

SPEECH AND LANGUAGE THERAPY SERVICE DELIVERY MODEL

The Rise Partnership Trusts (RPT) in-house Speech and Language Therapy (SaLT) team provides an evidence-based service that meets the needs of pupils who experience speech, language, communication or swallowing difficulties.

Every member of our pupils' communities play a key part in the delivery of this service, including the young person, their families and friends and school staff. This reflects the belief that Speech and Language Therapy is most effective only when fully embedded into the 'all day, every day' communication opportunities of the pupil both at school and at home, with full engagement from all communication partners.

All therapists at The Rise Partnership Trust are registered with the Health and Care Professions Council (HCPC; <http://www.hcpc-uk.org/>).¹

Universal offer at The Rise Partnership Trust

The Trust's in-house speech and language therapists are key partners in the delivery of the universal level of provision offered as a specialist SEND setting, to all pupils. The speech and language therapy team's contribution to this offer includes, but is not limited to, the following:

Staff training

- Therapy induction for all new staff²
- Regular maintenance training³ for staff on relevant topics, approaches and interventions such as:
 - Augmentative and Alternative Communication (AAC)
 - Blanks Levels of Questioning
 - key word instructions
 - smiLE therapy
 - safe eating and drinking
- Accredited staff training on a rolling basis
 - Makaton
 - Eklan

Communication Friendly Environment

The speech and language therapy team assess school environments and make recommendations as appropriate. Examples of this include;

- appropriate signage across the school, including the playground functional and relevant visual support, including symbols and Makaton signing class based AAC systems

Schools ensure all classrooms are equipped with highly motivating resources which provide opportunities for quality pupil led interaction and active participation in learning and generalising skills. The speech and language therapy team may also loan resources and/or support the implementation of whole class interventions to promote pupils' communication and engagement in quality play, leisure and learning activities.

¹ this process can take several months for newly-qualified practitioners, during which time therapists are supervised and their clinical notes are monitored and countersigned by a registered therapist

² delivered by an occupational therapist and/or speech and language therapist

³ these trainings may be delivered jointly with relevant leads and offered as whole staff training or as more bespoke training with identified class teams/groups

Curriculum development

The speech and language therapy team work with senior leaders and curriculum leads to develop, enhance and deliver the curriculum.

The lead speech and language therapist also works closely with members of each school's senior leadership team and is involved in discussions regarding school improvement planning, and strategy.

Family information and training

There are information and training videos for parents and carers available on the Trust's YouTube channel⁴. These cover a range of topics including the full 'Communication is Key' course using AAC, and adult child interaction.

In-house therapists are available to provide additional information, advice or signposting to families upon request.

Yearly Therapy Open days are offered to all parents and carers.

Speech and Language Therapy universal pathway

For some pupils, their placement within a RPT school (i.e. a specialist setting) and the universal level of speech and language therapy provision (i.e. as detailed above) will meet their communication needs. This means that these pupils' speaking and listening; social communication; and eating and drinking can be supported at school without any additional speech and language therapy input. These pupils are considered to be on the speech and language therapy *universal pathway*.

A pupil who does not have speech and language therapy contacts specified on their Education, Health and Care Plan (EHCP) will be placed on the universal pathway upon admission to an RPT school.

A pupil who is on the speech and language therapy caseload may be moved onto the universal pathway during their time at an RPT school if they meet the specified criteria⁵.

⁴<https://www.youtube.com/@rpt-therisepartnershiptrust2207/videos> or search 'The Rise Partnership Trust' on YouTube

⁵ please see 'Speech and Language Therapy caseload' section for more information

Speech and Language Therapy caseload

Where a pupil requires targeted input from a speech and language therapist to support their speech, language, or communication development they will be placed on the in-house speech and language therapy caseload.⁶

In addition to the universal level of speech and language therapy provision, these pupils will receive the input outlined below for as long as they remain on the caseload.

Direct input⁷ (pupil present) with focus on:

- observing/working directly with pupil within communication and interaction activities to support progress towards short-term and long-term outcomes
- adapting environment and/or activity to enhance pupil's participation and/or further extend skill development (e.g. expressive language, receptive language, communication and oracy, social, emotional and mental health target)
- modelling and coaching education staff in strategies and activities to ensure they are embedded within the natural environment⁸
- updating of recommendations (e.g. activity/resource adaptation, extension/grading of activities to support skill development)
- additional targeted/specialist input where this could have a unique contribution to pupils' development in areas of communication

Direct input may be focused on one or more of the following areas: receptive language, expressive language, engagement, accessing learning opportunities, dysarthria, dyspraxia, dysfluency, selective mutism, speech intelligibility. Augmentative and Alternative Communication (AAC) requirements, social communication skills, social, emotional and mental health concerns, issues with feeding (Inc. dysphagia).

