

Schools Therapy Resource Pack

Section 1 –
Introduction

Acknowledgements

The School Therapy Resource Pack has been compiled and written by the Solent Children's Therapy Team with significant input from OT School Action produced by the Winchester and Eastleigh Paediatric Occupational Therapy Team, the Language Resource Pack for Schools produced by the Winchester and Eastleigh Speech and Language Therapy Team and the Fizzy training and Clever Hands programmes developed by the Children's Therapists of the Kent Community NHS Trust.

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Introduction

As part of the package of support that the Solent Children's Therapy service gives to children we have developed this resource pack for schools and parents.

The aim is to help schools and parents provide appropriate and immediate support for children experiencing difficulties. Where a child improves, a referral to the Children's Therapy Service may not be required. However, the activities are not intended to take the place of direct therapy where it is needed and children should still be referred appropriately to the Children's Therapy Service. [See 'How to refer', section 9]

If after using the advice provided in the pack the child still continues to find tasks hard it may be appropriate for the child to be referred to the therapy service. The strategies you try can then be used as part of the referral. We have also included a suggested format of how to log the strategies that have been tried. Please see section 3 Identifying Functional Difficulties.

Any equipment suggested will be listed in the appendices with a suggested supplier.

Please feel free to contact us if you have any questions, comments or suggestions about the pack. From time to time we may ask for your feedback by sending a questionnaire, please help us by completing it.

Developing Children's Skills

Children enter school at different stages of development and there can be considerable variation between children in an ordinary reception class. Many will not have developed the underlying postural control, attention or organisational ability needed for more complex skills.

Babies and young children are usually driven to move and interact. They use movement and interaction to learn about the world and their effect upon it. Movement allows exploration, which in turn stimulates the senses of touch, taste, smell, vision and hearing. Efficient body movement is one of the primary tasks of childhood.

These underlying abilities are the essential foundation for more complex skills.

Balance and coordination rely on core stability (the body's central muscles working together to maintain posture) and are needed for classroom skills such as the ability to sit still, eye contact and eye tracking, listening, concentration and eye-hand coordination. These skills can be significantly affected if there is a delay in the development of core stability and the child cannot sustain upright postures (like standing and sitting) or stabilise the shoulder muscles to enable smooth, coordinated hand and arm movements.

Development follows a recognised sequence from postural control and coordination towards 'higher' skills which include making sense of the world around and being able to plan and carry out complex activities such as handwriting and dressing. Perceiving, understanding and using sensory information plays an important role in development. It will affect learning classroom skills, social skills and practical, everyday skills such as dressing and going to the toilet. Please see the pyramid diagram the first page of Section 2: Developmental Information.

Why a targeted approach in school?

It has been found that school staff who have received appropriate training in speech, language and communication needs are as effective as speech and language therapists in carrying out specified intervention programmes to develop expressive language¹. We know that carrying out standalone specialist interventions – the traditional once a week therapy programme- is not as effective in making improvements in children’s skills. It also does not encourage skills to be generalised and considered in the context of usual activities and demands of classroom and home environments.

Providing children with opportunities to develop their movement and language skills at school and at home is an effective method of intervention. In cases where children have very complex physical and/or speech and language difficulties or who are not progressing despite effective input at school then specialist provision by the a Therapist can be provided.

By supporting all children to develop fundamental movement, language and communication skills schools are likely to identify those children who require specialist intervention more quickly and provide early intervention for those who require more practice before developing specific challenges.

The Therapists

Children’s therapists work closely with parents/carers, other professionals, teaching and welfare staff at school and nursery to ensure that the children’s abilities are maximised and prevention strategies implemented to reduce harmful effects of abnormal movement, postures, and techniques. Therapy advice should be incorporated within the daily routine of their life at home and school.

All therapists hold a recognised qualification and are regulated by the Health and Care Professionals Council (www.hpc-uk.org). They are autonomous practitioners, responsible for the assessment and interpretation of investigations to provide expert, holistic intervention.

Occupational therapy

Occupational therapy uses activity and play to help a child to do the things that they want or need to do. It supports individuals to be the best that they can be. Motor, sensory, perceptual, social, behavioural and self-care skills are assessed. Occupational therapists use a combination or approaches and therapeutic techniques, advising on equipment and environmental adaptations where appropriate, to improve the child’s ability to access the physical and learning curriculum.

Physiotherapy

Children's Physiotherapy aims to help maximise movement and function when children are affected by injury, illness, developmental delay or other disability. Physiotherapists will use a combination of approaches to develop gross motor skills and provide intervention programmes, including equipment, which may be carried out by non-professionals if taught how to do so.

Speech and Language Therapy

A Speech and Language Therapist can assess the pupil's communication skills and feeding/swallowing (e.g. dribbling) and will provide advice accordingly.

