

Speech and Language Therapy SERVICE DELIVERY MODEL

Manor School

June 2022

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SaLT SERVICE DELIVERY MODEL

Ethos

The Rise Partnership Trust's (RPT) in-house Speech and Language Therapy (SaLT) team aims to provide an evidence-based service that meets the needs of Manor School pupils who experience speech, language, communication or swallowing difficulties.

The definition of this difficulty is as follows:

Impairment: Difficulties with receptive and/or expressive language and/or speech sounds and/or swallowing

Disability: Difficulties engaging in listening and/or speaking and/or eating and drinking activities

Impact: Difficulties accessing learning opportunities and developing relationships; potential threat to adequate nutrition, hydration and general health including risk of death, and reduced quality of life as a result of swallowing difficulties¹

We aim to provide an accessible, cost-effective and high-quality school-based SaLT service² which addresses all pupils' communication and swallowing needs, including those described in their Education, Health and Care Plans (EHCP). Every member of the school community plays a key part in the delivery of this service. This reflects our 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.

The SaLT and Occupational Therapy (OT) teams form the Therapy Team, which is part of the RPT's Multi-Agency Support Team (MAST). The MAST also includes Inclusion Practitioners, Behaviour Analysts, Family Support Practitioners, a Medical and Welfare Co-ordinator, Team-Teach Tutors, a Thrive Practitioner and an Autism Life Dog. All therapists working for the RPT must be registered³ with the Health and Care Professions Council (HCPC; <https://www.hcpc-uk.org/>).

Service design

The Speech and Language Therapy service has four branches. Family Provision refers to all the support available to parents/carers throughout their child's time in the school. Essential Provision, Enhanced Provision, and the Eating and Drinking Service are school-based. More details are provided below.

The Therapy team uses SchoolPod⁴ (a web-based Management Information System) to document all clinical contacts and adheres to departmental guidance on record-keeping standards, which is available on request.

¹ Please refer to the Trust's Dysphagia Policy for more detail

² Bundy, A., Hemsley, B., Brentnall, J., & Marshall, E. (2008) *Therapy services in the disability sector: Literature Review* NSW Department of Ageing, Disability and Home Care

³ 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.

⁴ <https://eduspot.co.uk/product/schoolpod/>

SaLT SERVICE DELIVERY MODEL

ESSENTIAL PROVISION

Essential Provision encompasses all the support available to allow pupils to develop their functional communication skills, and engage in their learning. This means ensuring pupils access **communication-friendly environments** (i.e. classroom, playground, dining halls, swimming pool, toilets, library, etc.).

What does this look like?

- All pupil environments are conducive to their functional communication throughout the school day
 - functional and relevant visual supports, including symbols and Makaton signing
 - quality, pupil-led play/leisure opportunities
 - quality, pupil-led interaction/conversation opportunities
 - a range of highly-motivating resources and activities which provide opportunities for interaction and active participation in learning and generalising skills
 - targeted activities daily to support communication development
 - high expectations of all pupils' communication, with the appropriate facilitation in place, which may include the use of one or more modes of Augmentative & Alternative Communication (AAC)
- Appropriate Personal Intervention Plan (PIP) targets for Receptive and Expressive Communication
- Thorough communication assessment

How does the SaLT team support with this?

Classes at Manor School are grouped into three Provisions. The SaLT team aims to empower class-based staff to facilitate all pupils' communication development. This support is flexible and could include:

Type of support	Thyme Provision	Lavender Provision	Rosemary Provision
Staff training	Live, virtual and online CPD sessions, accessible to all staff Official Makaton and Elklan workshops, on a rolling basis Ad-hoc training sessions, accessible on request to all staff		
Initial assessment with report for Annual Review	On entry to the Trust		NA
or Review assessment with report for Annual Review	Typically in Y3, Y6 and Y9 - unless pupil joined in Y2 or Y8 - if pupil joined in Y5, Y6 report might be update of initial assessment report		
or Summary report for Annual Review	Typically in Y1, Y2, Y4, Y5, Y7, and Y8 - also in Y3 and Y9 if pupil joined in Y2 or Y8		
Multi-disciplinary meetings	Pupil Progress Meetings (twice per academic year) Input Review Meetings (as required) Annual Review Meetings (on request) Home School Conversations (on request)		
Joint PIP target setting with Class Teacher and OT	Every half term except Autumn 1 (targets roll over from previous Summer 2 or pupil is baselined on entry)		
Multi-disciplinary working	With OTs, Inclusion Practitioners, Behaviour Analysts, and other visiting professionals where relevant		
Flexible in-class support ⁵	Average of 1 hour weekly	Average of 2 hours weekly	Average of 3 hours weekly

How is it monitored?

