



Public Report Therapies

Joint review of therapeutic support for children with SEND in Richmond and Kingston

December 2019



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This paper provides an executive summary of the joint therapy review which has been conducted by the Clinical Commissioning Group (CCG) and Achieving for Children (AfC) on behalf of Richmond and Kingston councils. Extensive consultation has been undertaken with families which has informed this review. Due to the prohibitive factor of Purdah, key decisions are yet to be made. This will take place in early January 2020. A full public report will be published by the end of February 2020, however, this document sets out the key findings of the review.

Executive summary

A review of speech and language therapy, occupational therapy and physiotherapy has been completed by AfC, Kingston and Richmond NHS CCGs and current service providers for children 0 to 18, (19 in special schools). This review follows feedback from a number of comprehensive consultation processes since 2017. Both schools and families have highlighted that a local therapies offer would improve outcomes, strengthen the local education provision and is a key factor in families favouring independent schools over academies and local authority maintained schools.

The work undertaken to date has provided greater clarity about existing and emerging therapy needs at a local and national level and clearly indicates that therapies are a significant and valued element of the support package provided to pupils. It is evident that there is an increasing level of need for special educational needs and disability (SEND) support and education health and care plans (EHCPs) and as a direct result there is an emerging need for increased investment to facilitate the provision of therapies support to a larger cohort of pupils. The evaluation of the existing model and provision would indicate that all partners agree that there is scope to improve the quality of therapeutic support and experience of pupils in accessing support. A move away from the current approach to commissioning therapies via a mixture of contractual arrangements and significant spot purchasing should lead to more effective use of funding to improve outcomes for pupils.

The 'Balanced System' model is recommended as the most appropriate for Kingston and Richmond boroughs, based on literature reviews, national case studies and the successful implementation in the Kingston speech and language therapy service. It offers a whole system, outcome based framework that can be used to understand, plan and evaluate services to support children and young people.

Background

Our vision is that every child and young person with special educational needs and disabilities is supported to engage in learning and has an educational experience that inspires them, nurtures their talents, and provides a solid foundation for a happy and fulfilling life.

Therapies [occupational therapy (OT), physiotherapy (physio), and speech and language therapy (SaLT)] support children and young people to develop skills that keep them safe and healthy, to communicate and interact with adults and their peers enabling them to build positive relationships and to engage in learning and participate in activities in the wider community and with their families.

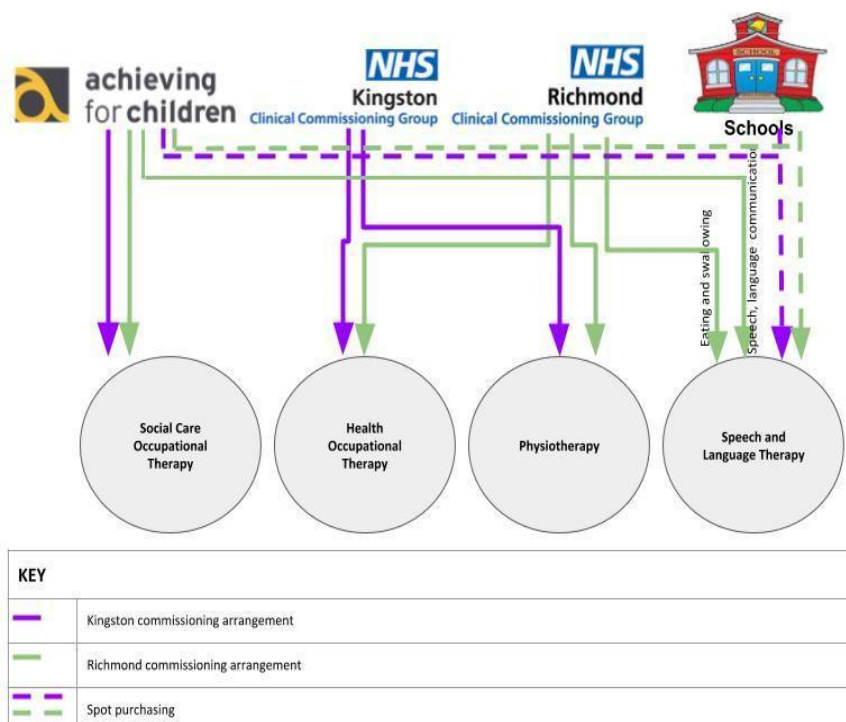
Families and schools have consistently raised both the availability and the quality of therapies in their feedback to us. The therapy offer is a significant factor for families choosing out of borough school options. Getting our therapies offer right is crucial to realising our vision and to the success of our special education needs and disability transformation plans. Achieving for Children, the Kingston and Richmond CCGs and Richmond and Kingston councils have been working together to identify how the local therapies offer can be improved and how best to deliver this improvement in the context of the challenging financial environment.