Therapist's Roles & Responsibilities

- To support staff in providing a stimulating and language rich environment for all children with SLCN, motor and functional difficulties.
- To signpost education staff to resources, training and appropriate strategies which can maximise a child's potential.
- To assess children highlighted by the school as not responding to targeted strategies identified on the screening tool.
- To review the progress of children on the caseload and to update advice and targets as appropriate.
- To discuss the needs and progress of each child on the caseload on a termly basis until the child's needs can be met in the classroom environment through a differentiated curriculum or by school staff.
- To provide general advice, as appropriate, for all children for whom the school have concerns about their development.
- To signpost education staff to resources or appropriate strategies as the child is approaching discharge.

Schools Roles & Responsibilities

- To provide a stimulating environment to allow the development and generalisation of gross and fine motor skills
- To follow the guidelines laid out in this pack to identify children who need greater support with the development of skills, to implement appropriate strategies and to record progress and then to refer to the service.
- To implement activities and strategies in the classroom and in small group work as directed by therapists.
- To identify a skilled member of staff, or someone who is willing to learn through observation and joint working to carry out programmes with individual children.
- To organise time for therapists to meet with the SENCO after each visit to provide feedback and advice about individual children.
- To provide an opportunity for the therapist to discuss children and advice with their class teacher where appropriate.
- To keep the therapist informed about changes to children's contacts details, changes in parental responsibility and social situation.
- To keep parents informed of the therapist's visits and provide contact details to arrange a visit to discuss their child's needs/progress.

What can your link therapist do to support you and the children in your school?

Come and talk to me about your concerns regarding a child's speech, language, communication and feeding needs; fine motor, visual perceptual, handwriting and dressing skills; gross motor skills and motor co-ordination needs.

Without the need to refer a child to the service I can offer:

- Universal training – free via a whole school staff inset day
- Verbal suggestions for strategies to try based on your assessment of the pupil
- Sign posting to standard advice sheets for identified difficulties (included in this pack)
- Suggestions for other places / people from who to seek support
- Another therapist to contact you to provide advice

If you want more support you can purchase additional support not provided through our standard commissioned specialist service.

- Access standard or bespoke training
- Buy in additional time from our Service
- Contact your link therapist to discuss your requirements

What happens when I refer?

When a child has been referred to the service an assessment appointment will be offered. This may be at school or within a local clinic.

The child's skills will be compared to the pupil's chronological age AND to their general level of learning.

Following assessment, the therapist will discuss their findings and may offer:

- Specific, personalised training for parents and school staff.
- General advice regarding strategies to support difficulties
- Specific advice regarding strategies to support difficulties
- Help to set up a group e.g. narrative skills, social skills group, motor skills, handwriting
- Help in developing visual support e.g. visual timetable
- Individual or group intervention either provided by the therapist or therapy assistant or by school staff trained by the therapist.

If needed, a one-off review and advice can also be provided at any time. For instance, this is often helpful at transition, i.e. Jan – July of Year 6 or Sept – December of Year 7.

Secondary-age pupils with an Education and Health Care Plan for speech, language and communication needs who attend schools within Hampshire LEA will be eligible for support from the CAL team.

For pupils with long term difficulties such as: physical disability, neurological conditions, arthritis, speech difficulties, voice disorders, stammering/stuttering, feeding/swallowing difficulties and those who use communication aids, therapy will continue until difficulties

have resolved, are being successfully managed or until the child’s ability is functional for their everyday needs.

Universal, Targeted and Specialist support model

The Children’s Therapy Service are using the Universal, Targeted and Specialist support model to ensure that children and families receive the support they need when they need it. To enable us to do this we will be offering training and resources to develop skills within schools and other settings.

	Universal services	Targeted service	Specialist services
Population	All children’s needs are met by families, carers and the general children’s workforce (schools, nurseries)	Where there are concerns about motor and language development. Needs are met by families, carers and the general children’s workforce with support from Children’s Therapy	Children and young people requiring specialist assessment of their abilities and areas of difficulty. Needs are met by parents, carers and specially trained workforce.
Role of Children’s Therapy Service	Training provided on typical development of skills e.g. communication, gross and fine motor skills Health promotion e.g. ‘Tummy time’ talks to new parents. Use of Therapy Resource Pack in schools. Development of supporting information for Health Visitors use of Ages and Stages questionnaire (ASQ)	Training and advice given on specific areas of difficulty e.g. classroom strategies to promote communication or maximise attention. Specific activities to promote development which may be reviewed by a therapist	Individual assessment of need. Targeted therapeutic advice, requiring regular review and measurement of outcomes together with those involved in child’s care. Individual training of parents and staff

