The Birches Specialist Support School
Communication Policy

Date Reviewed: November 2021

Reviewed by: Dani March Assistant Head

Signed: ………………………………
On behalf of the Governors

Signed: …………………………..
Head teacher

Date of next review: October 2024

THE BIRCHES SCHOOL SPECIALIST SUPPORT SCHOOL
Communication POLICY

At The Birches Specialist Support School we encourage and value all forms of communication, and believe that all children have a right to access the curriculum at an appropriately differentiated language level. We recognise that effective communication is required for learning across all areas.

Communication underpins everything we aim to do. We aim to maximise learning opportunities and autonomy. By promoting sound, effective and appropriate communication systems we are best able to support an individual in all areas of their teaching and learning.

Communication throughout this policy encompasses a child's ability to understand language and routine, as well as expressive communication. Children across school will use a variety of means of expressive communication, including spoken language, gesture and/or signing, communication books, communication aids (AAC: Augmentative and Alternative Communication) and PECS (Picture Exchange Communication System).

We are committed to providing high quality, consistent environments using a total communication approach. We aim to achieve this through the use of:

- Real objects
- Photographs
- Symbols
- Signing
- Spoken language
- Written language

We aim for all children to achieve their full communication potential.

We are committed to supporting parents to further develop communication skills at home.

Differentiating Language Levels

Teaching through the use of spoken language alone is only successful for those who can understand spoken language easily. If spoken language is difficult for an individual to understand, the use of a mainly spoken language approach is likely to be unsuccessful.

If a child has severe comprehension difficulties they are likely to be confused by spoken language. This may result in them disengaging from their social and communicative environment.

It is acknowledged that it can be difficult to adapt the language levels in a classroom due to:

- Adults being insufficiently aware of the complexity of the language that they use with children
- Children's understanding of language is often over-estimated considerably due to children's levels of skill in other areas.
- Staff concerns about using less language

All staff, including lunchtime staff and bus escorts should be aware of their language levels when working with all children.

The four key principles of simplifying spoken language are summarised in **"The 4 S's"** (adapted from Hanen: More Than Words):

- **Slow**: slow rate of adult speech and give time to respond
- **Show**: use of specific visuals to support understanding and communication
- **Say less**:
  - o Reduce speech in all situations
  - o Most children will respond better if single words are used, or at most 2-3 words at a time
  - o Delay the use of speech if a child is engaged in an activity as they may find it hard to process the language when they are busy
- **Stress**:
  - o Children often find rhythmical, predictable language easier to learn, e.g., numbers and 'Ready steady go!'
  - o Map words onto the relevant aspects of the situation.
  - o Give a simple running commentary of what the child is doing.
  - o Avoid asking questions

Specific Teaching Methods and Therapy Approaches

We utilise a number of approaches across school to support understanding, access to the curriculum and expressive communication. This is reflective of the wide variety of learning need catered for at The Birches Specialist Support School. Specific methods utilised include:

Sensory Timetables

Sensory timetables are to be used to alert children to activities that are going to take place during a school day. Objects used within sensory timetables should be the same as the objects of reference used within school. The timetable should be divided up in to two distinct categories:

- A weekly calendar to support children's understanding of a specific day

- A daily timetable where the routine of the day is mapped out. Objects of reference should be used at key point within the day, i.e. change in activity to support children's understanding

Sensory timetables should include multi-sensory prompts including: smell, music, texture and colour of the day. Timetables and prompts used within them should be standardised across school. All staff within school should be aware of sensory timetables and prompts being used.

Here is an example of a sensory timetable:

Day	Colour	Smell	Taste (lip balms)	Texture	Music
Monday	Red	Bergamot	Watermelon	Sandpaper	
Tuesday	Yellow	Lemon & lime	Tropical	Fur	
Wednesday	Green	Peppermint	Apple	Foil	
Thursday	Purple	Lavender	Grape	Felt	
Friday	Blue	Eucalyptus	Original	Vivelle	

Objects of Reference

All children with PMLD and children who have significant comprehension difficulties should have access to objects of reference. This will include pupils with significant visual, auditory and multi-sensory impairments. All staff working within school should be aware of which objects of reference are being used. This should include lunchtime organisers and bus escorts.