In undertaking this review, we have engaged with providers and service users to ensure that recommendations are both practical and tailored towards the needs of our pupils. In developing recommendations we have:

- looked at best practice guidance
- considered national reviews and recommendations
- considered the views of partners and service users
- reflected on historic experience and available benchmarking information
- evaluated the existing service model in terms of what is working well and what needs to be improved
- based resourcing recommendations on a needs analysis using objective data
- been mindful of the challenging financial context and affordability

Therapy services are commissioned by AfC on behalf of the councils and the local CCGs. Some services are also spot purchased by partners from a range of providers; based on the feedback provided by schools there are over 91 spot purchases across the Kingston and Richmond boroughs.

Fig. 1 Therapies commissioning arrangements in Kingston and Richmond



This review concentrates on three key therapy strands.

Speech and language therapy

Speech and language therapists aim to support children and young people to reduce the impact of speech, language and communication needs (SLCN) and eating, drinking and swallowing (EDS) difficulties. “The ability to communicate is an essential life skill for all children and young people and it underpins a child’s social, emotional and educational development.” (Bercow, 2008)

Occupational therapy

Occupational therapists deliver intervention and services across health, education and social care.

“Occupational therapy improves the health and well-being of children and young people and their families through enabling participation in daily life. Daily life is made up of many occupations (activities). Occupations can include:

- self-care (eg, getting dressed, eating a meal, washing and toileting)
- being productive (eg, participating in nursery, school, doing chores)
- leisure (eg, play and socialising with friends, belonging to a group, participating in hobbies)”

‘Provision of commissioning of occupational therapy services for children and young people’ College of Occupational Therapists, April 2016

Physiotherapy

“Physiotherapists are responsible for the assessment and physical management of problems due to accident, injury, ageing, disease or disability.”

(Association of Paediatric Chartered Physiotherapists leaflet, November 2017)

There is a more detailed breakdown of specific activities delivered in Appendix A to this document. All three therapy services in Kingston and Richmond provide the following services with variations in the range and quantum of service delivery.

- Multi and unitary assessment and intervention
- Advice and support to professionals and parents
- Specialist Intervention and treatment
- Provision of equipment
- Moving and handling assessments (this is provided only for children on the physiotherapy caseload linked to therapeutic intervention in Richmond)
- Workforce training (this is still to be developed for occupational therapy in Richmond), (for physiotherapy training is provided for teaching staff individually to support delivery of programmes and some delivery of group training occasionally)

The therapy services have different eligibility criteria which have been agreed by the commissioners, CCG and councils. Service users access the service by a referral pathway which is then triaged by the relevant service lead.

Therapy services work within the practice guidance set out by Health and Care Professions Council (HCPC), and in line with their professional bodies and NICE guidance. In addition, all recommendations made by professionals are based on clear clinical indicators set within their professional context. The recommendations made are adopted in the EHCP or implemented as part of the graduated response at SEN Support.

Evaluation of existing therapies model

Partners have undertaken a needs analysis which is now in the final scrutiny stages. This exercise has been complex and will be updated periodically to ensure that any new service remains aligned to need. The aim of the analysis is to provide information on the therapeutic needs of children and young people with SEND in Kingston and Richmond to improve the local therapies offer. The analysis will both identify and consider how needs are being met by the current therapies provision to identify demand challenges, gaps in service provision and make recommendations to inform:

- a new therapies offer that is designed to improve outcomes for children and young people with SEND
- service improvement and service redesign leading to a new service delivery model that is aligned across Kingston and Richmond
- the identification of system wide actions that will have the most impact in the context of the financial challenges faced by Kingston and Richmond councils and CCGs
- the joint commissioning of therapy services by Kingston and Richmond CCGs and Kingston and Richmond councils delivered through AfC

In order to understand our current position activity, data has been collected and analysed from a range of sources including local intelligence, national datasets, service specifications and feedback from key stakeholders.

