



**Newwingate  
School**

# Speech and Language Therapy: Policy and Guidance

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*To be reviewed September 2025*

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# What do we offer at Newingate School?

For children and young people (CYP) who have speech, language, and communication difficulties, speech and language therapy can offer life-changing support. All students at Newingate School have a primary diagnosis of Autism Spectrum Condition (ASC) and some students have speech and language impairments as a secondary need. Speech and Language Therapy provides support for CYP with social communication and interaction difficulties.

The focus of the Speech and Language Therapist includes, and is not limited to the following areas stated by the RCSLT Autism Guidance (2024): *language, processing, social communication/ interaction, eating and drinking; contributing to understanding and managing distress and mental wellbeing, as well as the impact of sensory processing differences, empowering the individual and support self-advocacy, assist in developing safe and consenting and meaningful relationships, helping autistic people understand their own autistic experience, addressing functional impacts across environments, empowering others in the support of the individual, leadership and advocacy across and within systems.*

Speech and Language Therapy is based on the RCSLT's 5 Good Communication Standards:

**Standard 1-** There is a detailed description of how best to communicate with individuals.

**Standard 2-** Services demonstrate how they support individuals with communication needs to be involved with decisions about their care and their services.

**Standard 3-** Staff value and use competently the best approaches to communication with each individual they support.

**Standard 4-** Services create opportunities, relationships, and environments that make individuals want to communicate.

**Standard 5-** Individuals are supported to understand and express their needs in relation to their health and well-being.

Speech and Language Therapy at Newingate School is able to provide the following:

- Screening/ Baseline Assessments to identify potential speech, language, and communication needs.
- Formal and informal assessment of speech, language, and communication needs.
- Class observations of the CYP to improve access to the curriculum and social interactions.
- In class targeted support and guidance for teachers and support staff.
- Direct 1-1 intervention

- Direct group intervention
- Indirect support by offering advice and support to class teachers, support staff, and parents/ carers.
- Collaborative working as part of a multidisciplinary team to ensure appropriate and effective intervention.

There is a link between emotional and behavioural issues and an underlying communication difficulty. Newingate School’s Speech and Language Therapists can work alongside Newingate School’s Counsellor to support children and staff members.

## **Descriptive Framework for Levels of Service**

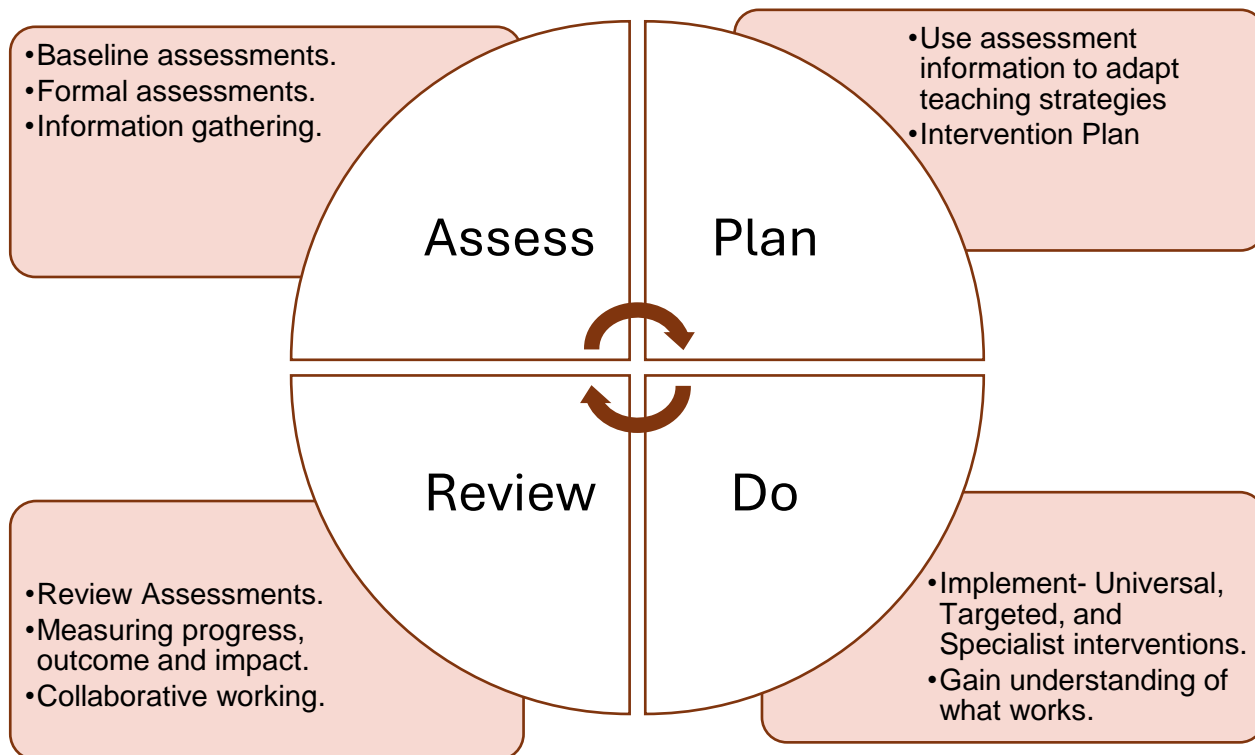
### **Delivery:** (DFE-RR247-BCRP10)