Objects of reference are real objects used meaningfully within a child's routine in order to support their understanding of what will happen next. Objects are to be standardised across school in order to support transitions: When a child moves from class to class the name of a cup doesn't change therefore the object used should not change.

Objects of reference form part of a total communication environment, and as such words and signs should be used alongside, as per example below. Objects should be available appropriate to individual pupil's needs, i.e. if gastrostomy fed, dinner time objects should be substituted for those appropriate to tube feeding.

Routine	Object	Sign	Phrase
Changing	Nappy/pad	Toilet	Toilet time
Dinner time	Spoon and apron	Dinner	Dinner time
Hydrotherapy	Swimming costume/trunks	Swim	Swimming

Where available, objects of reference should be established in conjunction with the school-based Speech and Language Therapist. Parents should be supported to set up objects of reference at home where possible.

Signing

Within school, signing is used alongside spoken language, using 'Sign Supported English' (also known as 'Communication Link'). Signing is used both to:

- support children's understanding of adult language
- to provide a means of communication for some children

Signing should be used **to support children's understanding of adult instructions**, signing key words only, within:

- Specific lessons, as appropriate
- Assemblies
- Lunch and break times
- Leisure times: fun clubs, playtime
- Personal and social times: toileting, dressing
- Greeting times

For some children whose primary need is autistic spectrum condition, developing sign language as a means of communication may not be appropriate. In these instances, priority will be given to visual systems, including PECS where appropriate. These children may continue to benefit from signing and/or natural gesture by adults to support understanding.

For children whose primary need is hearing impairment, British Sign Language may be more appropriate. Where this applies, this decision will be made jointly with Hearing Impaired Service and Speech and Language Therapy.

Resources available within school: Communication Link books within each class, Signmaster software

Visual Structure, incorporating aspects of TEACCH (Treatment and Education of Autistic and Communication Handicapped Children)

We believe that children learn best when there is consistency. We therefore strive to make the visual structure in school consistent and accessible to children of different abilities. It is important to recognise that visuals need to be multi-level to reflect the wide variety of learning need catered for within school.

In order to achieve consistency within the learning environment, symbols should be standardised across school, all symbols being taken from Boardmaker, where appropriate. Exceptions to this will be linked to individual children's/group's needs. Size will vary depending on the child's need. It is acknowledged that some children will need photographs initially.

Specific TEACCH aspects used include low distraction classrooms and individual work stations for specific class groups, as well as visual timetables for all classes.

Social Stories

Social stories, where appropriate, should be jointly written, ideally in conjunction with Speech and Language Therapy or Clinical Psychology. One involved practitioner should have specific knowledge relating to social stories, their uses, and their specified format. The aim of the social story should be agreed in advance.

Picture Exchange Communication System (PECS)

Not all children will require PECS to communicate. Assessment of children to establish appropriateness of PECS or alternative means of communication should always be done in conjunction with a Speech and Language Therapist.

PECS can be useful to support use and emergence of spoken language.

PECS is primarily useful for those children who have limited functional verbal communication skills and are not yet interested in interaction/communication. It will be of particular benefit to children who do not initiate spontaneous verbal communication frequently or effectively.

In order to achieve consistency within the learning environment, symbols should be standardised across school, all symbols being taken from Boardmaker, where appropriate. Exceptions to this will be linked to individual children's/group's needs. Size will vary depending on the child's need. It is acknowledged that some children will need photographs initially.

Intensive Interaction

Intensive Interaction is an interactive, naturalistic approach that is based on a normal developmental model. The focus is on 'teaching' the child that interacting with others can be enjoyable and that others can be within their control. Intensive interaction is ideally introduced in one-to-one settings at first.