The work undertaken to date has provided greater clarity about existing and emerging therapy needs at a local and national level and clearly indicates that therapies are a significant and valued element of the support package provided to pupils. It is evident that there is an increasing level of need for SEN support and EHCPs and as a direct result there is an emerging requirement for increased investment to facilitate the provision of therapies support to a larger cohort of pupils.

The high-level findings are as follows.

- The number of pupils requiring therapeutic support has increased in recent years and the future trajectory would indicate that this increase will continue for the foreseeable future. The number of pupils requiring EHCPs or SEN support has increased significantly since 2014. Last year there was an 11% increase in EHCPs across each borough. There was also an 11% increase in pupils accessing SEN support in Kingston schools and a 4% increase in Richmond.
- The need for therapeutic support as part of SEND packages is increasing.
- Around 12% of the school population in Kingston and Richmond is accessing support through SEN Support or an EHCP.

- A higher percentage of the children accessing SEN support are in the early years and Key Stage 1 to 2 (65% Kingston, 71% Richmond). For EHCPs this is more evenly spread across the age ranges.
- In 2018, the top four presenting needs were autistic spectrum disorder (ASD), speech language and communication needs (SLCN), social emotional and mental health (SEMH), moderate learning difficulties (MLD)
- The boroughs' school place plans look to increase the number of local places in specialist resource provisions and special schools to ensure that where appropriate pupils can be educated locally. This will require increased capacity to deliver therapeutic support locally rather than via the independent or out of borough sector

The summarised feedback from pupils, families and partners is as follows.

Pupils and families

- Pupils do not like missing lessons to go to therapy sessions as it makes them feel different to others.
- Pupils want the same therapist over a period of time so they can develop trust and tell their story once.
- Lack of understanding of impact of therapies.
- Not enough therapy provision and therapies need to be high quality.
- Concern and lack of understanding around eligibility criteria.
- Frustration about the time it takes to get equipment.
- Families choose out of borough or independent provision because of lack of one-to-one therapy offer.

Therapy professionals, partners and schools

- Schools have told us that more provision for those without EHCPs is needed, and many spot purchase therapy or buy in therapy provision to try to fill the gap.
- Directing resources in the most effective way is difficult because Kingston and Richmond services operate an open referral system.
- More therapy provision and resourcing required in the local education system, SALT - assessment, support, and provision for independent schools, free schools and academies, post 16 in further education colleges and YOS.
- Physio: more provision to meet expanded special schools.
- Accessing appropriate equipment is often difficult and can take too long.
- SEND tribunal systems driving service provision for SALT and OT.
- Schools have concerns that there may be gaps in service provision.

General reflections on the current model of delivery would indicate that:

- individual organisations that commission and deliver therapeutic support are committed to delivering the best support possible within their individual financial envelopes
- the commissioning of therapy support is very disparate with a high level of spot purchasing by partner organisations
- individual pupils and their families value consistency in terms of staff delivering support
- recruitment of professionals is challenging nationally which is driving up the cost of therapies due to higher prices and agency fees
- the local system lacks a central coordination point in terms of ensuring that we have a sound understanding of cost and scale of delivery across our boroughs. This has resulted in a system that reacts to resource individual pupil needs without enough advanced resource planning at a system level
- at times, the accessibility of therapy services has been an area of concern for partners and families and this has not been helped by the lack of a single triage point
- the system lacks a single joined up strategy that encompasses the ambitions of all partners for children and young people and this plan should be clearly aligned to the needs of pupils
- increased capacity is needed to facilitate increasing levels of need

The case for change

The evaluation of the existing therapies model and the challenging financial context that all partners are faced with would indicate that our boroughs can achieve improved outcomes for pupils if all partners move towards a more joined up approach to the delivery of therapies. The CCGs and councils are proposing that this starts with the elements that are directly funded by budgets that they control. Over time there is an ambition that that this centrally coordinated service becomes the primary source of therapeutic support for both boroughs.

It is important to note that there is currently a range of providers who are commissioned to deliver therapeutic support and this is likely to continue although the ambition is to consolidate down to less providers. A comprehensive exercise will need to be undertaken to determine the right delivery partners in terms of quality, capacity and cost. There will need to be a phased approach to achieving this objective as it will take time to recruit a fully resourced service that has the capacity and capability to meet the needs of our boroughs' pupils, without the need for significant spot purchasing from elsewhere. In addition it will take time to build confidence in the proposed new service model amongst families and partners who commission therapeutic support.