How to Use the Pack

- **Identifying Areas of Functional Difficulty** – complete the **Preliminary Checklists** Section 3 which are useful to help pinpoint a child’s difficulties and which sections to implement.
- **Implement strategies as indicated by checklist** – keep a record of what you have tried and outcomes.
 - **Section 4a** includes two gross motor programmes:
 - Achieving Body Control (ABC)** - focuses on core stability and postural control and is likely to benefit all children starting school as well as being used individually with children experiencing difficulties.
 - Clever Bodies** - further develops balance, motor planning and coordination and ball skills.
 - If you are using the BEAM programme already this can be used instead of ABC.**
 - **Section 4b** contains **Reception Fine Motor Skills Programme** and **Clever Hands** - hand function programmes.
 - **Section 5** contains activities to develop **language and communication skills**
 - **Sections 6** provides guidance on skills for learning and living
 - managing **sensory processing** difficulties (**6a**)
 - improving **visual perceptual** skills (**6b**)
 - developing better **attention and organisation** (**6c**)
 - developing **handwriting** (**6d**)
 - developing **self-care skills** (**6e**)
 - **Review Areas of functional difficulty**, - if difficulties continue or are not progressing as would be expected considering other levels of development.
 - **Complete referral checklists** - see section 9

Note: Sections 4 to 6 follow an approximate developmental sequence but stages of development overlap and skills need to mesh together and enhance one another.

‘Handwriting’ and ‘Self-Care’ which require particular combinations of skills are therefore found in the later Section 6

It is often appropriate for children to be provided with opportunities at home and at school to support development. Specific leaflets are provided to support parents.

Referral for a Therapy Assessment

- See Section 9: Referral.
- Complete additional checklists according to the child’s age and the referral form (see ‘How to Refer’; section 9)
- Send with any additional evidence to the Children’s Therapy Service

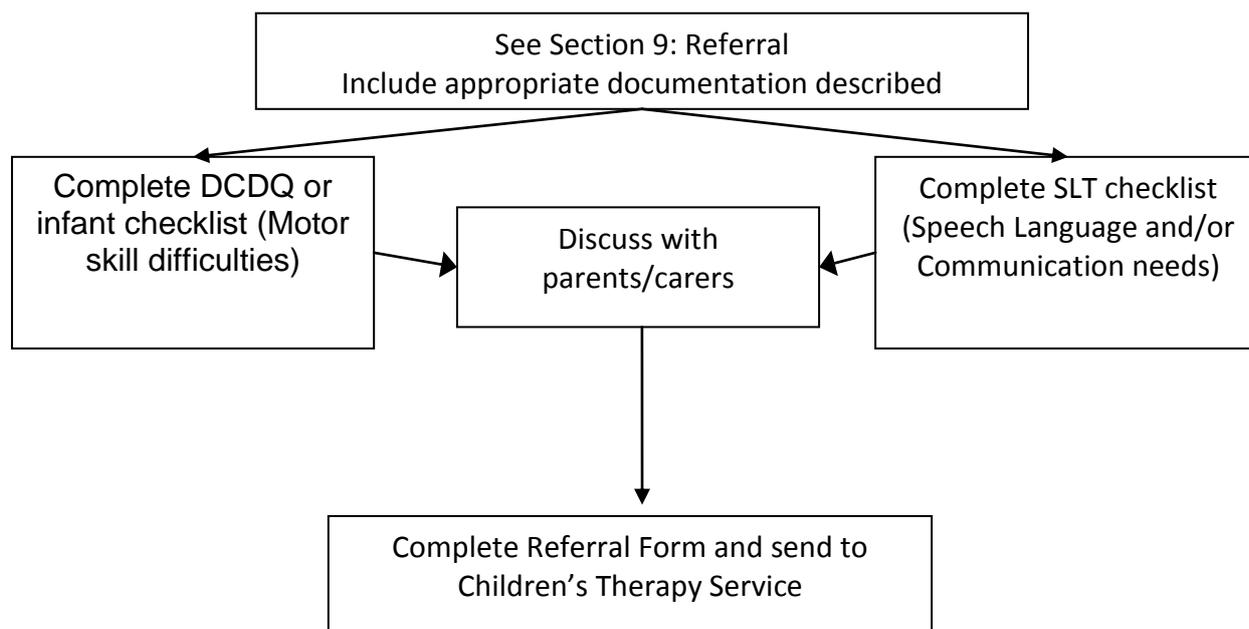


Figure 1 Requirements and Process

Training and support

FREE Training for school staff to support implementation of this pack is available from the Solent Children’s Therapy Service: see Section 8 for course details.

If questions arise about this pack or further information and help is needed, please contact: your link therapist or the Single Point of Access/Telephone Advice Line on 0300 300 2019

