

Speech and Language (SaLT) and Occupational Therapy (OT) at Helen Allison School

Meet the Team

Speech and Language Therapy



Joanne Neill Smith¹

*Principal Speech &
Language Therapist &
Clinical Lead*



Lisa Moxham

*Speech and Language
Therapy Assistant*



Emily Trapp

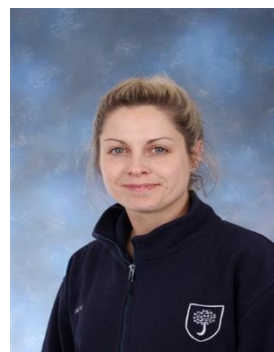
*Specialist Speech and
Language Therapist*

¹ Two days per week at Helen Allison School, including Senior Leadership responsibilities, admissions and caseload.

Occupational Therapy



Corinna Laurie²
*Principal Occupational
Therapist & Clinical Lead*



Gemma McCann³
*Occupational
Therapy Assistant*



Anna Mundy⁴
*Occupational
Therapist*

² One day per week at Helen Allison School, including Senior Leadership responsibilities and admissions.

³ Two to three days per week in Occupational Therapy Assistant role.

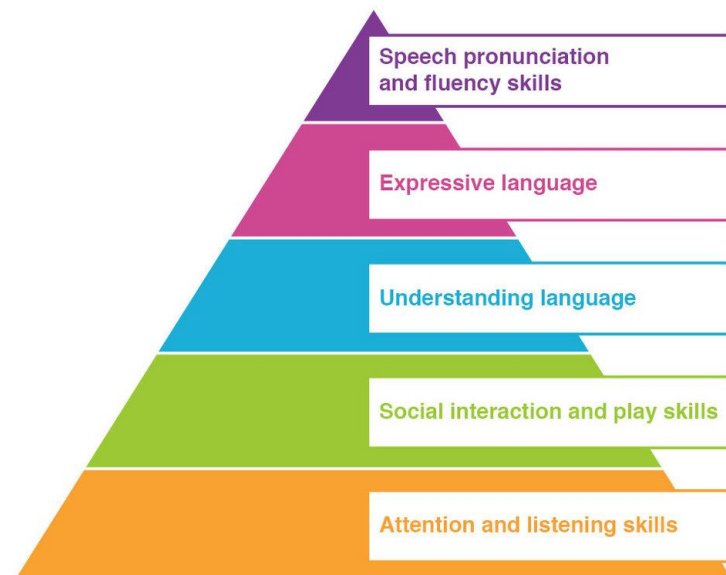
⁴ Four and a half days per week in Occupational Therapist role.

Therapy Overviews

Since the transdisciplinary team works together to support each pupil to reach their full potential, specific roles are not always clear-cut. Whilst team expertise is fostered and respected, all team members support each other to understand and meet our pupils' needs to enhance their engagement and wellbeing. Class staff are an essential part of this team.

Speech and Language Therapy

Broadly speaking, the Speech and Language Therapy team help profile and facilitate the following areas of communication development. The wider team around the child is also essential in supporting these areas.



This pyramid highlights key building blocks of communication in developmental order. We assess and support development from the bottom up, as each layer of the pyramid supports the development of the layers above it. For example, young people need to understand words before they can use them meaningfully. Similarly, in order to develop functional understanding of language, a young person needs to have developed their social interaction and attention and listening skills to an appropriate level. Amongst social interaction and understanding and use of language, pragmatics is considered (social use of language).

As shown under 'Therapy Delivery', children learn to communicate best when they have the means, reasons and opportunities to do so. They also need adults who are responsive to how they communicate. We therefore look at ensuring the following aspects are in place:

- Means e.g. symbols, photos, non-verbal, speech or a combination

- Reasons e.g. to get something, social enjoyment
- Opportunities e.g. with x peer/adult, y location, when natural opportunities arise.