Speech and Language Therapy service at Newingate Schools follows the national descriptive framework for levels of service delivery and is in line with Special Educational Needs and Disabilities (SEND). The interventions are broadly classified into three levels, these are referred to as Universal, Targeted, and Specialist.

	<b>Type of Intervention</b>	<b>Level of Need</b>
<b>Universal</b>	Everyday practice in settings and classrooms that develops communication skills	All children
<b>Targeted</b>	Small group additional intervention or 1-1 help from a trained volunteer	Just below age-related expectations- In SLCN terms, language delay is usually as a result of social factors
<b>Targeted</b>	Individualised and frequent intervention with a teaching assistant trained and supported by Speech and Language Therapist	Struggling in SLCN terms has moderate speech, language, or communication difficulties, or has SLCN associated with another type of SEN such as moderate or severe learning difficulties
<b>Specialist</b>	Intensive intervention on an individual basis with a Speech and Language Therapist as part of a team around the child approach	Highest level of difficulty. The child has persistent speech, language, or communication difficulties.

## **Assess, Plan, Do, Review:**

At Newingate School we use the SEN four-part cycle approach of Assess, Plan, Do, and Review.



## **Accessing Newingate School's Speech and Language Therapy**

There are two main pathways to Speech and Language Therapy within Newingate School:

- New Learner- All new CYP are screened by the Speech and Language Therapist to identify potential SLC needs. (Please see the Screening/ Baseline Assessment flowchart).
- New Referral- Referrals can be made to Speech and Language Therapy via teaching staff at Newingate School. (Please see the Referral Management flowchart).

A referral that meets the criteria will be seen within 18 weeks of receipt of referral (DoH, The 18 Weeks Programme) and following an assessment, intervention if deemed appropriate will commence within 8 weeks of the assessment date.

## **Prioritisation**

### Risk-

- Immediate health risks if the individual is not seen
- In a mental health context, suicide and self-harm
- Risk of secondary sequelae if the individual is not seen

### Timing-

- Optimal time for intervention to achieve maximum potential
- Medical urgency
- Time post-trauma
- Time post-surgery e.g. post cochlear implant
- Time of transition e.g. about to start secondary school

### Wellbeing-

- Anxiety/ distress/ concern expressed by individual or carer

### Impact-

- Effect of difficulties upon an individual's communicative or swallowing function in the current environment
- Effect of difficulties on involvement in everyday activities/ quality of life
- Effect of difficulties on other areas of the individual's functioning e.g. Learning or socialisation

### Predicted outcome in the current context-

- Individual/ carer's ability to engage with therapy
- Availability of speech and language therapy resources to provide optimum intensity of intervention as evidenced in research
- Availability of skilled support to help an individual maintain gains made
- The individual's potential for change
- Commitment and motivation of the individual or in the case of children their carers
- Response to any previous speech and language therapy intervention