- Lesson Observations; Learning Walks; assessment data; Senior Leadership Team (SLT) reviews of planning folders, home-school link books, and Class Teacher reports
- Audit (which may include Therapy Outcome Measures where applicable, and analysis of SchoolPod clinical case note data)

⁵ Agreed with reference to the class teams' requests (see Input Planning Menu – Appendix 1), organised in half-termly Input Planning Meetings

SaLT SERVICE DELIVERY MODEL

ENHANCED PROVISION

This provision is accessible to pupils when additional SaLT intervention could have a unique contribution to their communication development. This may be due to their need for support with:

- receptive language
- expressive language
- accessing learning opportunities
- feeding
- dysphagia (see Eating and Drinking Service)
- dysarthria
- dyspraxia
- dysfluency
- selective mutism
- speech intelligibility difficulties
- Augmentative & Alternative Communication (AAC) requirements
- social communication skills
- social, emotional and mental health concerns

What does this look like?

All pupils can be referred for Enhanced Provision. The SaLT team considers all referrals and either adjusts the support available through Essential Provision, or offers specified care packages of functional, specialist input as appropriate.

Enhanced Provision is prioritised on a needs-driven basis across all RPT schools, and therefore may operate with a waiting list if required. Referrals for Enhanced Provision input are accepted at any time, from members of the SaLT team or MAST, class teams, parents/carers, and members of SLT, through discussion or email contact. Enhanced Provision triage is then carried out by the SaLT team at the start of each half term from Autumn 2 until Summer 1, informed by a set of Prioritisation Criteria (see Appendix 2).

The SaLT team may specify the following parameters of a care package offer within a pupil's clinical case notes, and share this information with all relevant parties:

- Duration (e.g. 4, 8, 12 hours) / Number of contacts
- Timeframe / Frequency of contact
- Reason for referral / Focus of input
- Nature of input
- Outcome measures
- Carryover to class or home during input
- Handover to class or home following input

Whilst pupils in Rosemary Provision classes are eligible for consideration for Enhanced Provision, due to the higher staff:pupil ratio, additional therapist time allocated to Essential Provision, and additional staff training provided, it is often more likely that a referral for Enhanced Provision would result in adjustments to the support currently being provided through Essential Provision.

How is it monitored?

- Therapy Outcome Measures where applicable
- Multi-disciplinary meetings with Class Teacher, OT and a Senior Leader
- Audit (which may include analysis of SchoolPod clinical case note data)

SaLT SERVICE DELIVERY MODEL

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.

Please refer to the Trust's Dysphagia Policy for more information.

What does this look like?

All staff members have a role in proactively reducing the risk of choking and aspiration for all pupils at all times, as part of their safeguarding responsibilities.

Pupils can be referred to the SaLT Eating and Drinking Service for concerns regarding dysphagia at any time. Referrals are made by completing a Dysphagia Referral slip on SchoolPod; support to do so is available from the SaLT team.

The SaLT team's overall aims when working with pupils with dysphagia include:

- making a detailed and accurate assessment of difficulties regarding swallow function
 - may require multiple assessments over time
 - may lead to diagnosis and/or recommendations
- optimising pupils' safety regarding their swallow function, to reduce or prevent aspiration (in consultation with other professionals, including OTs)
- optimising nutrition and hydration (in consultation with other professionals, particularly Dietitians)
- balancing safety of swallow and optimal nutrition and hydration with the individual's and/or their family's beliefs and preferences
- staff and parent/carer training

Additionally, the Therapy team may have some capacity to support those pupils who eat a severely limited range of foods/textures.

FAMILY PROVISION

In addition to the input pupils receive at school, it is important that their parents/carers feel supported with relevant information and the resources they need to fulfil their role as their child's primary communication partners.

What does this look like?

- All parents/carers are invited to meet their child's assigned therapist when they join the Trust and to contribute to their initial assessment during a case history meeting.
- There is an ongoing open-door policy; parents/carers can contact their child's assigned therapist for an update, for support at home, or to discuss their child's school-based SaLT input.
- All parents/carers are offered live or virtual training when their child joins the Trust.
- There are opportunities for parents/carers to access Makaton workshops.
- All parents/carers receive a report with SaLT recommendations at least once each academic year.
- Parents/carers in receipt of Pupil Premium are offered a review meeting with their child's assigned SaLT or OT in person or on the phone every year, plus any follow-up generated during the meeting.
- Parents/carers are informed by letter when their child is receiving an Enhanced Provision care package, inviting them to contact the therapist for more information and/or to arrange a visit to school.
- Recommendations from the Eating and Drinking Service are shared with parents/carers.

SaLT SERVICE DELIVERY MODEL

Appendix 1 – Sample Input Planning Menu

The class teams provide daily opportunities to support the development of the pupils' communication, in line with SaLT training and recommendations.