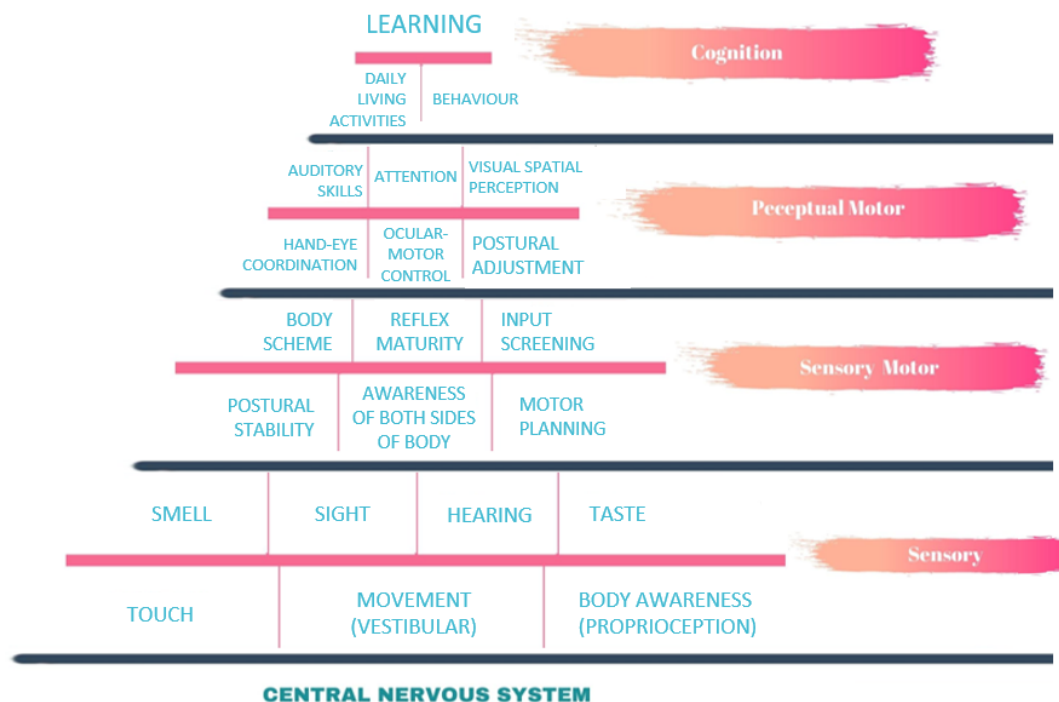
Occupational Therapy

Broadly speaking, the Occupational Therapy team facilitates engagement in occupations (meaningful activities) in the following areas. The wider team around the child is also essential in this.



As shown under 'Therapy Delivery', occupational performance is at its best when there is a good match between the person, their environment and their occupations.

As each layer of the pyramid below is built on the layers beneath, we may focus on the lower levels to facilitate pupils' engagement at higher levels.



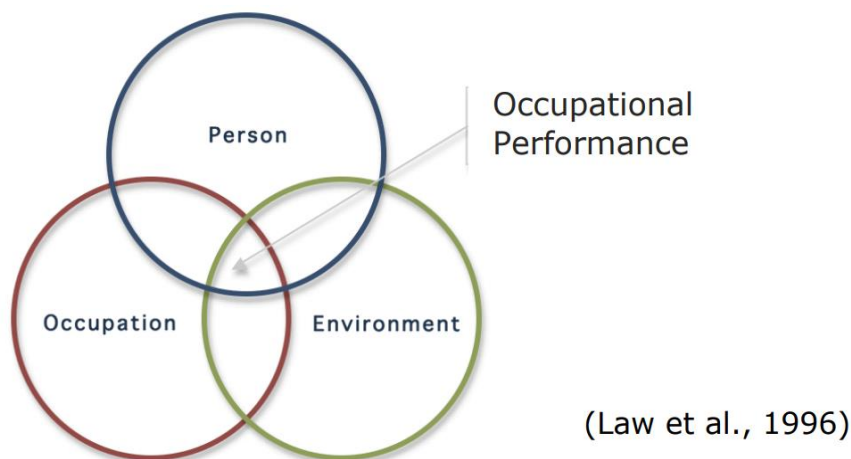
Therapy delivery

All pupils are monitored by the Speech and Language and Occupational Therapy teams.

Therapy is integrated throughout the curriculum and school environment at Helen Allison School. Indirect therapy is essential in achieving this. Indirect therapy is therapy provided in a more consultative manner through those who work closely and regularly with the young person. All pupils receive this type of input, to varying extents, with therapists onsite and frequently liaising with class staff. This allows for therapy to be embedded in a natural and effective manner.

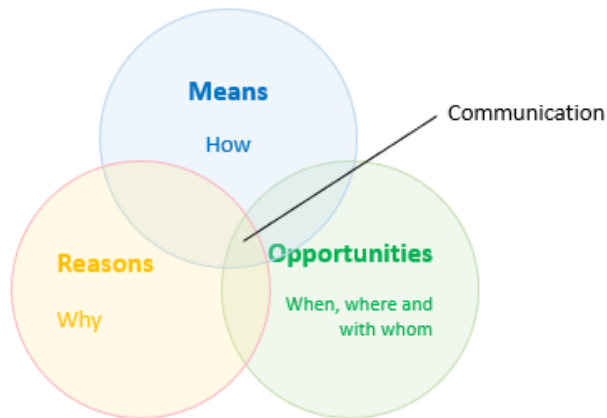
Examples of indirect therapy include:

- Regular and ongoing liaison, meetings and idea sharing/problem solving with the team around the pupil
- Needs-led staff training and advice
- Creating and maintaining a communication and sensory friendly environment
- Ongoing clinical reflection of pupil needs and interventions
- Joint target setting, intervention planning and report writing with teachers
- Monitoring and measuring pupils' progress, including for annual reviews
- Making, reviewing and updating therapy programmes, strategies and resources
- Reviewing EHCPs with teaching staff



We may suggest changes to:

- Pupils' physical and social environments
- Activities pupils are doing and the way they are doing them
- Pupils' motivation and skills



We also support our students to have access to the means, reasons and opportunities they need to excel.

Interventions provided at Helen Allison are often heavily individualised to each pupil/group. They are planned, supported and monitored by the speech and language and occupational therapy teams. Please note that indirect therapy does not mean less therapy. This is a highly supported evidence-based approach, following best practice guidance.

Direct therapy is support provided through therapists' direct contact with the pupil e.g. baseline periods typically involve direct observations and/or assessments by the therapists. Following this, parents receive a report outlining findings. Access to direct therapy following this is continually reviewed and depends on a range of factors. If direct therapy is considered appropriate, it may be delivered through a block of 1:1, paired or group sessions. Alternatively, it may be provided through staff coaching or in-class support.