

# **Blossom Lower School and Upper House**



## **SPEECH AND LANGUAGE THERAPY POLICY** Early Years Foundation stage, Primary

**Last reviewed November 2011 Frances O'Garro and Charlotte Stevens**  
**Next review due November 2012**

## **POLICY FOR PRIMARY SPEECH AND LANGUAGE THERAPY**

### **Document Purpose**

The pupils at Blossom House School have impaired development of speech and language. These impairments cover all areas of language development; listening and attention skills, comprehension and expression. Alongside linguistic impairment, social and pragmatic skills are often affected.

These children have not acquired communication skills by the normal methods. Exposure to and experience of spoken language has failed to produce communicatively competent children at the level appropriate for their age. These children may have an uneven profile of communication skills. We therefore recognise the need to teach the language and pragmatic skills and break these down into small steps, teaching these skills in a hierarchy. It is therefore likely that the areas taught at any one time may not be at an age appropriate level but are following the stage of development the child has attained. In this way we aim to enable the children to develop language and social skills which non-language impaired children would acquire without specific teaching or intervention.

This policy reflects the values and philosophy of Blossom House School in relation to the teaching and learning of expressive and receptive language and communication skills. It gives a framework to which all staff, teaching and non-teaching, work. It gives guidance on planning, teaching and assessment.

### **Audience**

This document is intended for:

- All teaching staff, therapists and classroom assistants
- Parents and carers
- Inspection teams

Copies are saved on the school centralised computer system – ‘shared files’.

## **Subject Aim**

Our aim is to provide experiences and targeted therapy which will enable children to:

- Develop linguistic and social skills through:
  - play (including imaginative, co-operative, interactive play and symbolic play)
  - role play
  - narrative
  - activities of daily living
  - discussion
- Develop their understanding and use of language including:
  - Semantics
  - Syntax
  - Morphology
- Develop a full understanding of basic concepts through practical experience, focusing on the variety of ways the language of concepts can be used e.g. 'long' in terms of *distance* can be on both horizontal and vertical planes and it can also refer to *time*.
- Develop a full understanding of linguistic concepts through practical experience. We appreciate that these are difficult for language impaired children to learn as there is no visual image to accompany them.
- Develop a useful vocabulary which is organised into semantic fields encouraging greater word retrieval skills. See 'Vocabulary Reinforcement' document for more details.
- Develop an understanding of what listening is, why it is important and develop independent listening skills.
- Understand instructions of increasing length and complexity.
- To understand and use facial expressions and body language appropriately.
- To understand implied meanings, both verbal and non-verbal.
- Gain an understanding of causality and effect, sequencing, prediction and recall of events, and a notion of topic relevance.
- Encounter a range of situations, audiences and activities designed to develop competence, accuracy and confidence in communication and to appreciate different contexts may require different linguistic responses.
- To develop 'Social Thinking' (the ability to understand and interpret social situations and determine appropriate social behaviour)

## **Communication Therapy**

With support the children should:

- Develop the prerequisites essential to language and social skills development through play- (listening, observation, imitation, concept-formation and symbolic understanding, awareness of social boundaries and expectations).
- Be exposed to additional non-verbal cues e.g. Makaton as appropriate
- Respond to each other's communication verbally and non-verbally
- Be able to verbalise their discomfort with a situation
- Gradually become aware of their own learning styles, particularly with reference to memory skills in order to capitalise on their strengths and build on their weaknesses.
- Listen and respond to stories, poems and rhymes.
- Retell stories and poems which they have been previously exposed to.
- Participate in discussions and debates within groups of different sizes; considering others' questions or accounts, possibly amending their own opinion and dealing appropriately with opposing points of view.
- Respond orally to varied stimuli (for example radio, television, visitors) and to be able to clearly describe events so that those not present will understand.
- Discuss and evaluate their own work with peers and adults.
- Focus on main points, sequence and organise ideas when answering a question.
- Identify features of language used for a specific purpose, e.g. persuade, instruct or entertain.
- Collaboratively plan activities and role-play activities.
- Respond to increasingly complex instructions, ask and answer questions and justify actions and opinions.
- Learn to interpret non-literal language and make inferences and predictions about situations independently.
- Learn to ask for help when they don't understand, recognising communication breakdown may not be their fault, and identify exactly what they need help with.
- Develop independent life skills and knowledge of the world.
- Develop metacognition and metalinguistic skills.