Indirect input (pupil not present):

- input into setting of relevant PIP targets, i.e. expressive communication, receptive language, communication and oracy, social, emotional and mental health targets
- communication/meetings/bespoke training sessions with school staff working with pupil (e.g. input planning, pupil progress)
- communication/meetings with external professionals and agencies
- communication/meetings/bespoke training sessions with parents and carers
- creating of/updating individualised resources (e.g. AAC, visual support)
- writing of letters of support and applications for family upon request, e.g. high-tech AAC referrals, dysphagia services

⁶ see below for more information regarding admittance onto speech and language therapy caseload

⁷ frequency and duration of sessions may vary depending on need but where the number of direct contacts and contact hours across the academic year total at least what is specified in the Education, Health and Care plan

⁸ direct input may also include modelling and coaching parents

- writing of report for annual review
 - review assessment report in years 2, 5⁹, 9, 11, 13 (discharge to adult services)
 - progress report in all other years
- attendance as required at annual review in years **2, 6, 9, 11** to contribute to setting of relevant outcomes for next key stage

Admittance onto speech and language therapy caseload:

- where a pupil has speech and language therapy contacts specified on their Education, Health and Care Plan¹⁰, they will be automatically placed on the in-house speech and language therapy team's caseload upon their admission to an RPT school
- a pupil who does not have speech and language therapy contacts specified on their Education, Health and Care Plan may be placed onto the speech and language therapy caseload **if** following a referral and assessment, they are identified as meeting the criteria for admittance (see appendix A)
- we do not accept referrals to the speech and language therapy team for: tongue tie

Discharge from speech and language therapy caseload:

- where a pupil meets the identified criteria (see appendix A), they will be discharged from the in-house speech therapy caseload
- a pupil discharged from the speech and language therapy caseload will move onto the speech and language therapy universal pathway and continue to receive the universal level of provision offered by the in-house speech and language therapy team¹¹

Speech and Language Therapy provision review

A pupil's speech and language therapy provision is reviewed¹² on a yearly basis as part of the annual review process and changes to this provision may be made based on pupil's presentation and needs. Any change in provision (i.e. increase or decrease in number of contacts) will be identified in the speech and language therapy report submitted for the annual review and discussed with parents before and/or at the annual review. Changes to provision will also be recorded in the annual review paperwork submitted to the Local Authority so that Section F of the EHCP is updated accordingly (i.e. SaLT contacts added or removed).

Speech and Language Therapy Eating and Drinking Service

Speech and Language Therapists have a unique HCPC-recognised role in identifying and managing oropharyngeal dysphagia, i.e. difficulties with swallowing food and drink safely, unless these difficulties manifest solely in the oesophageal phase of the swallow.¹³

Pupils can be referred to the SaLT Eating and Drinking Service for concerns regarding dysphagia at **any time** by a member of staff working with the pupil. Referrals are made by completing Dysphagia Referral slip on SchoolPod; support to do so is available from the SaLT team. Family members/carers who are concerned about their child may also refer them for assessment by contact the SaLT team email. Following assessment if a pupil requires targeted input from a speech and language therapist to support their swallow they will be placed on the in-house SaLT Eating and Drinking Service.

⁹as year 5 reports are used by other settings when considering placement offers

¹⁰ where number of direct contacts specified does not exceed 8

¹¹please refer back to 'Universal offer at RPT' section on page 1 for more details

¹² by the pupil's speech and language therapist

¹³ please refer to the Trust's Dysphagia Policy for more information

APPENDIX A: Speech and language therapy caseload admittance/discharge criteria

Admittance onto SaLT caseload: If following a referral and assessment by a SaLT, a pupil does not meet the following criteria, they will be placed onto the in-house SaLT caseload

Discharge from SaLT caseload onto universal pathway: If following assessment by a SaLT, a pupil has been identified as meeting all of the following criteria, they will be discharged from the SaLT caseload

Expressive Language	<p>Child presents with expressive language within normal limits,¹⁴ <i>or</i></p> <p>Child presents with no/mild expressive language delay (up to 12 months) or whereby further development can be supported effectively by universal level of provision,¹⁵ <i>or</i></p> <p>Child has functional mode of communication (i.e. speech, AAC, Makaton) in line with their developmental stage, that they use across a range of environments and communication partners, and for a range of functions (i.e. requesting (inc. advocating), labelling, commenting, asking questions) or whereby further development can be supported by universal level of provision.</p>
Receptive Language	<p>Child presents with receptive language skills within normal limits, <i>or</i></p> <p>Child presents with no/mild receptive language delay (up to 12 months) or whereby further development can be supported by universal level of provision and use of preferred mode of communication by their communication partners.</p>
Attention/ Group Skills	<p>Child's participation in adult-directed learning (inc. in a group setting) is in line with their developmental stage and is supported by:</p> <ul style="list-style-type: none"> • universal level of provision • embedded individual recommendations previously given by SaLT • child's self-determination/intrinsic motivation <p>Child demonstrates attention in self-directed tasks in line with their development stage and whereby further development can be supported by universal level of provision.</p>
Social communication and play	<p>Child has meaningful independent play/leisure pursuits in which they:</p> <ul style="list-style-type: none"> • initiate play/leisure activities • sustain independent engagement (in line with their development stage) <p>Child has meaningful social interactions, in line with developmental stage and motivation.</p> <p>Child's communication is at a level where they can engage in meaningful social interactions in respect to their expected occupations¹⁶ and whereby further development can be supported by universal level of provision. This may include community access, personal safety, careers education, and forming healthy relationships.</p>
Feeding	<p>Child presents with safe eating and drinking.</p>

Further reasons for discharge:

- discharge to another speech and language service outside of The Rise Partnership Trust following transition to another setting
- child's health condition has deteriorated to the point where therapy is no longer feasible or appropriate¹⁷
- where child has other primary need which means they are not able to benefit from direct speech and language therapy input

¹⁴ following standardised speech and language therapy assessment

¹⁵ including small class sizes, well-resourced classrooms, personalised and differentiated curriculum, support from highly specialist school staff trained in working with young people with complex needs, speech and language team being key partners in delivery of universal level of provision and training

¹⁶ activities child wants to, needs to or is expected to do

¹⁷ alternatively, therapy may be paused if condition is deemed to be temporary