

## Spring Hill High School Speech and Language Communication Policy

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Speech, Language and Communication skills underpin all areas of children's and young people's development. They are fundamental skills for effective learning and for developing social relationships. Children and young people are surrounded by language and for those with language difficulties, most aspects of their everyday lives will pose difficult. Undetected and / or untreated speech, language and communication problems can lead to low levels of literacy, poor educational attainment and difficulties finding employment. In turn, this can lead to perpetuation of the poverty trap and a cycle of health problems, including mental health and health inequalities (1).

### **What is the difference between speech, language and communication?**

**Speech** – speech refers to the ability to articulate the sounds that make up language ('b', 'w', 'sh' etc.) clearly and accurately. We help children to develop their speech in order to communicate effectively in the school environment.

**Language** – Language is about understanding and using words and putting them together to make meaningful sentences and larger chunks of language. We target aspects of language such as following instructions, words with multiple meanings and figurative use of language, e.g. 'It's raining cats and dogs.'

**Communication** – Communication refers to the use of language in order to interact with other people and to develop relationships. Communication involves both verbal and non-verbal communication, which includes body language, gesture and facial expression. Many people with communication difficulties have reduced non-verbal communication skills, as well as difficulty with communication through language. We help children to develop their confidence as well as their social competence.

### **Why are speech, language and communication skills important?**

- Good communication skills support positive self-esteem and confidence. Children with language difficulties are at risk of lower self esteem (2) and mental health issues (3).
- Good communication skills are essential in developing resilience. Children with language difficulties are at increased risk of bullying (4)
- Children need good communication skills to learn to read, to achieve well at school and maximise their personal and social life chances. Children whose speech, language and communication needs are resolved by five and a half years of age are more likely to develop literacy skills and have good academic and social outcomes (5). Children with persisting speech, language and communication needs achieve half as many A\*-C grades as their peers (6).
- Children need good communication skills to be able to participate in decision-making in the home,

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school and community, engage positively at school, to have positive relationships with peers and develop independence and self advocacy. Communication difficulties are frequently given as the reason why children are not consulted (7). Children with speech, language and communication needs can be more withdrawn (8) and have difficulties developing social relationships (9); they often remain dependent into adulthood (10).

- Children with speech, language and communication needs also experience a high rate of behaviour difficulties. Children and young people with speech, language and communication needs and their families prioritise outcomes in independence and social inclusion (Roulstone, 2010).
- Good communication is essential for a successful transition to work or training, for independence and to enable access to a range of life opportunities. Fewer young people with language difficulties go onto further education. They have unsatisfactory employment histories, interpersonal difficulties at work and more instances of redundancy and unemployment (11)
- Good communication skills help children and young people escape from disadvantage. Vocabulary at age five has been found to be the best predictor (from a range of measures at ages five and ten) of whether children who experienced social deprivation in childhood were able to 'buck the trend' and escape poverty in later adult life (12)

### **Provision of Service**

At Spring Hill High School, the speech and language therapist (SLT) works alongside the class teachers and teaching assistants to ensure that:

- Staff are working together to encourage and promote a whole school approach to developing communication skills
- Support access the curriculum to support learning and progress
- Support participation fully in school life
- Support the development functional communication and social skills, which can be generalised to everyday life.

Spring Hill High school works within a Social Learning model (Bandura, A. 1977) and identifies that students' skills are encouraged and developed through observation, modelling and interaction within a variety of environments. This approach supports the development of skills that can then be more readily generalised within other environments. Spring Hill High School believes this is achieved by working closely with the students, parents/carers and other agencies and by ensuring that the student remains at the centre of all planning to ensure that their needs and concerns are central to any intervention to promote motivation and success.

The purpose of any given speech and language therapy service is to provide evidence-based services that anticipate and respond to the needs of individuals or at-risk groups who may experience speech, language, communication or swallowing difficulties.

Services work in partnership with these individuals and their families and with other professions and agencies to reduce the impact of these often isolating difficulties on people's wellbeing and their ability to participate in daily life (13).

The following guiding principles have been adopted and apply to all client groups. Services are to:

- be client centred and culturally and linguistically appropriate and responsive
- be comprehensive, coordinated and team based

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- work with and communicate effectively with other services meeting the needs of the client
- be evidence based
- ensure equal access
- involve the family and carers
- include training and education of co-workers
- ensure practitioners continuing professional development and appropriate support.

Service provision in education includes all contexts that provide educational opportunities and courses, including children's centres and extended schools. Whilst taking account of individual need, educational contexts are primarily curriculum focused. Therapists need to provide integrated and inclusive services that promote access to learning opportunities and the development of functional social relationships.