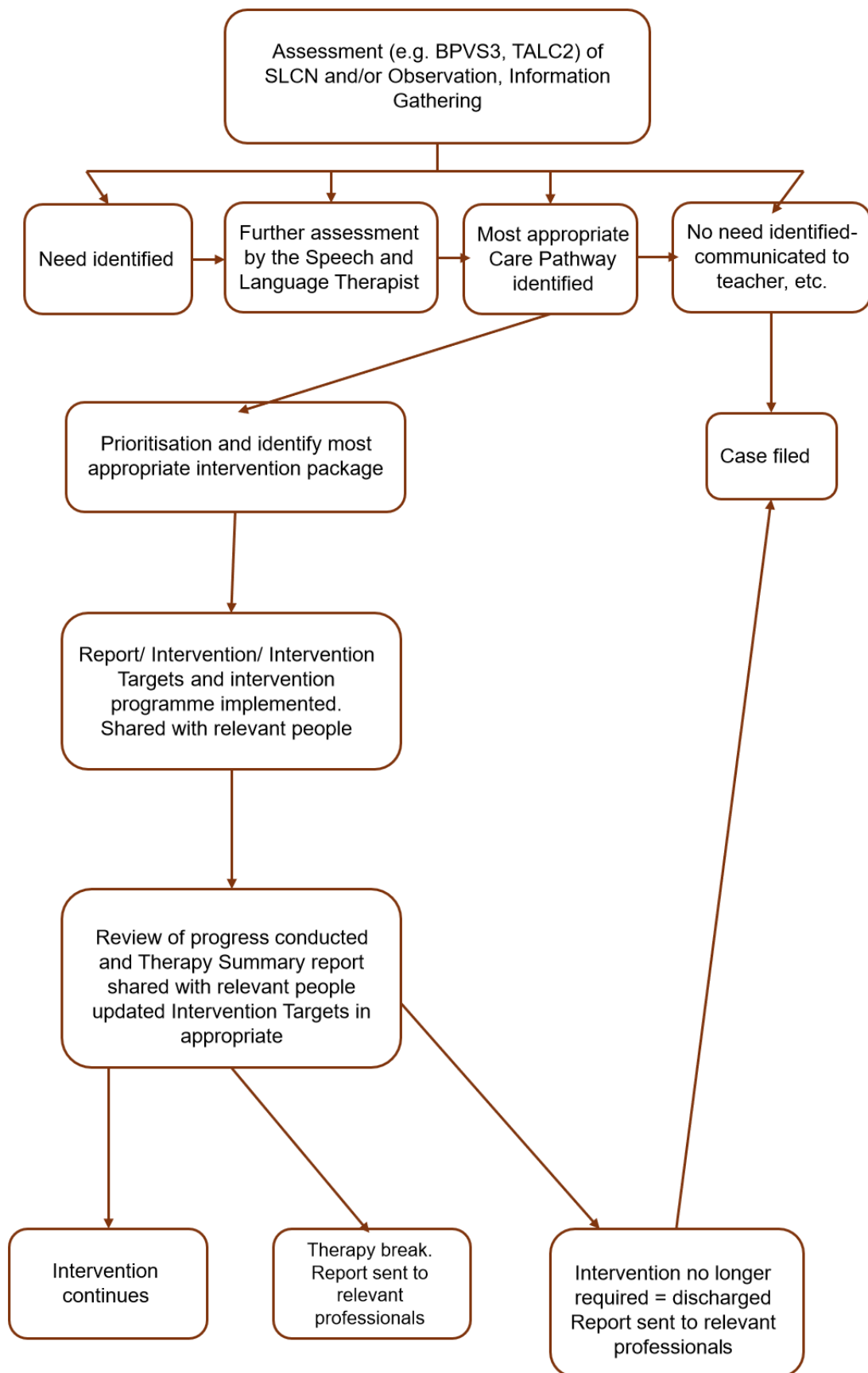
### Legal Requirements-

- Child subject to a child protection plan detailing the necessary care and provisions required to protect them from harm
- The individual has an EHCP detailing SaLT