The prevalence of spot purchasing in the existing system means that a move towards a more consistent model should provide greater economies of scale and facilitate a more managed approach to resource planning that is able to flex to the diverse range and ever-changing needs of our pupil populations.

A common approach across Kingston and Richmond boroughs should also provide greater opportunity to achieve economies of scale in commissioning arrangements and enable a workforce that can meet a more diverse range of needs with less duplication. In the current financial environment, it is crucial that all partners ensure that money is being spent in a way that provides maximum long term benefit for pupils in a fair and consistent way.

There is a clear commitment from both boroughs, outlined in the SEND Transformation or Futures Plans ([Kingston/Richmond](#)), to invest in local school places to ensure that as many pupils as possible, and where appropriate, are able to be educated locally. Significant investment is planned over the coming years to increase the number of places in special school settings and specialist resource provisions to ensure that schools in both boroughs have the capacity and specialism to educate pupils locally.

There has been consistent feedback from families that would indicate that a consistent and quality local therapies offer is a key driver in family preference for one school over another. There is a clear argument for increased local therapeutic capacity to match the increased number of local school places. Over time, it is likely that this strategy will reduce reliance on the often more expensive independent sector which should enable funding to be re-routed back into the local education system.

There are a number of common themes that are prevalent in both the data driven needs analysis and the feedback from stakeholders. Any new model should address as many of these as possible and prioritise improvement of the following concerns.

- Be able to meet increasing levels of need in terms of numbers of pupils requiring therapeutic support and type of therapeutic support.
- Improve clarity and understanding about how to access therapies and who is eligible. Getting this right should improve waiting times and lead to a smoother experience for pupils, families, schools and providers.
- The need for a more stable and skilled network of professionals who are confident in delivering therapeutic support and advice. This applies to both specialist therapists as well as other professionals who support pupils and their families.
- A more coordinated approach for each borough that brings partners together to improve accountability, reduce silo working and create clear strategic direction that adapts to changing population needs and facilitates a culture of continued improvement.

The review of research and evidence provides a compelling case for Kingston and Richmond to implement early identification and intervention strategies through delivery of a therapy service model that encompasses a universal, targeted and specialist approach. There is also a need for increased investment which responds to the growing population, complexity of need, increase in new resource provisions and commitment to intervening earlier with appropriate support and input.

Delivery model: options appraisal

There is overwhelming evidence that delivering therapy services at the universal, targeted and specialist levels provide the best approach for addressing the therapy needs of children and young people. The service model must be informed by evidenced-based interventions, best practice and guidelines produced by NICE that set out evidence-based recommendations quality standards for the delivery of health and care in England.

As part of the review we have considered the following models:

- the Balanced Framework (recommended)
- the Consultative model
- Partnership for Change (OT)

All the above models are underpinned by the universal, targeted and specialist tiered approach with the evidenced-based interventions primarily being delivered through upskilling the wider workforce. This approach is recommended by all the professional bodies such as The Royal College of Speech and Language Therapists, the Royal College of Occupational Therapists and The Chartered Society of Physiotherapy.

Universal interventions

Universal interventions focus on taking a population approach through early identification coupled with the delivery of evidenced-based intervention programmes to responding to children's therapy needs. These evidenced-based intervention programmes are often delivered by parents, carers and the universal workforce (teachers, health visitors, nursery teachers), including the voluntary sector as a result of undertaking training by speech and language therapists.

Targeted interventions

Targeted interventions are aimed at children and young people who are at risk of experiencing poorer outcomes, and/or some form of development delay, for example. These children and young people will require therapy input through the delivery of some individual intervention programmes delivered by universal workers under the direction of speech and language therapists, OTs and physiotherapists.

Specialist interventions

Specialist interventions are where specific and ongoing support will require specialist therapy input to address either on a one to one or group basis which may be for a period of time.

The 'Balanced System' model focuses on four key components covering:

- specialist, targeted, universal
- the wider workforce
- specialist workforce
- training development

The 'Consultative' model focuses on using highly skilled trained staff to deliver interventions such as school staff in close consultation with therapists.

