



Speech and Language Therapy Service Policy

Edith Borthwick Therapy Team

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1.0. Introduction

This policy outlines the Speech and Language Therapy (SaLT) service provision for learners in a complex needs special school. The service will operate using a tiered model of support, ensuring equitable access to therapy while prioritising learners based on clinical risk and need.

2. Service Delivery Model

The SaLT service follows a three-tiered model: Universal, Targeted, and Specialist support.

2.1 Universal Provision

Definition: Support available to all learners, embedded within the school environment and delivered through staff training, whole-class strategies, and environmental modifications.

Examples of Support:

- Whole-school training on communication strategies
- Visual supports and alternative communication aids in all classrooms
- Collaboration with teachers to integrate language-rich activities into the curriculum - communication is a focus of the school's priority curriculum
- Parent workshops on communication development

2.2 Targeted Provision

Definition: Support for groups of learners with identified speech, language, and communication needs (SLCN) who require structured intervention but do not need individualised therapy. Learners at this level require skill development.

Examples of Support:

- Group or 1:1 intervention that can be delivered in class by teaching staff (e.g., Colourful Semantics, Shape Coding, Blanks levels, language focused play, Intensive Interaction)
- Training provided to teachers and teaching assistants on implementing communication strategies
- Group-based therapy plans stored in a central location for teachers to implement and integrate into their teaching

Some learners at this level may receive indirect support and review (consultative) from a Speech and Language Therapist (SaLT) to ensure confidence in intervention delivery.

This is often dependent on staff knowledge and skills. The majority of learners at this level will be transferred to school-based support following initial assessment.

2.3 Specialist Provision

Definition: Intensive, individualised support for learners with significant SLCN requiring direct intervention from a SaLT.

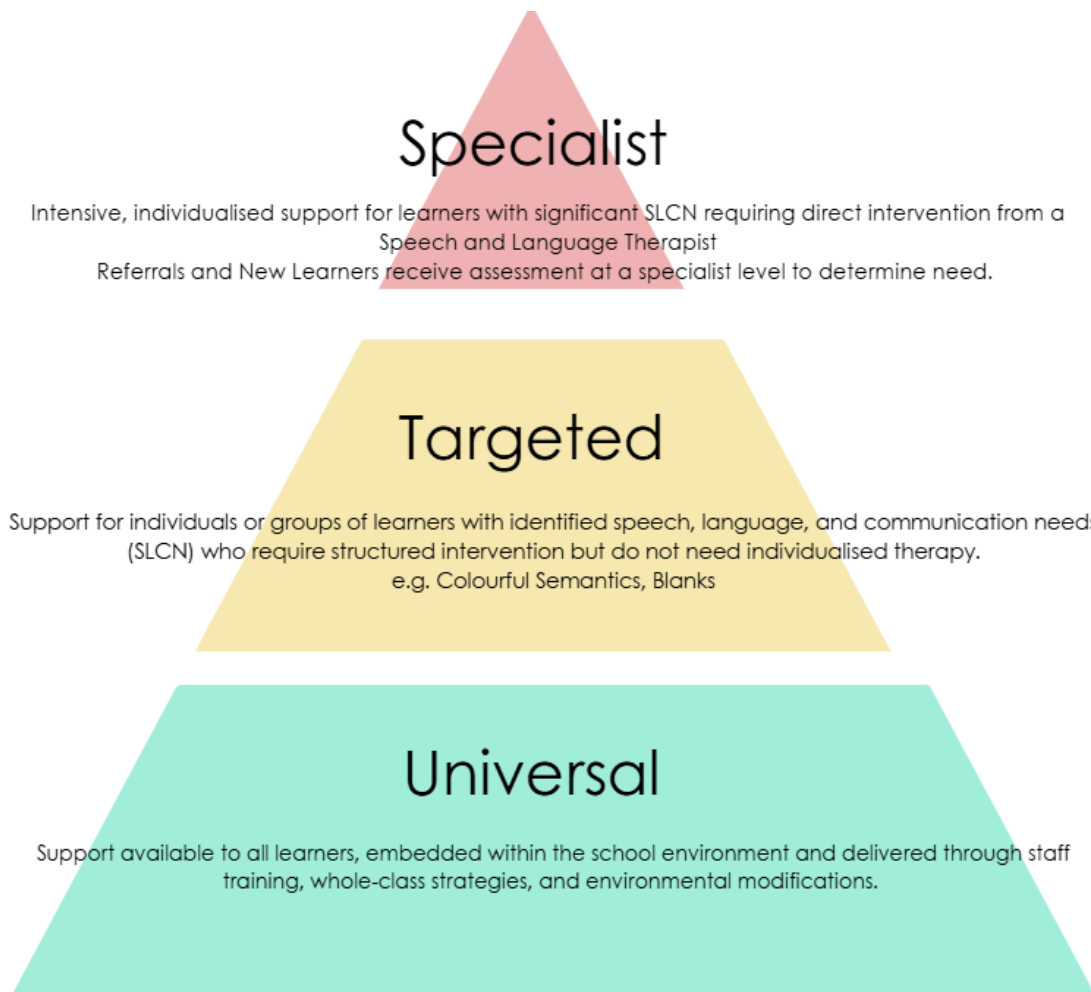
Examples of support:

