

## Elm Tree Primary School Therapy Impact Report

### Speech and Language Therapy Impact Report 2018-19

From September 2108 to July 2109 the school employed a Speech and Language Therapist to work 22.5 hours a week within our setting. She also provided SALT services over 2 days to other settings when needed.

#### Universal Support

New children were assessed using the Clinical Evaluation of Language Fundamentals (CELF-IV.) If the CELF-IV was deemed not appropriate, they were assessed informally through observation and play.

Over the academic year 2018-19, a total of 35 new children were assessed. Advice and strategies were provided universally to class staff. In addition, training was provided to class teachers which informed them on the CELF-IV assessment and how to support the areas of need identified in their class. Data was also shared regarding their pupil's assessment results.

#### Targeted Support

From the initial assessment, targeted strategies were sent home and given to staff for the children who had an identified area/s of need. On-going support and advice has been provided where necessary.

#### Specialist Support

Over the year, 41 children in total were seen for specialist support in the form of weekly or fortnightly sessions. Targets were set each term by the speech and language therapist. One-to-one therapy sessions were carried out by the therapist and therapy assistant.

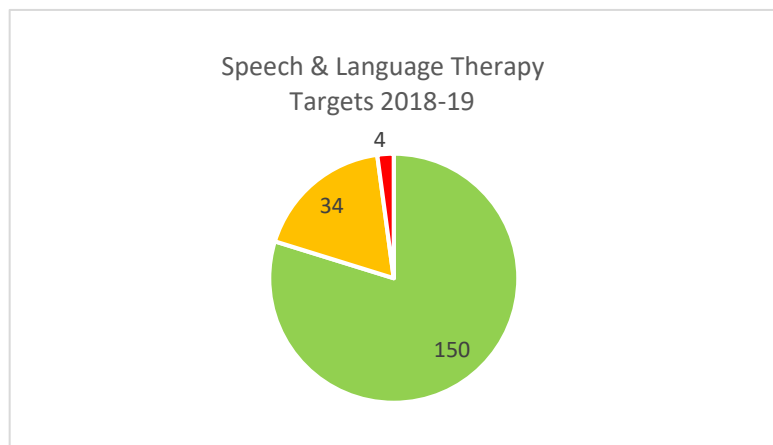
Detailed information can be found on their individual Therapy Programme. Targets have been set and reviewed termly. Assessment results and strategies to support areas of difficulty highlighted in the assessment were provided to staff. Further to this, liaison, advice and support has been provided.

Of the 188 targets set for the year for 41 children:

150 targets were achieved

34 were partially achieved

4 were not achieved



As part of the specialist caseload, 13 children were reassessed using the CELF-IV to check for progress.

Eleven children in year 6 who were on the targeted or specialist caseload were provided with a report for high school with their needs highlighted and strategies of how best to support them in their new setting.

## **Occupational Therapy Impact Report 2018-2019.**

**The school employed an Occupational Therapist for 26.5 hours a week to assess children and deliver intervention plans.**

### **Whole School Intervention**

The Occupational Therapy service has provided a number of key inputs which have benefited the whole school during the 18-19 academic year, including:

- Established a referral pathway for children new to school and children within school.
- Training, Liaison and consultation with all teachers to advise regarding whole class strategies to support regulation.
- Consultation and design input regarding suitable environmental adaptations across school including school playground, outdoor gym, outdoor classroom, soft play area.
- Training and joint sessions held with all levels of staff to give advice regarding activities to promote motor development and sensory regulation. This included making effective use of the outdoor playground, gym and hall space.
- A range of equipment bought for therapeutic use across school, this includes but is not limited to: adapted school furniture; equipment which enhances proprioceptive and vestibular input to promote regulation and develop motor skills; weighted therapy; ear defenders; chews; adapted classroom equipment.
- Established protocols for safe therapeutic use of equipment including referral procedure and training for staff using equipment.
- Liaison with P.E. co-ordinator to support grading of interventions to promote confidence and promotion of skills, especially for those with poor motor skills.
- Close Liaison with Thrive Staff to share skills and promote understanding of role of sensory input in development of attachment, how this can be compromised and how to ensure shared activities can be adapted and graded according to these needs.
- Liaison with therapy dog handler to establish joint aims for treatment so Ellis (therapy dog) can be used to support OT targets. This will be further developed over the coming year.

