




## Speech and Language Therapy Professional Practice Policy

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1. Mission Statement

The Speech and Language Therapy Department provides a specialised child centred speech and language therapy service to meet the individual needs of all the children at Meath School delivered as an integral part of their education.

Meath School  
Speech and Language Therapy Department  
Professional Practice Policy Document

Principles of Delivery of Service by  
Speech and Language Therapy Department at Meath School

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1. Mission Statement

The Speech and Language Therapy Department provides a specialised child centred speech and language therapy service to meet the individual needs of all the children at Meath School delivered as an integral part of their education.

**By:** Provision of individual and group therapy.  
Supporting class teams with regard to speech, language and social communication.  
Being part of the class team and contributing to the overall education of the child.  
Sharing knowledge of speech, language and social communication disorder and eating and drinking skills difficulties with school, parents/carers, residential care workers, and external professionals.  
Being committed to continuing professional development.  
Participation in the extended services from the Speech and Language UK Centre, including provision of training to external professionals.

2. **Aims of the Department**

2.1 **To develop and promote each child's functional communication, through verbal and Augmentative and Alternative Communication systems including Sign Supported English, hi-tech and low-tech AAC**

2.2 **To enable each child to access a differentiated National Curriculum.**

2.3 **To give each child a sense of self and of their ability to communicate with others.**

2.4 **To enable each child to achieve their potential in communication i.e. utilising strategies and techniques of all kinds to maximise the child's achievements in communicating.**

2.5 **To enable the child to participate in group activities and see themselves as a member of a group.**

2.6 **To provide detailed information about the child's speech, language and eating and drinking skills and recommend strategies to all involved with the child.**

2.7 **To work in partnership with parents/carers through regular communication and to strive to constantly improve parent/carer links.**

- 2.8 **To work collaboratively with other staff, particularly with the class teacher, teaching assistants and occupational therapists to integrate speech and language intervention within the curriculum.**
  
- 2.9 **To provide detailed information about the impact of each child's speech and language difficulties on phonological and literacy skills where appropriate and support teaching staff to adapt these accordingly.**

- 2.10 To provide detailed information about the child's eating and drinking skills, where appropriate following procedures set out in the Meath School Eating and Drinking Dysphagia Policy
- 2.11 To contribute to the management of written language disorders, where appropriate.
- 2.12 To contribute to the management of emotional difficulties and to behaviour policy and practice within the school.
- 2.13 To enable each child to gain an awareness of their strengths, needs and their disability and refer for professional counselling where appropriate.
- 2.14 To seek advice outside the department and school where necessary.
- 2.15 To bring specialist knowledge to the development of the curriculum as it is delivered at Meath School.
- 2.16 To understand the content and delivery of the curriculum in close collaboration with the other teaching staff.
- 2.17 To provide training to all staff at Meath School
- 2.18 To set role models for using Cued Articulation and Sign Supported English in all school contexts.
- 2.19 To assess and enable children to use high technology Voice Output communication aids and low technology communication systems to support communication where this is appropriate.
- 2.20 To develop and support Care staff's understanding of the pupils' Speech, Language & Communication Needs.
- 2.21 To promote an environment where communication is continually adapted to the child's needs. Carry over and generalisation of communication, language and speech skills should be fully supported.

- 2.22 **To provide a consistent, intensive, persistent yet flexible approach as appropriate in order to produce maximum benefit for the child in terms of therapeutic outcomes.**
  
- 2.23 **To provide clinical learning opportunities for Speech and Language Therapists in training.**
  
- 2.24 **To maintain contacts with other professionals working in the field via study days and RCSLT Clinical Excellence Networks (CENs) and further CPD opportunities.**
  
- 2.25 **To maintain close liaison with other professionals and external agencies involved in the management of each child's case.**

- 2.26 **To participate in research and development in relevant areas of work when opportunities arise.**
- 2.27 **To maintain clinical and professional development of Speech and Language Therapists and Assistants**
- 2.28 **To monitor and evaluate the effectiveness of the service**
- 2.29 To maintain links with NHS/LA colleagues locally and nationally in order to keep updated with regard to clinical and service developments.
- 2.30 To maintain links with NHS/LA colleagues locally and nationally in order to influence policy and development.
- 2.31 To maintain links with those universities involved in training Speech and Language Therapists in order to understand and influence the management of student learning.
- 2.32 To contribute to data collection and analysis and to support in building an evidence base.