- Implementation of Alternative and Augmentative Communication (AAC)
- Speech sound interventions
- Individualised therapy plans
- Specialist staff training (specific to the learner)
- Liaison with specialist external agencies e.g. cleft team, specialist teachers

Learners at this level will receive an 'episode of care' to target a specific care aim (assessment, maintenance, anticipatory, enabling, curative, improving, supportive). Targets will be set and monitored by the Speech and Language therapist and some learners will be seen directly for intervention. For others, intervention at this level can be delivered by member of staff, but to ensure efficacy, the learner will require an individualised program created and monitored by SaLT and the staff will need direct and regular support from SaLT (Ebbels et al 2019).

At the end of the episode of care, the therapist will determine whether the learners need must be managed by a Speech and Language Therapist (in which case a new episode of care will be opened), or whether the need can be met at a targeted or universal level, in which case the learner will be transferred to school-based support. Should there be a change in need following this transfer, a referral can be made to Speech and Language Therapy (see 4.2 Referral Criteria).

Some children with complex learning needs will not require a specialist level of Speech and Language Therapy intervention as their SLCN may be more appropriately met through universal or targeted services (RCSLT, 2011).



2.4. Consent

Consent for therapy is gained by the school from parents/carers as part of the new learner process. The consent letter is sent to all new learners. The admin team share consent information directly with the Therapy Team so that this can be recorded.

Consent is given for the duration of the learners' time at the Edith Borthwick school and includes assessment as deemed necessary by the Speech and Language therapist. Consent can be withdrawn at any time, and this is explained in the consent letter. The admin team will inform the Therapy Team immediately if a parent withdraws consent.

When new or individualised strategies/interventions are recommended, parents will be informed and provided with information on the proposed intervention (usually in the form of a report/review). At this point, parents will be asked to contact the therapy team if they want to withdraw consent to the recommended intervention.

3. New Learners

All learners at Edith Borthwick school will receive a high level of Speech and Language Therapy input through strategies embedded in class.

All new learners will receive a communication screening, which enables the team to determine the learner's level of need. We aim to complete within the first term. If the learner can be supported by universal and targeted strategies, they will be transferred to school-based support. Information on the strategies that are appropriate for the learner and embedded within a learner's class will be sent to parents/carers to ensure that they are aware of the support that is provided. Additional information on these strategies can be provided by the class teacher on request. Learners can be referred to Speech and Language Therapy at any time by the class teacher (see 4.2 Referral Criteria).

If a new learner requires specialist input, they will receive detailed assessment and observation from a Speech and Language Therapist. A report will be written including individualised recommendations and where appropriate they will receive an episode of care depending on their needs (see 2.3 Specialist Provision).

4. Referral System

4.1 Referral Process

- Referrals to the SaLT service will be made by teaching staff and SLG based on observed communication difficulties.
- Teachers must liaise with SLG to ensure that existing recommendations, Universal offer and Targeted strategies are embedded in class and used consistently
- Referrals can be made by completing a Form on Teams
- Referrals will be triaged by Speech and Language therapy, and priority will be determined
- Once a referral has been accepted, parents may receive a questionnaire to gather information about the learners' communication at home

4.2 Referral Criteria

To refer to Speech and Language therapy, the learner *must have communication needs that cannot be met by the current recommendations or universal offer*. This may include:

- Learners who do not have a means of communication
- Learners who require skill expansion that cannot be supported at a targeted level, i.e. AAC

- Learners who are showing signs of frustration at not being able to communicate (e.g. self-injurious behaviours, where the cause of this is communication)
- Learners whose speech is highly unintelligible, but they do not have a speech program or back-up communication aid
- Learners who appear to have a significant gap between their receptive and expressive language and do not have recommendations to target this
- Significant deterioration/regression in communication skills e.g. stammering
- Sudden onset in communication difficulties due to neurological compromise (head injury/epilepsy/ etc)

4.3 Prioritisation of Learners

Learners will be prioritised based on clinical risk and need, using the following framework:

Priority Level	Criteria
High	Severe communication impairments affecting safety, wellbeing, or access to learning (e.g. inability to communicate basic needs, self-injurious behaviours as a result of communication difficulties or are significantly withdrawn or unable to participate in the school day due to communication difficulties). Learners identified as high priority will be observed/assessed urgently to reduce the risk of harm.
Medium	Moderate communication difficulties impacting participation in classroom learning and social interactions (e.g. significant gap between receptive and expressive communication, difficulties with speech production that have a significant impact on intelligibility, learners with existing communication aids that need further skill development.)
Low	Communication difficulties that can be supported through targeted or universal provision

Priority level at referral stage does not necessary correlate to the level of input required following assessment.