Input Planning Meetings are an opportunity for the Class Teacher and assigned SaLT to discuss how best to use each class' Essential Provision time for each half term. Class Teachers can use this menu to support decisions about how to use the time the assigned SaLT has available for their class.

During this academic year, Input Planning Meetings will take place as follows:

Meet in the week commencing	Plan for this number of weeks
7/14 th September	5/6
2 nd November	6
4 th January	5
22 nd February	5
19 th April	5
7 th June	6/7

Options include, but are not limited to:

- Communication-friendly environment advice
- Joint planning
- Joint assessment
- Support with planning for differentiated activities across the curriculum
- Session to model a specific activity with a named pupil and staff member
- Session to observe or film a specific activity, followed by reflective discussion
- Facilitating community access
- Symbol resources (e.g. schedules, communication boards, turn-taking visuals, etc.)
- Makaton sign support (e.g. line drawings, videos for specific vocabulary items, adapted signs, etc.)
- Informal training on Augmentative & Alternative Communication (AAC) (e.g. Makaton, communication boards, communication books, PODD [Pragmatic Organisation Dynamic Display] books, PECS [Picture Exchange Communication System], Voice Output Communication Aids – VOCA], etc.)
- Informal training on specific interventions at class team planning meeting (e.g. Colourful Semantics, Lego Therapy, Information Carrying Words, Blank's Levels of Questioning, etc.)
- Attending Pupil Progress Meetings
- Attending Home School Conversations
- Attending Annual Review Meetings
- Joint input with assigned OT
- Rosemary Provision: Programme consultation, e.g. Intensive Table Teaching (ITT) / Natural Environment Teaching (NET)

If no specific input is requested, the therapist will observe in the classroom, in order to support the class team with ensuring a communication-friendly environment.

SaLT SERVICE DELIVERY MODEL

Appendix 2 – Enhanced Provision Prioritisation Criteria

Criteria	Score
Clinical risk – the pupil’s health and wellbeing is at immediate risk if not supported:	
Enhanced Provision intervention will target pupil’s potentially dangerous eating and drinking behaviours	20
Pupil does not have an appropriate and effective way of communicating their needs, feelings and wishes	2
Pupil is engaging in challenging behaviour potentially dangerous to themselves	1
Pupil is engaging in challenging behaviour potentially dangerous to others	1
Timing – optimum time for intervention:	
Pupil would benefit from intervention now to address an emergent difficulty	2
Pupil would benefit from support to prepare for/ manage transition/ significant life change	1
SaLT anticipates that Enhanced Provision now will mean that Essential Provision will then be sufficient	1
SaLT anticipates that the intervention will make a positive impact in <4 sessions	1
Pupil has not previously received an Enhanced Provision care package	1
The class team are fully engaged with SaLT Essential Provision	2
Pupil would benefit more from SaLT than from other specialist input at this time	2
Difficulties are causing particular barriers to participation:	
Pupil would benefit from support to develop a secure communication system for communicating their needs, feelings and wishes (not captured in clinical risk)	1
Pupil would benefit from additional support to access class learning opportunities	1
Pupil would benefit from additional support to access school leisure opportunities	1
Pupil has consistently failed to achieve communication PIP targets	1
Difficulties are causing class/school particular anxiety/ distress:	
Referral to Enhanced Provision made by Teacher	1
Peers’ progress and/or wellbeing are impacted by pupil’s difficulties	1
Teacher concerns raised at Pupil Progress/Input Review Meeting	1
SLT concerns raised at Pupil Progress Meeting	1
Difficulties are causing pupil particular anxiety/ distress:	
Pupil is engaging in challenging behaviour (not dangerous)	1
Pupil is presenting with selective mutism	1
Anxiety, distress or other mental health difficulties are impacting on the pupil’s ability to communicate/ access learning opportunities	1
Pupil would benefit from additional support to manage social relationships at school	1
Difficulties are causing family particular anxiety/ distress:	
Referral to Enhanced Provision made by family/carers	1
Parental concerns raised in case history or other meeting with therapist	1
Teacher/Chair reports parental concerns raised during Home School Conversations or Annual Review meeting	1
SaLT specialism required:	
Pupil would benefit from specialist intervention/ resource that class team are not familiar with and/or not able to deliver	2
Pupil would benefit from a trial period with a Voice Output Communication Aid (VOCA) or is an established VOCA user whose Gridset requires maintenance by therapist	1
Pupil requires additional assessment beyond what is specified in SaLT Service Delivery Model	2
Additional training for the class team is required	1
Additional training for families is required	1
Additional criteria:	
Pupil Premium	1
Pupil can access a group intervention with pupil(s) working on a similar skill	1