### 3. Speech and Language Therapy Service

#### 3.1 Structure of the Department (to cover the needs of a maximum of 75 children)

##### **1.0 Head of Therapy (Principal therapist)**

- 1.0 Speech and Language Therapy Clinical Lead (Highly Specialist SLT)
- 2.0 Senior Speech and Language Therapists (Specialist)
- 0.2 Senior Speech and Language Therapists (Dysphagia Specialist)
- 0.4 Senior Speech and Language Therapists (AAC Specialist)
- 3.0 Specialist Speech and Language Therapists (Specialist)
- 2.0 Speech and Language Therapists

In total this is 9.6 full time equivalent speech and language therapists

#### **3.2 Roles**

- 3.2.1 The Head of Therapy** manages the Speech and Language Therapy and Occupational Therapy department, and oversees tertiary therapist input, is a member of the Education and Senior Leadership Groups of the school and provides cover for the Assessment Team in the Bill Harrison Suite Assessment Centre and therapist absence as required. They have at least one area of specialist clinical or curricular interest.
- 3.2.2 The Speech and Language Therapy Clinical Lead** line manages Newly Qualified Therapists, supporting them to achieve their competencies, line manages SLTs as required, carry responsibility for driving projects within the SLT and school team, complete management tasks as directed by the Head of Therapy. They hold a clinical caseload which is calculated and dictated by the need outlined in the pupils' Education Health and Social Care Plans.

**3.2.3 The Senior Speech and Language Therapists** carry responsibility for specific projects and line manage Speech and Language Therapists/ Speech and Language Therapy Assistant. They will carry out some assessment in the Meath Assessment Centre as required. They carry a full or pro rata caseload. They will be expected to have responsibility for across school initiatives, deliver training and to be involved in extended school services under the guidance of the Head of Therapy and Clinical Lead. In addition, there is a senior Speech and Language Therapist who works two days per week (0.4 WTE) as the Specialist SLT responsible for Communication Aids and a Senior SLT who works one day per week (0.2 WTE) as the Specialist SLT responsible for Dysphagia needs.

**3.2.3 The Specialist Speech and Language Therapists** have at least two years experience working with children with complex speech and language disorder. They carry a full or pro rata caseload.

Therapists each have a special interest, covering an area of speech and language therapy, which they are expected to pursue in training and which they provide expertise in for the department and the school.

**3.2.4 The Speech and Language Therapists** carry a full or pro rata caseload. They manage this caseload with support from the Clinical Lead as required.

### **3.3 Delivery**

**3.3.1** The Speech and Language Therapy service at Meath is a highly collaborative integrated model which is focused on enabling pupils to access the class-based curriculum and to understand and communicate effectively in all school settings. Speech and Language Therapists, Specialist Speech and Language Therapists and Senior Speech and Language Therapists are attached to class groups of between 8-12 children and work intensively and collaboratively with the other members of the staff team, including Occupational Therapists. Planning for the curriculum is carried out jointly by teachers and Speech and Language Therapists during a minimum of a weekly planning session.

**3.3.2** Speech and Language Therapy time is allocated to each class and priority is given to EHCP need. Therapy approaches and delivery are determined by the pupil's Speech and Language Therapist. The level of direct therapy offered at Meath is determined by the detail outlined in their Education Health Care Plan (EHCP) with a minimum package stipulated for those pupils whose EHCPs contains no/insufficient therapy quantification to meet their needs. Therapy can be delivered in different 'dosage' levels through the week to match different pupils' needs. E.g. some pupils may benefit from 5 x 15-minute sessions, while others may need two 45 minute sessions. Due to the collaborative approach and the fact that Speech and Language Therapy is integrated through the school day pupils also benefit from a high level of input through groups and therapist led class sessions, in addition to joint planning with the teacher. Speech and Language Therapists lead several whole class sessions, such as Word of the week (vocabulary learning), Friends Group (Social Skills), literacy (Storytelling) and signing. SLTs are also heavily involved in whole class literacy sessions, including phonological awareness lessons. The integrated approach allows the carryover and generalisation of Speech and Language Therapy targets into the classroom and curriculum work.

The balance and severity of a pupil's speech and language needs may change. These will be reviewed annually. Any changes will be signalled by the class speech and language therapist in the pupil's Annual Review report and recommendations for any changes to the EHCP will be made within the annual review meeting.

**3.3.3** Individual sessions and group sessions both have benefits, however, some children may respond better to one approach rather than another. For example, some pupils

may feel more relaxed within a group and this may be a more effective way of working with them. Other children may be more comfortable within a one to one setting. Information about how individual pupils work best will be monitored and reviewed to ensure that pupils can access therapy in the most appropriate way.