4.4 Assessment

Learners referred to the Specialist Provision will need to be assessed to determine their level of need. The type of assessment will vary depending on the learner's ability to access formal assessment. The assessment process may include:

- Formal, standardised assessment tools (such as British Picture Vocabulary Scale (BPVS), Renfrew Action Picture Test (RAPT))
- Structured, non-standardised assessment tools such as key word assessments
- Observational assessments such as the Roadmap of Communicative Competence (ROCC) or Communication Matrix
- Observations of the learner's communication skills in class and around school
- Questionnaires/discussion with teachers/parents

4.5 Reports

Following assessment, a report or review will be written.

If the learner's need remains at a specialist level, they will receive an episode of care from a Speech and Language Therapist. The report will include general recommendations for class/home, and specific goals to be targeted and/or monitored by a Speech and Language Therapist.

If the learner's need can be met at a targeted or universal level, they will be transferred to school-based care. The report will include detailed individualised recommendations to enable the class team to support communication needs. SLG can use this document to ensure that recommendations are being followed in class.

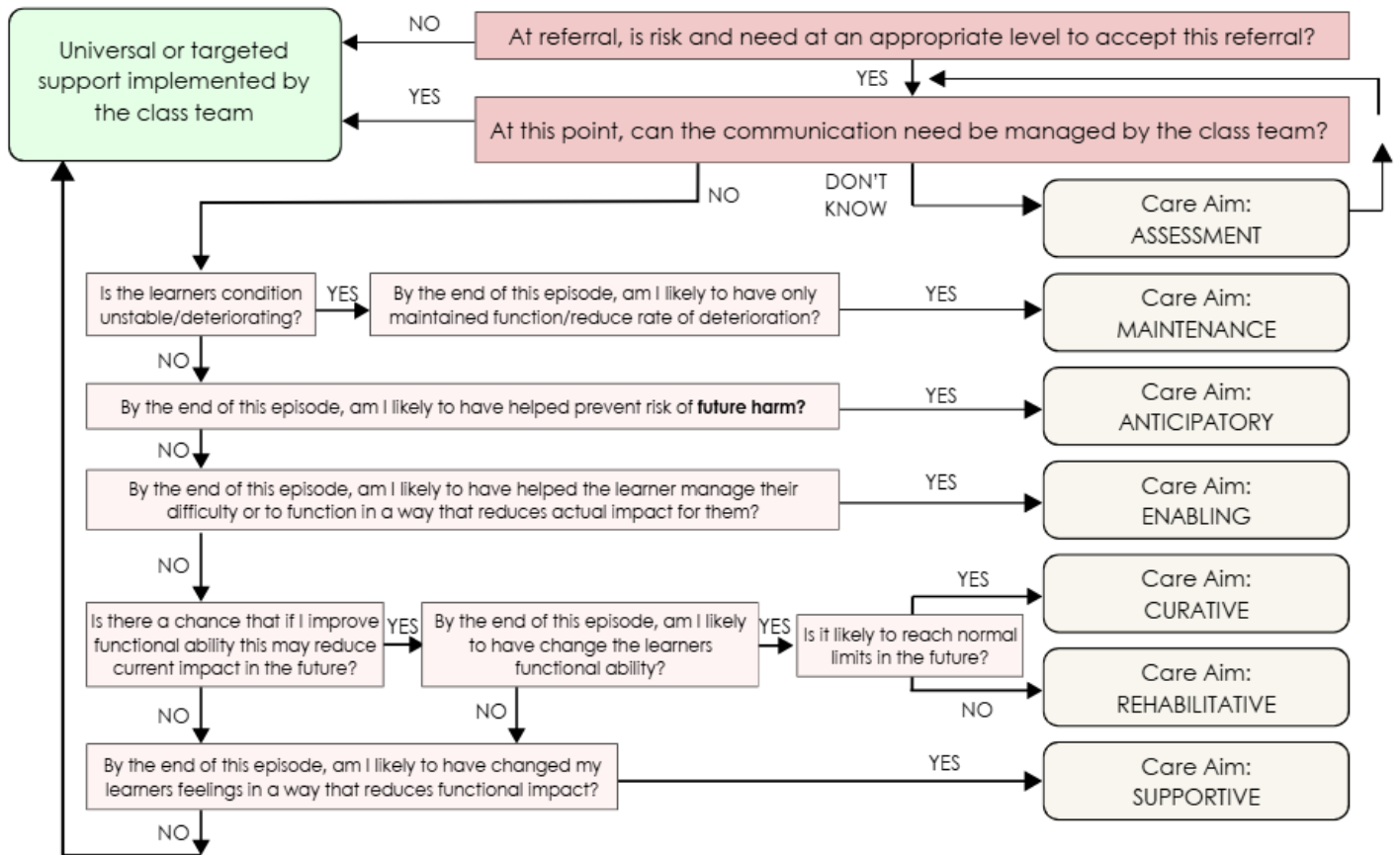
All reports are saved on Central Records and WriteUpp (therapy note-writing system), and teachers are informed of where to access them. Reports are password protected with the learner's date of birth (DDMMYY).

