 basis. This intervention will run weekly for pupils beginning after the Feb half term.

The pupils identified are those who have had or are currently going through trauma or disruption in their life. It is also great for exploring identity differences or maybe for those pupils that have a lot to say, but often overshadowed by stronger characters or those pupils that respond well in a 1:1 situation.

It is not essential for pupils to have good fine motor skills and it can be adapted to meet the needs of most.

## **Lego Therapy**

What are the benefits of LEGO-Based Therapy?

Playing with LEGO in a therapy setting promotes social interaction, turn-taking skills, sharing, collaborative problem-solving and the learning of concepts. It can be used to target goals around social skills, language and motor skills. By using a commonly adored tool like LEGO it capitalises on its existing motivation and supports self-esteem by allowing the participants to demonstrate their skills in a social situation. It also sets up a positive opportunity for guided social problem-solving to help develop social skills that can then be used in other situations.

Children with autism sometimes find it challenging to understand what is expected of them in a social situation, particularly within unstructured play activities. LEGO-Based Therapy provides a highly structured environment where everyone plays a specific role within the group. This can help children with autism feel calm and relaxed as they are doing something that they enjoy and know precisely what to expect and what is expected of them.

What happens during a LEGO-Based Therapy session?

During a LEGO-Based Therapy session, three or four children of similar ages and abilities work together to build a LEGO model.

Each child takes on one of four specific roles to do this:

- The Engineer oversees reading and relaying the instructions. The Engineer must tell the Supplier what pieces to retrieve and tell the Builder how to build the model.
- The Supplier oversees finding the correct LEGO pieces. The Supplier must listen to the Engineer and figure out what piece to retrieve, and then given these pieces to the Builder.
- The Builder oversees physically building the model. The Builder must listen to instructions provided by the Engineer and receive the pieces that are retrieved by the Supplier.
- The Foreman makes sure everyone is doing what they need to do. They provide help to other roles when needed and look out for social challenges that may need problem-solving by the group.

Using this format provides each child with an opportunity to practice and develop a wide range of skills, including language skills (in both giving and receiving instructions) turn-taking, negotiating, sharing and collaborative social problem-solving. It also encourages children to reflect on their own actions and skills as well as give constructive feedback to their peers.

# Sensory Diets & Sensory Circuits

**What is a Sensory Circuit?**

A sensory circuit is a form of sensory integration intervention. It involves a sequence of physical activities that are designed to **alert**, **organise** and **calm** the child. The sensory circuit aims to facilitate sensory processing to help children regulate and organise their senses in order to achieve the 'just right' or optimum level of alertness required for effective learning. The circuit should be an active, physical and fun activity that children enjoy doing.

Sensory circuits should ideally be completed at school, first thing in the morning (and after lunch too, where possible), but can be done at home too. Sensory circuits are a great way to both energise and settle children so they can focus and engage better in the classroom. Many children can benefit from attending a sensory circuit, even for a short period of time. The activities can also be utilised at different times of the day as part of a **sensory diet** to help the child regulate.

Sensory circuits are designed to start with **alerting** activities, move to an **organising** phase and then finally to a **calming** phase. Doing the activities in the recommended order is vital. The right order results in a well-regulated, happy child. The wrong order may well result in a dysregulated, upset or irritable child and have the opposite effect.

Sensory processing refers to an individual's response to a single sensation, sensory integration describes the synthesizing by the brain of all the sensory information it receives at one time.

Sensory integration is the normal neurological process of organizing sensation for use in everyday life. When there is incorrect or inefficient sensory processing then sensory integration dysfunction may occur, resulting in difficulties that may affect a child's development and availability to be present, regulated and to learn.

When we have poor sensory integration days we may feel generally uncomfortable and out of sorts, learning can be challenging, attention and focus are difficult to maintain and it is hard to cope with the demands made on you by people you come into contact with, or the environment you operate in.

- Alerting
- Organising
- Calming

This order is IMPORTANT

Activities will assist in developing the skill of self regulation and provide body feedback when carried out every day as part of a sensory circuits programme.

You can personalise the circuit – may need 2 activities from alerting, only one organising but several calming activities.

# Sensory OT

Occupational therapists are health and social care professionals who help people of all ages, to carry out activities (or occupations) they need, want, or are expected to do, but are prevented from doing so, as a result of physical or mental illness, disability, or as a result of changes in their lives as they get older.

Occupational therapists can suggest alternative ways of doing activities, providing advice on learning new approaches and helping people to get the most from life.

The Sensory Occupational Therapist works with children whose sensory needs make day-to-day tasks more difficult. They work closely with education and health colleagues to make sure the adults working with children and young people have the skills they need to recognise their sensory needs. They work alongside us in school and other professionals to adapt environments and put strategies in place to meet sensory needs. This helps to support a calm environment, encourage attention, participation and independence.

**Sensory Processing**

Sensory processing is a subconscious and automatic neurological process that occurs in every person at all stages of life. Our brains take in information through our senses and organise it so that we are able to respond appropriately to particular situations and environmental demands. Sensory experiences include touch, movement, body position, vision, smell, taste, sound and the pull of gravity.