'Partnership for Change' has a strong focus on building capacity and partnership working and collaboration between therapists, education environments and parents to improve and enhance the life and environment of the child or young person who has motor difficulties and/or developmental difficulties).

The Balanced Model offers a framework to deliver therapies across the four tiers of need, as set out above. This will enable therapy to be delivered in a systematic way and importantly can be implemented within the existing structures without significant change management. A significant requirement of this model, which is valued highly by all commissioners and families, is the importance of the role of the parents and young person, to the success of any intervention. The review has highlighted the need to engage with families and young people and ensure they are pivotal in any changes, delivery and review of a model. This model also ensures that CCGs, local authorities and Achieving for Children remain compliant with the SEND Code of Practice.

Recommended future delivery model – 'Balanced System' model

The Balanced System is recommended as the most appropriate model for both the boroughs of Kingston and Richmond, based on literature reviews, national case studies and the successful implementation in the Kingston speech and language therapy service. It offers a whole system, outcome based framework that can be used to understand, plan and evaluate services to support children and young people. The framework emerged from work to support children and young people with speech, language and communication needs and has evolved to include occupational therapy and physiotherapy. Importantly the Balanced System model includes all four components of specialist, targeted, universal, the wider workforce, specialist workforce and training development.

Integral to the balanced model is the requirement to have strong leadership and management that prioritises a positive culture in the settings where the services are delivered. The engagement of parents and carers is crucial as they will deliver elements of the intervention programmes. The need for an integrated workforce is crucial to the successful delivery of this approach.

The therapy service will be commissioned for those young people who have a GP in either Kingston or Richmond and attend a maintained provider in either Kingston and Richmond school, college or a nursery setting, from 0 to 18 and alternative education.

A referral pathway will be established, including a Single Point of Access for therapies, which will enable service users to apply to the service for triage and relevant intervention, support and training.

As with the current system, the expectation is the same that therapy services work within the practice guidance set out by HCPC (Health and Care Professions Council), and in line with their professional bodies and NICE guidance. All recommendations made by professionals are based on clear clinical indicators set within their professional context.

Therefore, the recommendations made are adopted in the EHCP or implemented as part of the graduated response at SEN Support.

Appendix B contains case studies from three schools who have implemented the balanced model.

How will the system be improved?

Implementation of the Balanced System, and additional investment will over time, produce significant benefits and improvements to current service provision. Some proposed options follow.

- Universal access to information, advice and resources.
- Access to drop-in sessions at a range of settings.
- All early years settings and schools will have a named therapy lead, with advice, training and support available.
- Increased support, advice and direct interventions available to look at developing all environments to support communication, development and participation for all children at SEN support and with EHCPs.
- Pre and post diagnostic support.
- Increased skill mix within the therapy team to offer a dynamic service which can meet the demands coming through the system.
- Ability to complete environmental audits and action plans.
- Increased capacity to deliver training to all school and early years staff, including a rolling programme of accredited training.
- Improved processes for ordering and provision of all specialist equipment, and support and training for staff and families as required.
- Pre and post diagnostic support for all families on the SCAT pathway.
- Children at SEN support will have access to OT and SaLT as required.
- Delivery of parent workshops.
- Participation by lead therapy staff in MDT reviews and EHCP reviews.
- All partners are key to the success of any therapy intervention and investment is needed in understanding the roles agencies and individuals have to play within this. As part of the implementation phase, detailed, guidance will be co-designed with partners to clarify roles and consider what training or support may be needed.
- Key performance indicators, outcomes and change management programme will be co-produced with schools and families.
- Monitoring and evaluation of the new model, the service delivery, KPIs and outcomes will also be developed and undertaken with partners.

Next steps

- In the next two months, all funding partners will have the opportunity to further consider the proposed model and whether they wish to invest in the recommended improvements. An implementation plan will be co-produced and shared once there is clarity on the level of funding that is available for the coming financial years.
- A final public report and needs analysis will be produced by the end of February 2020, setting out all of the findings and recommendations leading to transformational change.
- Service specifications will need to be drafted and this activity is best undertaken by co-production. Therefore, AfC and CCGs will be looking to key partners to help take this forward and ensure that key measurable outcomes are included to evaluate the impact of any change, for the betterment of children and families.
- Public information sessions will be offered by the CCGs and AfC to talk through the proposals in January and February.
- Recruitment will take place, as appropriate, within service areas.
- A process of change management will be led by the CCGs and the providers to drive the recommended changes and improve service users' experiences and outcomes for children and families.