The therapist should:

- Provide additional non-verbal cues e.g. Makaton visual support
- Provide opportunity to experience life skills and develop appropriate language and social skills in these settings.
- Provide a model of clear diction, clear instructions, reasoned argument, imaginative language and considerate attention to speakers.
- Give opportunities for a variety of communication situations within the classroom, including collaborative discussion work, debates and question and answer sessions.
- Be aware that a child's behaviour is often a direct consequence of their receptive/expressive language or social communication impairment (e.g. if they are struggling to understand a situation or the language presented to them their behaviour may be affected and therefore the therapist must reduce the demands placed on the child to enable them to function successfully).
- Be aware that an inability to coherently express ideas and opinions does not necessarily equate to a lack of understanding, and should provide non-verbal opportunities to support the child's comprehension.

- Be aware that listening is a skill which needs to be taught to children and should provide specifically designed activities to this end.
- Be aware that the children are likely to interpret language literally and provide explanations of their use of implied language, jokes, sarcasm, idioms etc.
- Be aware of what has been taught previously and what is being taught in other curriculum areas in order to enable cross-curricular transference of skills/ knowledge.
- Plan appropriate topics and activities to meet the children's needs through collaborative planning.
- Develop the children's metacognition by increasing their awareness of the aims behind the lessons.
- Delivery of language should be at a level appropriate for a child's understanding of ICWs (information carrying words)
- The therapist will support the child in and out of the classroom setting.

The school should:

- Maintain the importance of communication skills as facilitators for the whole curriculum and be aware of the language levels and needs of the children.
- Actively encourage listening in groups of various sizes including whole school groups, in particular through assemblies.
- Encourage listening and reasoned argument as a vehicle for the avoidance of physical confrontation and aggression. The use of pictures to show a sequence of events may be a necessary aid to help the children to remember events while processing the reasoning argument. Encourage modification of facial expression, body language and spoken language to resolve conflict.
- Recognise the language needs of the children and provide a multi-sensory approach to all areas of the curriculum.
- Refer children to the speech and language therapy department for extra intervention where deemed necessary.

## **Secondary Provision**

Please see policy on secondary speech and language provision

## **Curriculum and School Organisation**

Collaborative working between all staff is encouraged. This enables cross-curricular teaching and transference of new skills and knowledge. The way in which we can achieve this is under constant review and development. For example:

### **1. *Team teaching and Speech and Language therapy support within the classroom***

Each class group has an assigned speech and language therapist who will be the main point of contact for the children in that group. The teachers working with the specific class group will be able to call on the therapist's advice and expertise to refer for intervention for specific areas of the curriculum where necessary.

The therapist assigned to the class group will be responsible for ensuring that all the children within the group are seen for a course of individual therapy if and when this is indicated. Therapy will be prioritised according to the child's immediate needs. The therapist and group leader work collaboratively to ensure that the language and social needs of the pupil are being targeted and generalised beyond the direct speech and language therapy sessions. This includes weekly group based sessions following the SEAL programme (Social and Emotional Aspects of Learning).

### **2. *Vocabulary Reinforcement***

The teacher or therapist of each subject is responsible for reinforcing the specific curriculum related vocabulary using a visual reinforcement chart supplied in each classroom. The therapist or teacher discusses the word in terms of phonological properties and semantics, to enable the children to store and then retrieve this word in as many different ways as possible. Each teacher should be responsible for alerting the therapist to the vocabulary that is currently being taught.

### **3. *Phonological Awareness***

Where relevant support the development of literacy skills by targeting pre-reading skills i.e. phonological awareness

### **4. *Individual Therapy***

Relevant individual and group targets are fed back to staff at weekly meetings when necessary and children can be referred to the speech and language therapy team for 1:1 therapy at any time.

### **5. *Play***

When planning and developing activities for a programme of play, three major types of play are considered- physical play, intellectual play and social/emotional play. The children are encouraged to develop play skills in a variety of ways:

- Individually during group times
- In small groups - groups may be organised by ability (mixed or similar) age, friendship, or other criteria. Group work is organised so as to provide cooperation and effective interactions.
- As a larger group - where introductions and discussions are appropriate
- In the primary and secondary school, PSHE sessions, which are jointly planned and delivered by the GL and SLT are designed to address the specific needs of a year

group. This includes a particular emphasis on play and social interaction skills development.

- Break time and lunchtime activities are monitored by the SLT and OT departments to ensure an appropriate range of activities and structure is provided to allow exploration and social skills development through play. This includes designated playground designated areas for specific activities e.g. free play, structured games.
- Play is linked to other curriculum areas (e.g. communication therapy, Literacy, P.E. and Drama) and cross-curricular links are always encouraged.

The speech and language therapy curriculum is continually adapted and modified to meet changing needs.

### **Time Allocation**

The communication therapy sessions are 45 minutes long throughout the primary and secondary school.