### **Special schools and resourced provision**

A speech and language therapy service provided to a special educational establishment or resourced provision for children with statements of special educational needs/additional support needs. The children's primary educational needs may be the result of a specific speech and language disorder or may be the result of general learning and/or physical difficulties. The service is usually based within the school and operates at different levels:

- Working with the whole school body to identify and implement school improvement objectives related to meeting the needs of children's speech, language, communication and/or swallowing needs. This will usually involve being a member of task-groups; participating in, or leading, in-service training sessions.
- Supporting individual members of staff or staff groups to make environmental changes to optimise the inclusion of all children within class activities. This will usually involve joint-planning, co working and training sessions and will take account of the highly developed expertise of staff working in these settings.
- Collaborating with staff and parents to review the progress of individual children; to advise and to provide intervention as appropriate. This will usually involve joint goal setting, agreeing strategies and planning for how speech and language therapy targets can be integrated into the child's daily life activities in school and at home. Certain children may need regular and continuing help from an SLT, either individually or in a group. In other cases, it may be appropriate for staff at the child's school to deliver a regular and discrete programme of intervention under the guidance of an SLT. Intervention includes supporting the development of children's functional communication; facilitating children's access to the school curriculum and supporting staff in their use of inclusive strategies. Effective practice will be facilitated by the SLT being seen as part of the school team and, where possible, attending staff and parent meetings.(14)

### **Model of service delivery within Spring Hill High School:**

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## **Assessment:**

Assessment is informed by the best available evidence such as provided by the RCSLT Clinical Guidelines and underpinned by client consent. Assessment will and can take many forms such as informal observations to formal standardised assessments. Assessment will include a full case history and consideration of functional skills and communication needs within daily life activities. Assessment should take into account the full range of contexts that the individual experiences to provide a differential diagnosis of Speech, Language and Communication need.

## **Management:**

The purpose of management is to provide an appropriate, timely and integrated approach to the management of an individual's difficulties involving significant others within various environments. SLT's use the best available evidence base to enable effective and realistic goal setting along with discussion with individuals as to what their outcome aim is should always inform intervention to ensure effectiveness and motivation. Intervention will be carried out in whichever way best meets the needs of the individual e.g. Carrying out intervention through an interpreter, different environments and supported within multidisciplinary working context reviews are needed to ensure effectiveness of intervention and to plan changes to intervention if need of individuals have changed.

RCSLT, CQ3, pg179

## **Goal Setting:**

Intervention should always be centred on:

- the needs of the individual and their wishes,
- **S**pecific
- **M**easurable
- **A**chievable
- **R**elevant
- **T**ime specific
- Reviewed at regular intervals

## **Delivering Intervention:**

- Individual Input: Direct or indirect (ie working with TA's/ Teachers/Parents/Carers)
- Group therapy
- Review appointments for advice, support, monitoring (ie Support groups)
- Joint sessions with other professionals/workers (ie Art Therapist, Psychologist)
- Carer education and training
- Consultation
- Support groups/youth clubs
- Work shops and training sessions to raise awareness and effect change

Discharge from service if an option should be discussed at this stage with relevant persons.

## **Discharge**

Discharge will be at the discretion of the SLT after full consultation and agreement with the individual/carer/parent/teacher. Discharge may be initiated by the SLT or at the request of the individual or appropriate individual for a number of reasons. These may include:

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- aims of intervention have been achieved
- communication and/or swallowing issues are no longer a priority
- the individual has reached a point where they are able to self manage their condition
- the individual will be transferring to specialist care
- individual non-compliance
- intervention not indicated at the present time
- the individual has failed to attend appointments and will therefore be discharged in accordance with local policy and, in the case of children, with due respect to child protection implications
- Where discharge is initiated by the SLT, the reasons for this will be explained fully to the individual and the carer.
- Where discharge is initiated by the individual/carer, the SLT must explain any risks resulting from this course of action, together with information about the re-referral route to speech and language therapy.
- When the individual receives input from a multi-professional team, discharge procedures will take into consideration those agreed by the team.
- As appropriate, and with the agreement of the individual/carer, the SLT will consult with other professionals involved with the individual prior to discharge.
- The decision and reason to discharge will be recorded in the notes.
- Where appropriate, carers and staff should be familiar with strategies for continuing the emphasis on maximising communication in the client's environment after discharge.
- A report will be completed at the point of discharge/transition and included in the case notes. This may include: details of initial communication status, including any communication disorder diagnosis, medical and social details
- medication
- summary intervention including aims, goals and objectives
- principles of supporting communication
- items needing to be reviewed including AAC, hearing aids
- progress since assessment, including any influencing factors, such as medication or temperament
- reason for discharge
- guidance on re-referral
- any arrangements for crisis support
- recommendations for other services taking over intervention/ providing support
- a clause indicating that the individual may be contacted in the future for service evaluation purposes
- A discharge report should be sent to the individual or, in the case of children, to the carers within three weeks of the point of discharge/transition
- With the knowledge of the individual or, in the case of children, with the knowledge of the carers, copies of the discharge report should be sent to relevant others including the individual's GP/social workers etc.
- It may be appropriate for this to be a uni-professional SLT report or to be a report from the team.
- The individual should be made aware of relevant national societies, voluntary organisations and local groups for support of ongoing needs.
- For some client groups, individuals and carers need to understand that re-referral may be necessary during major life transitions.
- Duty of care to the individual is terminated through completion of the discharge procedure or, in the case of an individual being transferred to another service, the duty of care will rest with the new service.

