



The
Rise
Partnership
Trust

Love • Learn • Laugh

Speech and Language Therapy Service Delivery Model

2025-2026

Updated as of 01 July 2025
Original Version: September 2024

TABLE OF CONTENTS

About The Speech and Language Therapy Team	2
Universal Offer at The Rise Partnership Trust	2
Speech and Language Therapy Universal Provision	3
Speech and Language Therapy Caseload (Universal and Targeted Provision)	3
Speech and Language Therapy Eating and Drinking Service	5
Appendix A. Speech and Language Therapy Caseload Admittance/Discharge Criteria	6
Appendix B. Referral Flowchart for Admittance into Speech and Language Therapy Caseload	7

About

The Speech and Language Therapy Team

The Rise Partnership Trust's (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 eating and drinking difficulties. The SaLT team works across all schools of the trust.

All Speech and Language Therapists at The Rise Partnership Trust are registered with the Health and Care Professions Council (HCPC; <http://www.hcpc-uk.org/>).¹ All members of the team (Speech and Language Therapists and Speech and Language Therapy Assistants (SaLTA)) are registered with the Royal College of Speech and Language Therapists (RCSLT).

Universal Offer at The Rise Partnership Trust

Each member of our pupils' communities plays a key part in delivering this service, including the young person, their family 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.

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 contributions to this offer include, but are not limited to:

Staff Training

- therapy induction for all new staff²
- regular training³ for staff on relevant topics, approaches, and interventions such as but not limited to:
 - Augmentative and Alternative Communication (AAC) (e.g., Makaton signing, Low-tech AAC such as Communication Boards and Books, High-tech AAC such as Voice Output Communication Aids or VOCAs)
 - Understanding and Receptive Communication (e.g., Keyword Instructions, Blanks Level of Questioning, Use of Visuals to Support Understanding, Eklan, Communicate InPrint)
 - Expressive Communication (e.g., Colourful Semantics, Shape Coding, Eklan)
 - Social Communication and Play (e.g., Curiosity Programme, LEGO Therapy)
 - Communication in Preparation for Adulthood (e.g., SmiLE Therapy)
 - Safe Eating and Drinking Practices (e.g., Mealtime Guidelines, Food Adaptations)

Communication-Friendly Environments

Communication-friendly environments are designed to support inclusive communication for everyone, especially for those with speech, language, and communication difficulties. At RPT we recognise the role pupils' environments play in ensuring they can participate and clearly express their wants, needs, and ideas without any barriers. Across all RPT schools, the SaLT team, in close collaboration with senior leadership teams and educational staff, assesses school environments and makes recommendations as appropriate.

Members of educational staff, in close collaboration with SaLTs and SaLTAs, 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 give

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

advice and/or support to class-based staff in their creation and implementation of whole-class interventions and resources to promote pupils' communication and engagement in quality play, leisure, and learning activities.

Examples of this include:

- appropriate signage across the school
- functional and relevant visual support where needed.
- embedding of AAC systems across the school environment, which may include symbols, signing, and use of various AAC devices.

Curriculum Development

In order to ensure communication targets and strategies are well-embedded across all school contexts, the SaLT team works closely with senior leaders and curriculum leads in all RPT schools 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

The Speech and Language Therapy team attend and hold various events (e.g. parent coffee mornings, trainings) across the trust to provide additional information, advice, and signposting to parents and carers.

Speech and Language Therapy Universal Provision

For some pupils, their placement within an RPT school (i.e. a specialist setting) and the universal level of speech and language therapy provision (i.e. as detailed above) are sufficient in meeting their communication needs. This means that these pupils' speaking and listening; social communication; and safe eating and drinking are reliably supported at school by class-based staff without any targeted speech and language therapy input from a SaLT or SaLTA. These pupils are considered to be on the speech and language therapy Universal Provision.

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 Provision upon admission to an RPT school.

A pupil who is on the speech and language therapy caseload may be moved onto the universal provision after receiving targeted provision during their time at an RPT school if they meet specified criteria⁴.