Intensive interaction aims to develop the fundamentals of communication:

- Attention to another person: brief → shared
- Extend attention, concentrating on the other person
- Shared attention in activities
- Turn taking within behaviours
- Eye contact
- Facial expression
- Gesture/body language
- Physical contacts
- Vocalisations → varied and extensive → more precise and meaningful

One-to-one sessions should be frequent and intense in order to allow maximum opportunities to develop these skills. Intensive interaction can be most successful when social opportunities throughout the day are used, rather than setting aside specific time, i.e. adults are responding to when the child is most sociable and receptive. For example: if a child is spontaneously babbling, join in with them, using their own sounds and action within a communication exchange. The use of props including musical instruments, scarves etc can be beneficial.

As the child begins to respond in a communicative manner, the adult should change their vocalisations or actions to encourage the child to use new sounds or actions. If the child begins to lose interest in this, change the adult vocalisations back to match the child's original vocalisations.

Colourful Semantics
School will use elements of colourful semantics to support pupils where appropriate. Speech and Language therapists will inform practice to ensure a consistent approach. A resourced area is maintained on the school intranet.

Speech and Language Therapy Provision

Speech and Language Therapy provision within school is based upon Manchester Primary Care NHS Trust Speech and Language Therapy Department's wave approach to intervention
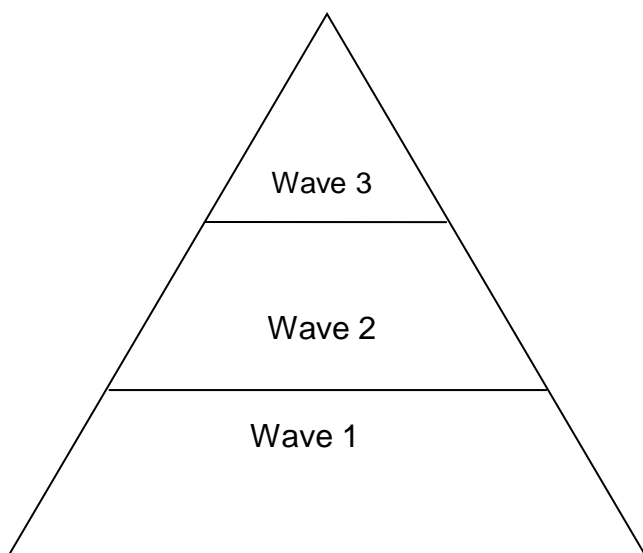
Wave 3:
- Individual assessment
- Individual input
- Joint curriculum planning
- Assessment of new intake (as required)
- Transition planning
- Statutory assessments

Wave 2:
- Training staff to run groups
- Parent workshops

Wave 1:
- Total communication
- Training

6

Where previously known to Speech and Language Therapy, current targets/recommendations will be shared with class staff. Review assessments will be offered as required if insufficient information is available.

Where not previously known to Speech and Language Therapy, a new referral must be made, for assessment as prioritised within already agreed specific areas of focus.

Transitions/School Leavers

It is good practice to share information on school transitions. The Speech and Language Therapist will liaise directly with the receiving school's link Speech and Language Therapist to ensure continuity of care. Communication passports are an effective way of sharing information. These should be written in conjunction with parents/carers and class staff to ensure full and accurate information is included.

Roles and Responsibilities within Speech and Language Therapy

Speech and Language Therapy provision within school consists of 1 day's Speech and Language Therapist's time, supported by a Communication Support Advisor (TA3).

Line management of Communication Support Advisor (CSA) remains the responsibility of school.

"The qualified speech and language therapist holds the ethical and legal 'Duty of Care' for the patient/client and consequently for the standard of duties delegated to a support practitioner. All clinical decisions concerning the client are therefore the responsibility of the qualified speech and language therapist, including client selection for therapy, admission to the caseload and discharge from the service. A therapist must therefore always be responsible for the work undertaken by a speech and language therapy (SLT) support practitioner." *(Royal College of Speech and Language Therapists, Standards for Working with Speech and Language Therapy Support Practitioners, March 2003).*

Clinical decision making is the responsibility of the Speech and Language Therapist. This applies to clinical decision making for CSA also. Clinical decision making refers to:

- Prioritisation of children for CSA input
- Nature of input provided, including resources required
- Specific advice offered
- Home visits offered (see separate home visit section)
- Information distributed across school

It is always the responsibility of the Speech and Language Therapist to complete assessments, make recommendations and complete child-specific reports.