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### Accountability, Ethics and Professional Conduct

The RCSLT's Communicating Quality 3 (CQ3) provides clear guidance on care pathways, clinical standards and issues related to quality assurance (15). All Speech and Language Therapist must be registered with The Royal College of Speech and Language Therapists and The Health and Care professions council .It is imperative that SLTs are aware of their responsibilities within current legislative frameworks and that individuals recognise their personal and professional duty in complying within their statutory obligations. Knowledge of local and national policies and legislation form a safety net for safe practice ensuring that the SLT, Employers and Clients are all protected.

Types of accountability for practitioners:

<b>Individual Accountability</b>	<b>Accountability to whom?</b>	<b>For what?</b>	<b>Requirements : Fiscal and Quality Standards to be adhered to</b>	<b>Monitored and assured through...</b>	<b>Enforced by...</b>
<b>Contractual Accountability</b>	Employer (Organisation or individual)	*Efficiency  *Effectiveness  *Safety and Well-being of individual	*Employment Law  *Contract of employment  *Local standards of practice  *National service framework (NSFs)  *Service level agreements	*Individual Performance review (IPR)  *Supervision/peer review  *Individual feedback  *Audit  *Reporting systems  *Outcome measures	*Civil Courts  *Industrial Tribunals
<b>Professional Accountability</b>	HCPC  Professional conduct committee	*Efficiency  *Effectiveness  *Safety and Wellbeing of individual	*HCPC and RCSLT codes of conduct  *Standards of proficiency  *RCSLT guidance (CQ3, Clinical Guidelines and	*HCPC registration process  *RCSLT continuing professional development (CPD) process  *IPR	*HCPC

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			position papers)  *Ethical guidelines  *Duty of Care	*Outcome measures  *Supervision/peer review  *Individual feedback	
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<b>Societal Accountability</b>	Public	*Effectiveness  *Safety and wellbeing	Criminal Law	*Individual report  *Supervision / peer review	*Criminal Courts
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	Individual / Individual	*Effectiveness  *Safety and Wellbeing of individual	*Civil law (for negligence, trespass and other civil wrongdoings  *Duty of care	*Individual report  *Supervision/peer review	*Civil courts
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**\*Adapted from RCSLT, CQ3, Chapter 1, pg 1**

### Ethics

The RCSLT code of ethics is grounded in the broad ethical principles of healthcare and legislation all Speech and Language therapists are bound to these and expected to implement and demonstrate understanding of ethical codes at all levels of practice, these being:

- **Respect for autonomy** (self determination of individuals and therapists). Enabling individuals to make reasoned and informed choices.
- **Beneficence** (the imperative to do good). There will be some benefit to the individual.
- **Non-maleficence** (the imperative to avoid doing harm).
- **Distributive justice** (the notion that individuals in similar positions should be treated in a similar manner). Beyond these principles, the RCSLT code of ethics espouses:
  - the values of personal and professional integrity
  - a commitment to competent and effective practice
  - care for the individual who is the focus of practice

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- inclusion
- team working.

### Professional Conduct

The Royal College of Speech and Language Therapists provides within CQ3 (Ch1,1:6) a comprehensive guidelines as to the expected minimum best practice standards expected for Speech and Language Therapists regarding professional practice these being to:

- act in the best interests of individuals using speech and language therapy services
- respect the confidentiality of individuals using speech and language therapy services
- maintain high standards of personal conduct
- report any important relevant information about personal conduct, competence or health to their employers, the RCSLT and the HPC
- be engaged in a process of keeping personal professional knowledge and skills up to date
- act within the limits of personal knowledge, skills and experience
- maintain proper and effective communication with individual service users, carers and other members of the team
- effectively supervise delegated tasks
- get informed consent to work with an individual (except in an emergency)
- keep accurate records in relation to individuals using speech and language therapy services
- deal fairly and safely with the risks of infection
- limit work or stop practising if personal performance or judgment is affected by health issues
- carry out all duties in a professional and ethical way
- behave with integrity and honesty
- follow HPC guidelines when advertising SLT services
- make sure that personal behaviour does not damage the speech and language therapy profession's reputation.