- Children in the foundation stage receive four x 30 minute group language and Social Skills session. This session is called 'Speaking and Listening time' in the Foundation Stage.
- Children in Year 1 to Year 5 currently have five sessions of Communication Therapy a week.
- Children in Year 6 have four Communication Therapy sessions a week.
- The provision for secondary children is stipulated in the secondary policy
- Play skills are targeted according to specific need, generally during group times, break/lunchtimes and through structured speech and language therapy programmes as and when appropriate.
- If there are more social/emotional concerns regarding play, the child can be referred to the Arts therapies team

Where necessary relevant children are prioritised for individual language therapy based on individual needs, over and above group therapy provision. Any child within the Foundation Stage who has a significant speech delay/disorder receives three to five x 20 minute individual sessions per week.

### **Planning**

Planning group/individual interventions for primary and foundation stage pupils is based upon the following criteria:

1. Reviewing up to date assessment findings detailing language and or social communication deficits.
2. Consideration of the holistic implications of the identified language and communication deficits upon classroom learning and social interaction.
3. Prioritising areas of SLCN for therapy according to severity and functional implications of these difficulties.
4. Refer to clinical guidelines/ relevant research to ensure that therapy plans are underpinned by theoretical knowledge.
5. Generating a set of specific long and short term objectives to target area(s) of specific need.
6. Generating specific SMART targets and/or IEP's as appropriate

7. Devising a specific therapy plan detailing specific activities to target identified areas of SLCN.
8. SLT's working with a specific year group are encouraged to collaborate when planning interventions for their designated groups in order to share ideas and ensure therapy plans reflect best practise.
9. To liaise with appropriate teaching/therapy staff to ensure that SLT plans encompass curriculum needs as and when appropriate and inform staff of areas being targeted
10. To keep up to date records of therapy plans and save appropriately in SLT resource area so that they are accessible to all SLT's.

### **Assessment, Record Keeping, Reporting**

1. Each child's language skills are assessed annually using the CELF4-UK assessment if deemed appropriate by the therapist, or using alternative assessments if necessary. Children who are nursery age have a six monthly review. A range of assessments may be used for these reports including the Pre-School CELF 2-UK, Derbyshire Language Scheme, Test of Pretend Play and various social communication disorder assessments such as the ADOS.

The CELF-4 UK/Pre-School CELF -2 UK will be used to assess:

- All children attending the school for a three day assessment unless this has been within normal limits or carried out within the previous six months.
- As a baseline for new children unless they have had one carried out within the previous six months of attending the school.
- All children moving up from the Pre-school CELF
- All children who reach the second stage, aged 9 years bracket
- All secondary children

For further details on Assessment, Recording and Reporting see school policy

2. The ACE 6-11 or Pre-school Language Scales or other alternative assessments may be used to for children who have been assessed previously using the CELF4-UK and whose assessment visit or annual review falls within the six month time constraint.
3. Additional speech and language assessment tools will be selected by the clinician as appropriate in order to assess the specific needs of the individual child
4. Therapy plans will incorporate specific qualitative and quantitative measurable outcomes showing specific progress across the block of therapy being delivered. Each child's speech and language therapy programme is planned using long, medium and SMART session targets.

### **Parental Feedback**

Parents will be informed of their child's progress formally through the annual review process. In addition, parents will receive termly feedback at parents evenings. Therapists will inform parents when their child is receiving a block of individual therapy. If parents



request the opportunity to observe an individual SLT session, then arrangements will be made for a session to be videoed. Parents will have the opportunity to ask questions about this if they wish.

### **Resources and Accommodation**

The Communication Therapy resources are kept in double cupboards at the end of the Year 7 corridor and in the assessment room on the ground floor year five corridor. The SLT team review and update resources as deemed appropriate. This is discussed regularly at departmental meetings.

Play resources are available for indoor and outdoor play. Indoor play equipment is available to children at appropriate times under adult supervision. Outdoor play equipment is not available to children without permission from staff e.g. footballs, hoops. Adult supervision is always required when such equipment is in use.

### **INSET Provision**

See policy on INSET provision

### **Supervision**

There is a full supervision programme in place for all newly qualified therapists entering the school in accordance with the RCSLT guidelines.

New SLTs joining the school also undertake a thorough induction programme.

### **Training**

All therapists are expected to attend relevant training programmes. It is advised that they should attend a minimum of two training programmes in an academic year. All therapists are expected to attend in-house training provided by the school.

In addition the speech and language therapy team provide training for staff, parents and external staff who are interested.

### **Equal Opportunities**

See policy on Equal Opportunities.

### **Evaluation**

This policy will be reviewed annually by the Speech and Language Therapy team leader, in consultation with the staff, and as and when elements of Communication Therapy are identified or prioritised within the School Development Plan.