Key contacts

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Appendix A: Description of current service offer

Speech and language therapy

Speech and language therapists aim to support children and young people to reduce the impact of speech, language and communication needs (SLCN) and eating, drinking and swallowing (EDS) difficulties. “The ability to communicate is an essential life skill for all children and young people and it underpins a child’s social, emotional and educational development.” (Bercow, 2008)

Activities include:

- support in identifying SLCN and EDS needs through liaison and information sharing
- assessment, advice and therapy for children and young people with SLCN:
 - attention and listening
 - understanding spoken or signed languages
 - ability to use speech sounds, sentences and vocab appropriate to age
 - use of augmentative alternative communication (AAC)
 - social interaction and play
 - stammering
- information, assessment and management of EDS difficulties:
 - feeding
 - swallowing
 - sensory behavioural difficulties
- training and support for families and other people involved in the care of those with SLCN and/or EDS
- training for professionals who work with children and young people with SLCN andr EDS
- universal support (information, guidance, advice) for schools to enhance their communication environments through whole school training and environment audits

Occupational therapy

Occupational therapists deliver intervention and services across health, education and social care. “Occupational therapy improves the health and wellbeing of children and young people and their families through enabling participation in daily life. Daily life is made up of many occupations (activities). Occupations can include:

- self-care (such as getting dressed, eating a meal, washing and toileting)
- being productive (such as participating in nursery, school, doing chores)
- leisure (such as play and socialising with friends, belonging to a group, participating in hobbies)”
(Provision of commissioning of occupational therapy services for children and young people, College of Occupational Therapists, April 2016)

Activities include:

- assessment of upper limb function and provision of splinting to improve hand skills
- assessment of specialist seating for children with significant disability attending mainstream schools
- resources to support mainstream schools and nurseries with activities and strategies to help children and young people participate in occupation
- specialist interventions and treatments on a case by case basis, for example sensory integration for children with significant sensory processing difficulties
- group therapy (constraint induced movement therapy) for children with hemiplegia
- interventions, including group work, individualised programmes, one-to-one sessions and sharing advice and strategies with education staff

Physiotherapy

“Physiotherapists are responsible for the assessment and physical management of problems due to accident, injury, ageing, disease or disability.”

(Association of Paediatric Chartered Physiotherapists leaflet Nov 2017)

Activities include:

- support and advice for children and young people with a neurological or neuromuscular diagnosis
- support and advice for children and young people with a condition that results in delayed physical development impacting on physical function and access
- physical interventions, including stretching tight muscle groups, active exercises and postural management programmes

All three therapy services in Kingston and Richmond provide the following services with variations in the range and quantum of service delivery:

- multi and unitary assessment and intervention
- advice and support to professionals and parents
- specialist intervention and treatment
- provision of equipment
- moving and handling assessments (this is provided only for children on the physiotherapy caseload linked to therapeutic intervention in Richmond)
- workforce training (this is still to be developed for occupational therapy in Richmond), (for physiotherapy training is provided for teaching staff individually to support delivery of programmes and some delivery of group training occasionally)

Mainstream Primary School, Falkirk, Scotland #1

“We were sceptical at the start, now we can see the difference that embedding support for speech, language and communication can have on all pupils and we have the tools to check what we are doing makes a difference.”

NAME



Mainstream primary school, Falkirk.

OUTCOMES ACHIEVED



- Support for speech and language has been embedded across the school at a universal level
- Staff have the knowledge and skills to identify, support and monitor pupils speech, language and communication development at a universal, targeted and specialist level
- Parent's of children at the school are confident in supporting early language skills

EXAMPLE SHOWS



- How the Balanced System framework along with local speech and language therapy support has empowered the school to take ownership of support for all children in relation to their speech, language and communications

STAKEHOLDER ENGAGEMENT



- Staff and families accessed a range of support and information and provided feedback. Speech and language therapy services provided regular in school support.

BRIEF CHALLENGE



- Whole school engagement with approach.