In addition to the HPC standards listed above, in relation to individuals using speech and language therapy services, **RCSLT members must:**

- recognise the ethical dimension that exists within every clinical decision taken
- respect the needs and opinions of the individuals to whom a duty of care is owed ensure that the wellbeing of individuals is not compromised by any action or omission on the part of the SLT
- respect the legal, social and moral norms of the society and the communities in which they work
- strive to maintain objectivity in all their judgements
- avoid activities which may give rise to a conflict of interest, and to make explicit to all concerned any potential conflicts of interest
- disregard prospects of professional advancement or personal gain when making clinical or professional decisions
- decline gifts or hospitality from individuals which could be construed as inducements to gain preferential therapy
- refrain from guaranteeing the results of therapy and from making false or exaggerated claims when promoting services
- agree fees in advance in accordance with RCSLT recommended norms and only charge for professional services rendered
- in association with the RCSLT, educate and inform the public
- regarding communication disability, ensuring the accuracy of such information
- retain the strictest confidentiality of information including that acquired in the course of non-clinical duties, except in the following cases:

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- where there is valid written consent by the individual or the individual's authorised representative
- where necessarily imparted to a close carer in the individual's best interests when, due to the nature of the individual's impairment, it is not possible for consent to be gained
- where there is a wider ethical or legal duty to disclose information
- where required by the order of a court.
- help protect the individual from the consequences of the disclosure of confidential information
- refrain from discrimination on the basis of age, cultural background, gender language, race, religion, or any other consideration. Selection for therapy should only be made on the basis of relevant individual information and accepted standards of best practice
- abstain from undertaking unnecessary therapy, or prolonging therapy unnecessarily, by continually monitoring and evaluating therapy effectiveness
- make onward referrals of individuals as appropriate
- not enter into inappropriate or disruptive personal relationships with individuals inform individuals of the nature and likely course of proposed intervention and of the status of those involved in their care
- gain valid consent for intervention from the individual and/or carers, as appropriate, and respect the individual's autonomy to give and withdraw consent at any time. Consent must not be assumed except in emergency situations (*see HPC guidance*), and should be in writing for research purposes, or when videotaping
- ensure familiarity with national guidelines and relevant legislation and ensure that these are observed by all staff for whom the RCSLT member has responsibility.

### In relation to colleagues **RCSLT members must:**

- share information, knowledge and skills to an appropriate level with fellow professionals and support practitioners
- ensure adequate support and supervision of speech and language therapy support staff, delegating to them only such duties as fall within their competence, and to accept responsibility for their actions
- facilitate the development and education of colleagues as appropriate
- refrain from collaboration in therapy with practitioners who are not appropriately qualified for the tasks they are undertaking
- maintain liaison with professional colleagues in cases of concurrent therapy
- refrain from disparaging the competence or character of colleagues
- make concerns regarding professional competence of colleagues known to the appropriate employing, professional, statutory and/or regulatory body.

### In relation to an employer **RCSLT members must:**

- work to the highest level of their ability within an agreed job description
- work within their employer's quality assurance frameworks, policies and procedures
- endeavour to satisfy the requirements of the employer except when: this conflicts with the best interests of the individual, the employer gives false information or issues misleading statements
- the directions of the employer place the SLT in significant physical or psychological danger
- the directions of the employer conflict with agreed professional standards.

It is in the best interest of individuals that RCSLT members exercise independent professional judgement at all times. (16)

**Reference List**

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Speech, Language and Communication needs, Evaluating outcomes, Commissioning support programme: [www.commissioningsupport.org.uk](http://www.commissioningsupport.org.uk)

### Whole School Approach

- Collaborative working and regular staff training, recognising and understanding Speech, Language and Communication difficulties supporting CPD
- Best practice and research based approaches to support students within the classroom (Pre tutoring, Visual support, Workstations)
- Differentiated curriculum planning supporting individual needs
- Support for Family/Carers and other agencies

### Students with Identified Needs Upon Admission

- Immediate support and intervention provided as recommended within Statement of Special Education Needs
- Formal and informal assessment of speech, language and communication skills as needed.
- Support to develop Individual Education/ Behaviour Programme
- Within class / group or individual intervention

### **Students without Identified Needs Upon Admission**

- Support from whole school approach to develop Speech, Language and communication skills
- Screen of Expressive and Receptive language skills upon admission
- Class / Group or Individual intervention if need identified