All reports are shared with parents. Reports will be sent to the school admin team and shared with parents via ParentMail.

5. Care Aims and Outcome Measures

5.1 Care aims

Following assessment, the SALT team decide whether the learners need can be met through universal strategies and recommendations in class, or whether the learner requires an episode of care from a Speech and Language Therapist. If an episode of care is required, the appropriate care aim (Malcomess, 2005) is identified. If the learner can be supported universally, they are transferred to school-based support but can be re-referred Speech and Language Therapy at any time following the referral process detailed above.



Adapted from Kate Malcomess, April 2007

The SaLT service aligns with the following care aims:

- To promote functional communication for all learners, enhancing participation and independence.
- To equip staff with strategies to support communication across the school environment.
- To work collaboratively with families and other professionals to provide holistic support.

5.2 Outcome Measures

Progress is measured using:

- Standardised assessment tools (e.g., Communication Matrix, Pragmatics Profile, Roadmap of Communicative Competence (ROCC))
- Goal-based outcomes (e.g., SMART targets for individual therapy)
- Qualitative feedback from teachers, parents, and learners

For learners that receive an episode of care from SaLT, targets are set and reviewed by a Speech and Language Therapist.

Outcomes are recorded on an 'Outcomes' spreadsheet that is shared with SLG. This document also details wait times and training provided to staff.

6. EHCPs

All learners at the Edith Borthwick School have EHCPs, with varying levels of input required.

The Therapy Team carefully monitor the speech and language provision under section F of a learner's EHCP and ensure that the senior leadership group are aware of requirements. There may be times when the intervention cannot be delivered because of the learners' circumstances or other issues outside of the SaLT's control. Missed sessions will be recorded within the learner's case notes, and ongoing issues will be reported to senior leadership for discussion with the local authority.

EHCPs will be reviewed regularly by the school, with guidance from the Speech and Language Therapy team when needed, to ensure that they accurately reflect the learner's need in school.

7. Parent Liaison

7.1. Parent training

All new parents are offered an 'Introduction to Communication' training session as part of the school's 8-week training programme.

Additional training will be offered depending on learner need. For example, if the learner requires AAC, specific training will be offered to support the use of AAC at home. This may be individual or group training.

7.2. Annual reviews, TAC/TAF meetings

Speech and Language Therapists are unable to attend Annual Review or Team Around the Child/Family meetings except at the discretion of the senior leader. This is to ensure that therapist time is used as effectively as possible. Teachers can seek support with target setting from a Speech and Language Therapist when required.

7.3. Speech and Language Therapy Meetings

Speech and Language Therapists will offer ad hoc, bespoke meetings to parents when required by the learner's communication needs. Meetings may include; to gain case history, to provide feedback from assessment or intervention, or to provide information on strategies to be used at home, and may be virtual, telephone or face to face.

8. Transfer to School-based Support

Following assessment and completion of an episode of care (where applicable) learners are transferred to school-based support. When this happens, teachers receive detailed and specific recommendations to support the learner's communication needs. Teachers have access to regular training to support implementation of communication strategies and can request further support at any time.

Under the SEND Code of Practice, the teacher is responsible for the progress and development of the pupils in the class, which includes tracking support given to them by teaching assistants (TAs) and specialists such as SALTs.

Learners can be re-referred to Speech and Language Therapy following the above referral process.

9. Conclusion

This SLT service policy provides a structured, needs-based approach to supporting communication development in a complex needs special school. By integrating universal, targeted, and specialist support, the model ensures that all learners have access to appropriate interventions while prioritising those with the greatest clinical need. Through a collaborative approach, the service will empower learners, staff, and families to maximise communication potential and improve overall quality of life.

References

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