NEW WAYS OF WORKING THE BALANCED SYSTEM



- Staff more aware of children with communication difficulties and how to support them
- Improved communication friendly environment throughout the school and nursery
- Overall confidence to communicate and participate amongst children and therefore better progression generally
- Greater independence and confidence amongst children across literacy in the early years of school
- Stronger partnerships (multi-agency working)

LESSONS LEARNED / TIPS



- Effective planning time required to enable a productive partnership with SLT
- Effective provision is whole school not just at specialist level

Mainstream primary school with additionally resourced provisions for SLCN, England

“The Balanced System Schools and Settings® has helped our school to recognise what we do well and identify areas for change”

NAME



Mainstream primary school with additionally resources provision for SLCN, England.

OUTCOMES ACHIEVED



- Whole school approach to supporting SLCN
- Impact on the speech and language skills moving from reception to year 1, with parents of those particular pupils have developed strategies to support not only that child but other children in the family
- Additionally resourced centre is now a centre of excellence and developing this to across the Borough

EXAMPLE SHOWS



- The importance of a proactive approach to meeting needs of pupils with SLCN as well as those with typically developing speech and language.
- Staff engagement with training and understanding of SLCN
- Role of specialist provision in a mainstream context

STAKEHOLDER ENGAGEMENT



- Support from the head teacher who is looking for change
- Staff commitment to SLCN

BRIEF CHALLENGE



- Moving away from silo working for specialist SLCN
- Using expertise to support SLCN not only at a whole school level but also at a Borough level

NEW WAYS OF WORKING THE BALANCED SYSTEM



- Additionally resourced provision seen as central to the school and borough
- Parental support and engagement at a practical level
- Year three pupils improved their comprehension skills in relation to reading. Alongside this they also developed their social skills by working with an older pupil

LESSONS LEARNED / TIPS



- Enlist support across the school - SLCN is not the SENCO/inclusion lead's role alone

Special School, Kent, England



“The Balanced System Schools and Settings® has helped our school to reflect on what we had in place and were doing to support SLCN. It has helped raise awareness of the SLCN and it has helped us develop our provision for the future.”

NAME



Special school, England.

OUTCOMES ACHIEVED



- There is more joint working and closer collaboration between Assistant Principals and therapy leader.
- Now, close collaboration between SLT & APs which has resulted in improved identification and more timely response to requests. There is much more sharing of information which results in better management of the children. There is a much more coordinated approach.
- SLCN is now better understood and is seen more as a shared responsibility across the staff. Previously it was seen as the responsibility of speech & language therapy. Senior leaders and teachers consistently explain the whole school approach to supporting SLCN to prospective & current parents particularly at annual reviews.
- Improved identification systems are in place. This has resulted to improved identification and referral for targeted & specialist intervention.
- Progress tracking systems are more robust in the school. Data is analysed termly which has enabled us to identify gaps / need and therefore to plan appropriate interventions.
- Teaching staff and SLTAs are leading more on the universal approaches. SLTs and specialist teaching staff are now delivering more targeted interventions.

EXAMPLES SHOWN



The Balanced System has provided a useful framework which has enabled us to review and evaluate our SLCN provision:

- The universal, targeted and specialist levels have helped all staff understand the importance of an integrated approach and has given us all clarity over our roles and responsibilities for supporting SLCN.
- Alongside improved systems for identification and progress monitoring, there is now much more of a shared ethos and clarity about what we all do across the school and throughout the day to support SLCN.
- All members of the therapy team are now actively thinking about the impact of interventions.
- Staff are working hard to evidence progress and outcomes for pupils and families. There is more reflection and evaluation around interventions now which is resulting in more evidence based-practice. There is also now more evidence around targeted and specialist interventions which informs decision making about whether to continue or repeat an intervention.

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Special School, Kent, England



“The Balanced System Schools and Settings® has helped our school to reflect on what we had in place and were doing to support SLCN. It has helped raise awareness of the SLCN and it has helped us develop our provision for the future.”

STAKEHOLDER ENGAGEMENT



- Families who often live away from the school have access to appropriate staff when queries arise
- Staff are making good use of the systems in place to access specialist support.

BARRIER / CHALLENGE



- Time to work on the Balanced System.
- Lack of support or contribution from colleagues and senior leaders
- Lack of specialist provision i.e. SLT.

NEW WAYS OF WORKING / THE BALANCED SYSTEM



- It helped us to review & evaluate the work we were doing to support SLCN – now have greater evidence based approaches.

ESSENTIAL LEARNINGS / TIPS



- Need time to effectively capture provision and evidence it

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