



Best use of external SEN professional Nelson Mandela Primary School

In the Autumn of 2013 we sought help from an independent speech and language therapy (SLT) service. We knew that despite our best efforts, the language levels of our pupils could be improved. More pressing for us at that early stage however, was the number of children with obvious speech, language, communication and interaction difficulties (SLCN) who were not receiving any input from local services. We wanted a therapist who would come into school and provide treatment!

Initially the therapist assessed our most needy children: plans and programmes were put into place.

As soon as it was agreed to commission an *on-going* service (using our Pupil Premium money*), in partnership with the therapist, a longer-term plan emerged. We began to realise that we could (and *should*) use the therapist not only as a 'clinic in a school' but *also* as a source of expertise and advice to help us build sustainability, understand the nature and impact of SLCN and be confident to learn how to do things for ourselves.

Our Therapist was very clear with us that if we were to successfully achieve *our* overall aim – which was to skill up our *own* staff to be able to support children with SLCN so that, in the longer term, we would become more autonomous and less reliant on specialist services, we would need to take on the two-stranded approach of both *prevention & intervention*. If we didn't

address the problems early on, we would never reduce the numbers of children needing help later.

With the therapist we have developed a proper **pathway** which, eventually, will become part of our Whole School Language & Communication Strategy. Based on the pyramid model, we have a two-pronged approach which encompasses both prevention & intervention. To be able to sustain quality management of SLCN we know we must use our resources to greatest effect and be able to deliver universal services ourselves, support those children who need targeted input at tier 2, and be confident to use out therapist for the tier 3 children.

Prevalence of SLCN and Tiered interventions

Tier 1: Specialist. Therapist-lead but with increasing hands-on from TAs as they become more skilled. SLT supports communicate with parents.

Tier 3: Universal. We are trained to carry out our whole Nursery language screening & to deliver a range of whole class strategies to support *all* children's speech and language. SLT supports nursery visits and parent groups. **Tier 2:** Targeted. Therapist-designed but primarily delivered by TAs. SLT supports communicate with parents.

The Pathway

Essential criteria were to have strategies at every level of the pyramid so that no child would be in danger of being missed.

Right from the beginning

Prevention: Nursery staff screen *all* children on entry (we use the Wellcomm Screening Toolkit). Children either already falling behind their peers or at risk of doing so are identified and interventions are put into place to reduce the numbers significantly behind before Reception entry. We know this works.

Table 1: Reception Summary –before Wellcomm in Nursery (Autumn 2013)

Significant cause for concern (red)	4	13%
Age appropriate or just below	22	73%

Table 2: Reception Autumn 2015 (these children had Wellcomm in Nursery)

Significant cause for concern (red)	0	
Age appropriate or just below	26	96.5%

Our therapist has shown us how to ‘play detective’ to try and identify the *reasons* for low scores. We can then group children more effectively and also make sure that those (high priority children) for whom a universal approach is not enough are fast-tracked to the therapist.

We rescreen at the end of the Spring term. This single data snapshot shows the impact of this approach. This has been replicated both years either side of 2015.

Nursery 2014 → Reception 2015	Autumn 2014		Spring 2015		Autumn 2015	
Significant cause for concern (red)	6	17%	4	11%	0	0%
Age appropriate or just below	23	57%	30	85%	26	96.5%

We have a clear picture of needs on entry into Reception. All new children into Reception are screened and the Nursery approach is replicated.

Confidence to be able to identify children for whom **EAL** is the primary reason for low scores has increased significantly. We have used our therapist to help us turn ‘gut feeling’ into something more concrete and measurable. There is no need to target valuable resources towards a process which will naturally evolve given a generally rich language environment. It is only *this* year (2015/16 window) that we have more formally monitored the EAL cohort.

EAL ‘experimental’ group	Autumn 2015		Spring 2016	
	number	%	number	%
Significant cause for concern (red)	8	100%	1	12.5%
Age appropriate or just below	0	0	7	87.5%

By year 1 Interventions are tiers 2 & 3-based. TAs with additional training deliver 1-1 programmes and/or run small groups.

Years 2-6

Needs are clearer and we are far more confident in understanding where SLCN is part of a general developmental delay and using our resources appropriately. We also now recognise the clear link between SLCN and behaviour problems and have a strong pastoral approach to supporting these children.

As in any setting, we have a small number of children with on-going quite complex needs. Any child still requiring additional support has a personalised plan, developed jointly with SLT which may include 1-1 support and/or small group work which may have a nurture or social interaction component.

We have used our therapist to accelerate information-gathering in complex cases where there is a significant medical component; access occupational Therapy where it is needed and to contribute to KS3 transition as appropriate. At the beginning of this journey we sometimes despaired whether we would ever reduce the numbers needing support. The table below shows the gradual year-on-year reduction. There will always be children requiring specialist help but our aim is to identify them at the earliest opportunity, put support in place and use our resources to maximum effect.

*Autumn term	2013	2014	2015
EYFS	54	31	20
Years 2-6	24	16	7

*our data stages follow the academic rather than calendar year.

***Validating the use of Pupil Premium (PP) to fund our SLT service**

Evidence from 2 different cohorts shows a correlation between PP & low language scores on screening.

*PP = 37.5% of total cohort	Autumn 2015		Spring 2016	
	% of total	% of PP		
Significant difficulty	33%	92%	8%	25%
Age approximate or just below	4%	8%	26%	75%

Our success is out there in the community and other schools come to us for support in setting up systems in their schools as we have taken a whole school strategy approach. Our staff are now experts and the model is self sustained.