Speech and Language Therapy Caseload (Universal and Targeted Provision)

Where a pupil requires targeted input from a speech and language therapist to support their speech, language, communication, and/or eating and drinking development they will be admitted into the in-house Speech and Language Therapy caseload.⁵

Admittance into The Speech and Language Therapy Caseload:

- where a pupil has speech and language therapy contacts specified on their Education, Health and Care Plan⁶, they will be automatically placed on the in-house speech and language therapy team's caseload upon their admission to an RPT school

⁴ please see 'Speech and Language Therapy Caseload (Universal and Targeted Provision)' section for more information

⁵ see 'Admittance into Speech and Language Therapy Caseload' or Appendix A and 'Referral Flowchart for Admittance into Speech and Language Therapy Caseload' or Appendix B

⁶ where number of direct contacts specified does not exceed 8, or upon determination of SaLT team, the hours indicated will exceed allowable provision set within the context of the trust's service delivery model

- 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 Appendices A and B)
- we do not accept referrals to the speech and language therapy team for structural/physical related conditions if not addressed prior to referral, such as but not limited to the following:
 - Ankyloglossia (or more commonly known as tongue tie)
 - Cleft Lip and/or Palate (whether primary and/or secondary, complete and/or incomplete, unilateral and/or bilateral)

Targeted Provision

In addition to the universal provision, these pupils will receive the following Targeted Provision as outlined below for as long as they remain on the caseload:

Direct Input⁷ (pupil present) with focus on:

- conducting of initial and/or review assessments with pupils.
- observing/working directly with pupil within various 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 skills development (e.g. expressive language, receptive language, communication and oracy, social, emotional and mental health target).
- as determined by the pupil's assigned SaLT, collaborate with SaLTAs to design and deliver intervention and/or support towards short- and long-term outcomes.
- modelling and coaching to education staff and/or families/carers of strategies and activities to ensure carryover of communication development within the natural environment.
- updating of recommendations (e.g. activity/resource adaptation, extension/grading of activities to support skill development)
- any other additional targeted input where this could have a unique contribution to pupils' development in areas of communication which are to be determined by the SaLT as beneficial

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, safe eating and drinking.

Indirect Input (pupil not present) will focus on:

- input into setting of relevant PIP targets, i.e. expressive communication, receptive language, communication and oracy, social, emotional and mental health targets
- collaborating with SaLTAs in creating resources aimed for use in the pupils' communication within various communication contexts
- planning around any direct input to be done on pupil which involves (but are not limited to) creation and/or collation of materials and resources, writing up of session plans, and/or writing of clinical case notes.
- communication/meetings/bespoke training sessions with school staff working with pupil (e.g. input planning, pupil progress)
- communication/meetings with external professionals and agencies (e.g. Great Ormond Street Hospital or GOSH referrals for AAC, Childhood and Adolescent Mental Health Services or CAMHS referrals, Social Care referrals, etc.)
- communication/meetings/bespoke training sessions for families and parents/carers creating of/updating individualised resources (e.g., AAC, visual supports)
- writing of letters of support for family (e.g., blue badge support letters)

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

- writing of reports, such as but not limited to the following:
 - review assessment report in years 2, 5⁸, and 9 to update EHCP outcomes in Key Stage phase transfers
 - report in Year 13 as discharge from childhood and adolescent services and handover to adult services
 - progress/summary report in all other years

Use of contacts indicated in a pupil's Education, Health, and Care Plan (EHCP) may be used flexibly by the assigned SaLT to deliver the most effective impact on the pupil's communication skills and improvement of short- and long-term outcomes.

Speech and Language Therapy Provision Review

A pupil's Speech and Language Therapy provision is reviewed⁹ on a yearly basis, 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 the number of contacts) will be identified in the speech and language therapy report and discussed with the parents. Changes to provision will be recorded in writing and submitted to the Local Authority so that Section F of the EHCP is updated accordingly (i.e. SaLT contacts added or removed).

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 continue to receive the universal level of provision offered by the in-house SaLT team and the wider school environment as part of the schools' universal offer.¹⁰
- A pupil may be re-referred to the speech and language therapy team after being discharged if targeted input is needed again in the future

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.¹¹

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.

⁸as year 5 reports are used by other settings when considering placement offers

⁹ by the pupil's speech and language therapist

¹⁰please refer back to 'Universal offer at RPT' section on page 1 for more details

¹¹ please refer to the Trust's Dysphagia Policy for more information

APPENDIX A: Speech and Language Therapy Caseload Admittance/Discharge Criteria

Admittance into 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 and placed under universal and targeted provisions

Discharge from SaLT caseload and into 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 and will be placed under the service's universal provision

Expressive Language	<p>Child presents with expressive language within normal limits,¹² <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,¹³ <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 occupations¹⁴ 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 appropriate¹⁵
- where child has other primary need which means they are not able to benefit from direct speech and language therapy input

¹² following a speech and language therapy assessment

¹³ 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

¹⁴ activities child wants to, needs to or is expected to do

¹⁵ alternatively, therapy may be paused if condition is deemed to be temporary

Appendix B. Referral Flowchart for Admittance into Speech and Language Therapy Caseload