### **Early Years**

Early Years was an area of significant focus for the Occupational Therapy service during 2018/19.

As part of the standard assessment process it was identified that there was a particularly high level of need within the Early Years Provision. This included difficulties with sensory processing, cognitive development, skill development and engagement in the activities that are typical for children of this age such as self-care and play.

The motor skills of all children were assessed; in the majority of cases, standardised assessment tools were used for this. As can be seen this identified a high level of need: 85% of the children were identified as having significant need. Of these, 75% were in the 0.5 centile or below, and 50% were in the 0.1 centile.

Of the two remaining children, one child was identified as being at risk of a movement development difficulty and for the other child although no movement difficulties were detected using this assessment, issues were identified integrating visual information and motor skills coupled with poor regulation.

Due to the identified delays in development, staff were keen to ensure that physical development and sensory regulation was a key focus throughout curriculum and enrichment activities and as such developed close working relationships with the therapy team. Intervention from Occupational Therapist included:

- Training regarding typical patterns of motor development; the importance of core strength and gross motor skills and the effects deficits in this area can have on the development of fine motor skills which are key to handwriting development.
- Training regarding interventions and activities to promote the development of these underlying skills. This included activities which develop function of the hand but also ensuring that time and focus is maintained upon development of the whole body, which is a vital cornerstone of sensory regulation and fine motor skill.
- Training regarding the key role balance has in occupational function and how deficits can manifest in aversive behaviours, rigidity of behaviour and fight, flight or freeze response. Training was given to support the development of balance.
- Training and consultation regarding sensory processing, sensory processing difficulties and sensory regulation. Sensory input was embedded throughout the curriculum ensuring key elements of heavy work, movement and deep pressure to support regulation.
- Support and advice to develop environments which encourage development of motor skill including outdoor playground and soft play area.
- Research and developed permanent soft play space
- Lecture based training given to all staff in early years regarding Sensory Processing and Neurodiversity

As well as this whole class approach, individual treatment plans with suggested interventions and suitable equipment were created for all children.

All children within early years were given specialist assessment/ treatment to establish 'just right challenge', playfulness and confidence. This is a core concept in sensory integration intervention which uses the inherent drive of the child to develop skill through child lead activity leading to an adaptive response. The therapist enables this process through ongoing monitoring and careful grading in the choice of the environment and activities provided.

From initial treatment, 10 children were provided with specialist individual intervention and 8 were provided with specialist intervention through group work.

Group work sessions were used to develop play skills, support communication with others as well as focussing upon motor skill development. Concepts such as sharing, turn taking, and negotiation were inherent.

Training was also a main focus of Group work sessions as it also allowed joint working and skill development in support staff.

Impact of these interventions was measured by assessment of the skills required by the EYFS curriculum. All children were observed to have made significant progress in these skills.

## Specialist Intervention

In addition to the specialist intervention sessions for children within early years, specialist intervention was provided for 9 other pupils within school. The assessment process included liaison with class staff, liaison with parent/ guardians, observation and specialist assessment as required. An individual treatment plan was provided for each pupil linking aims of treatment to EHCP targets. Targets and Intervention varied according to the child but included: provision of equipment; training for support staff; consultation and advice for parents including home visits; monitoring of classroom interventions and weekly individual intervention for the child. Again, training was a key element of all intervention to ensure continuity when in the classroom and sharing of skills.

All children who received intervention made progress toward their respective EHCP targets.

## Motor Skills Assessment of Early Years

The movement ABC-2 test is a standardised test that requires a child to perform a series of motor tasks in a strictly specified way. The test provides objective quantitative data on movement competence.