Specific Roles and Responsibilities within The Birches School (overall clinical responsibility remains with the Speech and Language Therapist at all times)	
Speech and Language Therapist	**Communication Support Advisor**
Individual assessment of children	Screens specified children as directed (using DLS rapid screening test as trained)
Sets individual targets/recommendations	Carries out individual programmes as directed
Recommends appropriate groups for specific children/sets group aims	Runs groups
Identifies children for wave 3 input (in conjunction with class staff)	Informs SLT if class staff have concerns regarding specific child
Report writing	Contributes to reports, i.e. observations made, summarises input, as directed

Initial home visits	Follow up home visits
Provides training across range of communication issues as agreed in termly planning meetings	Contributes to training across a range of communication issues as directed by SLT
Establishes multi-disciplinary links	Contributes to multi-disciplinary links
Evaluates service delivery	Contributes to evaluation
Plans, delivers and evaluates parent workshops	Supports parent workshops, contributes to evaluation
Provides home-school links: input into The Birches Bugle	Provides home-school links: input into parenting groups, contributes to input for The Birches Bugle
Recommends child-specific resources	Provides child-specific resources
Recommends wave 1 resources	Provides and updates wave 1 resources, i.e. menu symbols

Training for Staff

Please see Training Framework for additional information.

Training regarding Speech, Language and Communication Needs should be considered, at an appropriate level for each of:
- Class staff
- Lunchtime staff
- Escorts

Parental Involvement

We recognise that children's communication skills will develop more effectively if a consistent approach is achieved across both home and school. Where possible, the Speech and Language Therapy Team will promote this through the following:

- Parenting groups
- Parents' evenings
- Resource library

- The Birches Bugle
- SLT-led parent workshops
- Home visits

Home Visits

Speech and Language Therapy home visits will be offered at the discretion of the Speech and Language Therapist, and will depend upon several factors including:

- Multi-agency support for families to achieve aims
- As/when new communication systems are introduced within school for a specific child
- Parental concern
- Current clinical commitments within school

Initial home visits must always be carried out by a Speech and Language Therapist. Once recommendations have been set and advice offered by a Speech and Language Therapist, follow up visits may be offered by CSA. The decision as to staff appropriate

to carry out a home visit will be made by the Speech and Language Therapist in conjunction with the senior leadership team.

Speech and Language Therapy home visits for children with feeding and swallowing needs remain separate to those for communication needs. Visits will be offered dependent on current need and in agreement with the school-based multi-agency feeding and swallowing team.

Home visits should be carried out in accordance with Manchester Primary Care NHS Trust Speech and Language Therapy Department's policies and procedures and Manchester Primary Care NHS Trust's Lone Worker Policy.

Policy Information and Review

Review frequency: every 3 years

Date	Version	Changes made	By whom (name and role)	Due date for next review	Reviewed & Ratified by Govs. (sign and date)
October 2008	1	N/A	T&L Committee	October 2009	
October 2009	2	General review	T&L Committee	October 2012	
October 2012	3	General review	T&L Committee	January 2014	
January 2014	4	General review	T&L Committee	January 2017	
January 2017	5	General review	D March Assistant Head	January 2020	
October 2018	5	Page 4 wording added to highlight that this is an example of a sensory timetable as requested by Governors for ratification	F Shah Deputy Head	January 2021	
October 2018	5	Dates changed for ratification purposes –	F Shah DHT	October 2021	

		policy is the same just the dates altered			
November 2021	5	Dates changed for ratification. Communication support advisor updated from TA4 to TA3 on page 8	D March AHT	October 2024	