For most people, sensory processing develops in the course of ordinary childhood activities. When a person has good sensory processing skills then they are able to integrate information automatically and efficiently. But for some people, sensory processing does not develop as efficiently as it should and can affect activities of daily living, academic achievement, behaviour or social participation.

Children can present with different types of sensory difficulties

These include:

**Hyper (over) sensitive**

- Fear of heights
- Dislike of touch experiences eg nail cutting, messy play, hair cutting
- Dislike of loud and sudden sounds
- Avoidance of playground equipment (swings and slides)
- Avoidance of certain foods and food textures, colours, temperature, etc.

**Hypo (under) sensitive**

- Appears to have no fear or doesn’t feel pain
- Seeks movement or touch opportunities (fidgets, rocks, runs about, leans on peers)
- Mouths or chews things
- Poor attention to the environment or people around

**Motor Planning (praxis)**

- Appears clumsy

- Difficulty creating movement ideas
- Difficulty planning and executing new movements

**Poor posture**

- Slouches at desk
- Fidgets/difficulty sitting in one position for extended period of time
- Impact on fine motor coordination & ball skills
- Poor balance

Sensory integration provides occupational therapists with a framework for assessing and treating children who present with the difficulties outlined above.

The aim of therapy is to impact the development of how the body responds to the sensory messages it receives and how to produce meaningful responses.

Therapy also aims to educate parents, caregivers, families, childcare workers and teachers to provide a context, which is conducive to the child's sensory processing style.

Under the guidance of a therapist, the child actively takes in sensation through a playful context. The therapist will help to activate the neural pathways and provide organisation within the central nervous system to produce more regulated responses. It aims to provide a neural platform, which promotes the development of more complex skills by freeing up the higher cortical levels that are currently being used to process sensory information.

The child responds favourably to sensory integration treatment, because the nervous system is pliable and changeable. Rather than addressing the symptoms we are addressing the underlying causes which are essential in sustaining change.

The specific goals of occupational therapy using a sensory integration framework are to improve the person's social participation, self-esteem, self-regulation and sensory-motor abilities.

## Emotional Literacy Support Assistants (ELSA)

The aim of ELSA is to support young people in school to understand and regulate their own emotions whilst also respecting the feelings of those around them. ELSA intervention is about increasing pupils' self-awareness and helping them develop more successful coping strategies, which is proactive rather than reactive work.
Some young people will access the intervention in a small group and have a specific focus such as developing friendships or self-esteem where others may benefit from accessing a 1:1 session to support with a specific goal or to allow them to express themselves in a safe space and develop coping strategies with a difficulty they are having.

## Nurture

A nurture group is a school-based intervention run by two members of staff with up to twelve pupils. The aim is to replace missing early experiences by developing positive pupil relationships with both teachers and peers in a supportive environment. Effective nurture group practice follows the six principles of nurture. Our assessment tool the Boxall Profile® determines which pupils would require to be in the nurture group based on their social, emotional, and mental health needs.

## Music Therapy

Music Therapy is an established psychological clinical intervention, delivered by HCPC registered music therapists to help people whose lives have been affected by injury, illness or disability through supporting their psychological, emotional, cognitive, physical, communicative and social needs.

Music Therapists draw upon the innate qualities of music to support people of all ages and abilities and at all stages of life; from helping new born babies develop healthy bonds with their parents, to offering vital, sensitive and compassionate palliative care at the end of life.

Central to how Music Therapy works is the therapeutic relationship that is established and developed, through engagement in live musical interaction and play between a therapist and client. A wide range of musical styles and instruments can be used, including the voice, and the music is often improvised. Using music in this way enables clients to create their own unique musical language in which to explore and connect with the world and express themselves.

Pupils at Carlton Digby School benefit from weekly 30 -50 minute music therapy sessions on a 1:1 or small group basis. These pupils are reviewed termly but there is no limit on the length of time that a pupil can access music therapy. If we feel that it is working and is a beneficial approach for a pupil then they will continue to access this service.

Referrals are made through discussion with Rachel Saunders and class teacher and then Rachel Saunders and Matt Le Mare – music therapist.

Decisions on who accesses the service are based on a number of different factors.

## **Physio/Walking**

Pupils with identified physio targets receive weekly 1:1 time to work on these targets, specifically using their walking frames. The programme runs in conjunction with physiotherapists. Progress, next steps and targets are

identified collaboratively. These pupils work on physio targets regularly as part of their curriculum and throughout their school week but this allocated 1:1 time ensures they have extra focused time to work on specific skills and objectives.

## Monitoring, Recording & Review

The delivering/trained staff record progress during interventions at the end of each session/block of sessions.

An evaluation and impact review is carried out termly with the interventions lead (Rachel Saunders), relevant member of staff delivering the intervention and Assistant head teacher with overall responsibility for interventions (Brett Meats).

The results pf these inform future planning, group/pupil selection and budget allocation.