- 3.3.4** Speech & Language Therapists occasionally work across two classes, delivering therapy in conjunction with another Therapist.
- 3.3.5** The Head of Therapy makes decisions about Speech and Language Therapist deployment in consultation with the Therapist involved and the Senior Leadership Group.
- 3.3.6** Working closely with a class team is part of the whole school philosophy and allows Therapists to take a holistic approach.
- 3.3.7** 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 being required to attend other activities e.g. training/school performances etc.
- 3.3.8** Speech and Language Therapists may be involved in designated projects as part of the extended services of the school. This may involve time out of class (a maximum of two days per week). This time is backfilled with another Speech and Language Therapist or Assistant wherever possible.

#### **4. Assessment**

- 4.1.1** Comprehensive assessment of all areas of speech and language functioning is necessary to provide a baseline and to plan intervention. Some of this assessment will have been completed through the on site assessment centre prior to entry into the school.
- 4.1.2** Updates of assessments are carried out regularly to measure progress, to inform planning and to disseminate information to all others concerned.
- 4.1.3** For each child there must be an attempt to assess all speech and language areas, although in the early stages it may not be possible to use formal assessments with some children. A range of formal standardised assessments are available to the department.

The most appropriate assessments are chosen depending on the age of the child and other factors such as the severity of the disorder or the level of attention. Some assessments are used with only a small number of children, to assess less commonly involved functions, such as oro-motor abilities.

Other published assessments or profiles that are not standardised are also used to provide diagnostic information.

- 4.1.4** Informal observation of language functioning in a range of environments and under different requirements takes place continually as the therapist works in the classroom and undertakes playground or lunchtime supervision.
- 4.1.5** Full-scale assessment is time consuming, but is necessary for clinical decision making, the delivery of appropriate provision and for measuring outcomes for annual review reports. Assessment is carried out during individual therapy time.

- 4.1.6** When a child is undergoing assessment for Annual Review, they may be withdrawn from the classroom more than usual. This will be done following careful negotiation with the class team.

**5. Collaborative review and planning meetings**

**Weekly planning:**

Planning for the week will additionally consider:

- the Teacher's weekly plan
- concepts and vocabulary necessary to access the week's work
- specialist approaches to support each child access the work
- specific advice from the occupational therapy team

Collaborative planning and review meetings occur with the multidisciplinary team at the beginning and end of every term for ½ day. The purpose of these meetings is to formulate children's individual learning targets (ILTs) and specific interdisciplinary collaborative activities which help all the staff share ways they will approach teaching the children. Sometimes these will not be finalised and shared until half term, where new approaches are trialled for efficacy.

## **6. Intervention/ evaluating progress**

- 6.1** One to one and small group intervention focusing on speech and language skills is mainly carried out by the Speech and Language Therapist, but it may also be planned and facilitated by the Speech and Language Therapist and carried out by the Teacher, Learning Support Assistant or Speech and Language Therapy Assistant. Through the structure of collaborative working it may also be carried out by care staff and parents/carers.
- 6.2** Intervention includes the setting of targets that are recorded as expected outcomes and evaluated as such. Intervention should be modified accordingly. Intervention must always include consideration of the child's need to change, readiness to change and ability to change.
- 6.3** The Speech and Language Therapist will continually evaluate effectiveness of all levels of speech and language therapy 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.
- 6.4** Factors which are considered when writing targets include likelihood of change in a particular skill and the impact on functional communication.
- 6.5** Long term targets are set in advance of a pupil's annual review and are formulated in relation to the child's Communication and Interaction and Social, Emotional and Mental Health EHCP outcomes as appropriate. Progress is formally reviewed termly, by evaluating short term targets and at annual review, by evaluation of long term targets and relevant EHCP outcomes. Standardised and qualitative assessments are also used to measure changes in skill.
- 6.6** Speech and Language Therapists will take baseline measures on entry and then repeat on exit. The data from these measures is collated and analysed at the end of each academic year to plan for future development of the service.

## **7. Record Keeping**

Notes are written on every occasion when a child is seen for direct therapy and adhere to the standards set out by the Health and Care Professions Council (HCPC) and as per guidance on the Royal College of Speech and Language Therapists (RCSLT website). Details of indirect contact, such as attendance at meetings and professional discussions about the pupil are also documented.