Name of child	Manual Dexterity		Aiming and Catching		Balance		Total Test Score		Recommendation for Treatment
	SS	P	SS	P	SS	P	SS	P	
Child 1	4	2	9	37	1	0.1	36	0.5	Group
Child 2	2	0.5	7	16	5	5	2	0.5	Group
Child 3	1	0.1	7	16	6	9	2	0.5	Group
Child 4	1	0.1	5	5	5	5	1	0.1	Group
Child 5	3	1	5	5	8	25	4	2	Individual
Child 6	3	1	9	37	8	25	6	9	Individual-sensory processing difficulties
Child 7	1	0.1	5	5	2	0.5	1	0.1	Group
Child 8	6	9	9	37	5	5	5	5	Group
Child 9	2	0.5	8	25	1	0.1	1	0.1	Individual and group
Child 10	28	37	14	91	12	75	12	75	Individual
Child 11	2	0.5	1	0.1	1	0.1	1	0.1	Individual/ classroom based
Child 12	4	2	9	37	3	1	4	2	Individual
Child 13	3	1	4	2	1	0.1	1	0.1	Individual/ group
Child 14	3	0.1	4	2	4	2	1	0.1	Individual/Group
Child 15									Individual; standardised assessment not appropriate
Child 17									
Child 18									

SS- Standard score

P- Percentile

## Traffic Light System

The Movement ABC-2 Assessment only uses a traffic light system for the total test score. They identify the following:

Child's Score	Percentile Range	Description
Red Zone	At or below the 5 <sup>th</sup> percentile	Denotes a significant movement difficulty
Amber Zone	Between the 5 <sup>th</sup> and 15 <sup>th</sup> centile inclusive	Suggests the child is 'at risk' of having a movement difficulty; monitoring required
Green Zone	Above the 15 <sup>th</sup> centile	No movement difficulty detected

Within the table the component scores have been highlighted to denote relevant areas of strength. However it is important that these scores are not take out of context and should be viewed as a whole.

### Summary of Specialist Occupational Therapy Input 2018/2019

Child	Start Date	Contacts (Including Liaison)	Types of Target	No of Targets	No Targets Achieved	No Targets Partially Achieved	No of Targets not achieved
Child 19	12/9/18	58	Relationship building, Trust and safety, enhance communication, Reduce Arousal, Choice making, Participation in school based activity, Bilateral Movement, Play skills	8	6	2	0
Child 20	9/5/19	10	Trust and safety, Sensory assessment, Motor Regulation, Confidence in mvt	4	0	4	0
Child 21	14/9/18	18	Trust and safety, Sensory Assessment, Motor Regulation, Enhance Communication	4	0	4	0
Child 22	14/9/18	35	Positive Relationship, Trust and safety, Accept direction from others, Tolerance for frustration, Sensory Regulation, Movement skills, Classroom Participation	7	7	0	0
Child 23	14/9/18	18	Confidence in Movement, Ability to cross midline and bilateral movement, grip strength, Sensory needs, Stability at proximal joint, tolerance in frustration	7	7	0	0
Child 24	13/6/19	10	Gross motor and fine motor skills, grip strength, stability in proximal joint, Participation in classroom activities	5	4	1	0

Child 25	18/9/18	18	Confidence in movement, Accept direction from others, tolerance for frustration, stability at proximal joint, Core strength, balance, Tactile processing, laterality, grip strength	9	9	0	0
Child 26	4/3/19	24	Confidence and self-esteem, Build relationship, Trust and safety, Enhance Communication, Sensory Assessment, Confidence in movement	6	5	1	0
Child 27	18/9/18	27	Confidence and self-esteem in movement, Transfers, Cross midline and Bilateral movement, scissor skills, imagination in play skills, tactile tolerance and tactile perception	7	7	0	0
Child 28 JS	10/9/18	37	Confidence and self-esteem in movement, crossing midline and bilateral movement, balance, grip strength, laterality, stability in proximal joints, Imagination in play, tolerance for frustration, sensory assessment, classroom environment	11	11	0	0



## **Counselling Impact Report 2018-2019**

During 2018-2019 one counsellor was employed by the school to work with specific children identified by class teachers and SMT. Between September and January she was employed for 22 hours a week, providing weekly sessions for 13 children. Due to illness, this was discontinued until May, at which point a qualified member of staff began to see six children who were identified as having the greatest need.