## **8. Communication with Parents/Carers**

- 8.1** Speech and Language Therapists' contacts with parents/carers are as follows:
- During New Parents/Carers' Day, the Head of Therapy is available for information and parents/carers may also meet the therapist who will be their child's therapist in the class team.
  - Parents/carers are asked to complete the Therapies questionnaire about their child and submit this in advance of or on the pupil's first day. This is kept in the child's folder within SharePoint pupil admin.

- A class meeting, including parents/carers of new pupils, to support settling in and consider targets is arranged in the first half term (often on the child's first day of school).
- Parents/carers are invited to an Individual Progress Meeting (IPM) with the Teacher and Therapist once per term to discuss progress. This meeting is replaced by the Annual Review in the term in which the child's Annual Review falls. Observations are sometimes arranged with the SLT on request of parents/carers or the SLT to model advice and strategies as appropriate.
- The class Therapist and teacher attend one coffee morning / afternoon for parents of pupils in their class in the autumn term, for general class discussion.
- Speech and Language Therapists are required to attend all formal meetings i.e. staff briefings, inset days and Annual Reviews.
- Therapists are available to speak with parents/carers by prior arrangement. This can be arranged via the home school book, email via the school office, or by phone.
- The Therapist also communicates with the parents/carers through the home school diary or by telephone, or face to face, at least once every half term.
- Parents/carers are supported in learning the signing system that is used at Meath through provision of advice and resources. Sessions to support parents with functional signs and topic-based vocabulary signs can also be arranged.
- Teaching of Cued Articulation or the training on use of communication aids (AAC) are arranged where appropriate.
- Twilight workshop training for parents/carers on all aspects of speech language and communication will be delivered by Speech and Language Therapists in combination with other teaching staff.

**8.2** Parents/carers are notified of termly targets set that may be worked on at home. These are shared within the first half of each term.

## **9. Audit**

Monitoring the work of the department is the responsibility of and led by the Head of Therapy.

Records are kept of the quantity of therapy input received by each child and targets outcomes are collected termly.

The Speech and Language Therapists at Meath will be expected to demonstrate considerable expertise in the areas of language disordered children.

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 School Development Plan 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 child.

- Therapists are all appraised annually, followed by a six month interim appraisal with a line manager.
- All Therapists have access to twice termly supervision meetings.
- Therapists' training and development needs are reviewed at annual appraisal and interim meetings and plans are made to meet these needs.

## **10. Monitoring Clinical Practice**

The Therapy team are committed to providing quality input. Therefore there is a commitment to ongoing monitoring of standards within the departments. Appraisal and peer support systems are in place.

Monitoring is in place in the following way:

- All speech and language therapy Annual Review Reports are proof read by the Head of Therapy or Clinical Lead before being distributed
- Departmental meetings are arranged where Therapists discuss clinical issues and approaches and the management of their caseload (speech and language therapy business or continual professional development meeting)
- Discussion of specific cases and clinical areas at meetings gives an opportunity to observe analytical thinking and the application of knowledge
- Appraisal meetings once a year with each Therapist including discussion of caseload management. Six monthly interim appraisal meetings also take place
- Audits of specific aspects of Therapists work are undertaken on occasion
- Peer review including observing each other's working practice occurs at least once yearly
- Individual observation is undertaken at least yearly by the Head of Therapy or Clinical Lead

## **11. Quality Control – See Quality Policy**

- All Speech and Language Therapists are expected to be Registered members of the Royal College of Speech and Language Therapists (RCSLT). The department follows the professional guidelines set out on the RCSLT website.
- All Speech and Language Therapists must be registered with the Health and Care Professions Council. (HCPC). The department follows HCPC standards.
- The Head of Therapy is ultimately responsible for ensuring the quality of therapy delivered.
- The team as a whole work together to monitor and evaluate the quality of practice as part of school self-evaluation.
- Some Therapists have undertaken extended postgraduate training, most at their own expense and in their own time.
- Short courses are supported by the school training budget (and some longer courses).
- A staff library and journals are available (also accessible via the RCSLT website).
- Membership of professional organisations and CENs is encouraged.
- All Speech and Language Therapists are registered with the HCPC and keep evidence of CPD that can be submitted for audit if required.

## **12. Child Protection**

- Speech and Language Therapists are expected to be aware of and abide by the Meath School policy and Speech and Language UK policy on child protection
- Speech and Language Therapists probably have more occasions to speak one-to-one with a child 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 Designated Safeguarding Lead Meath School
- See the School and Speech and Language UK organisation Child Protection Policy for details

## **Equality and Inclusion**

At Meath School 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 Policy. These meet in full the requirements of the Equality Act, October 2010.