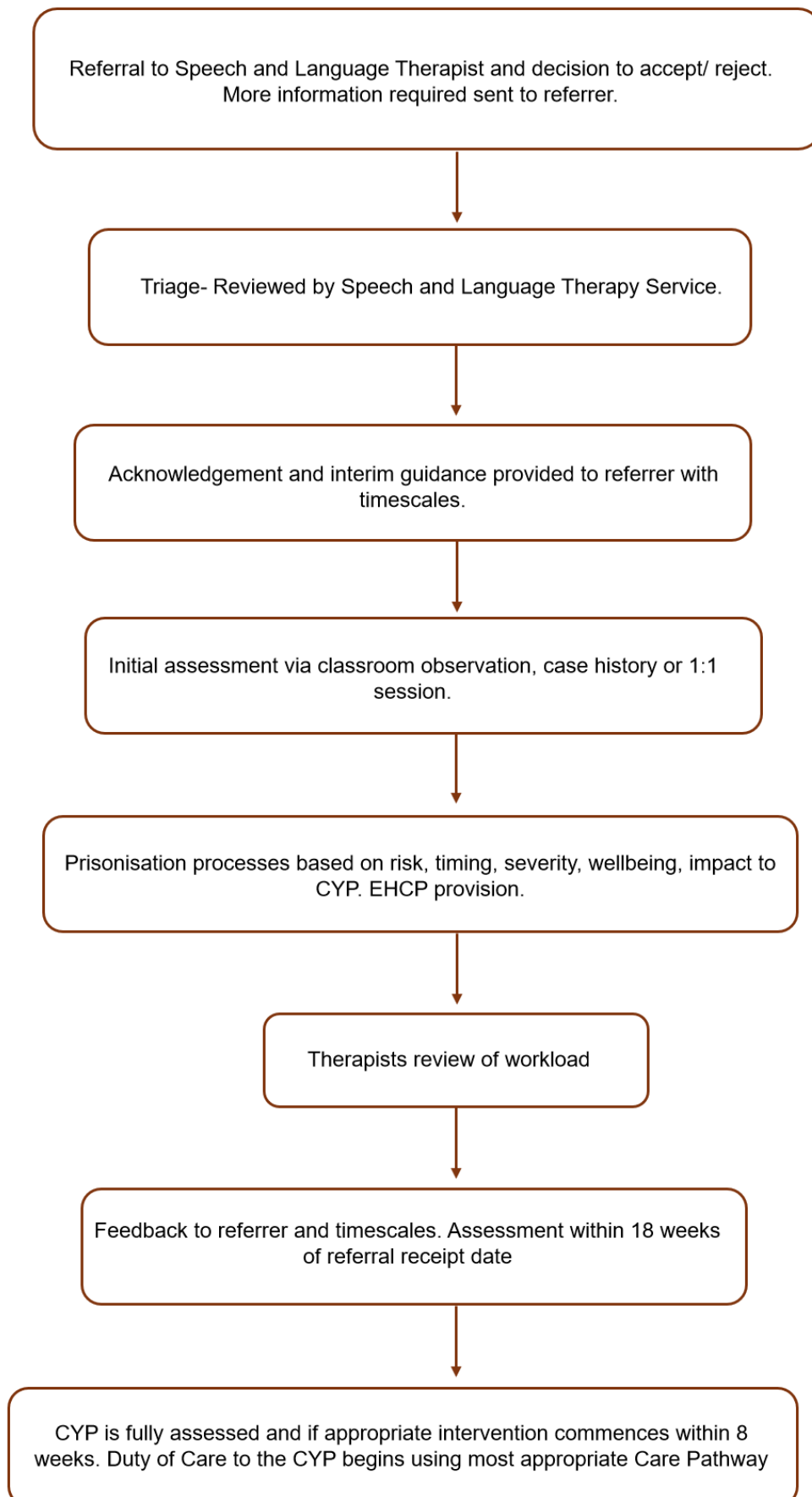
### Clinical risk-

- The foreseeable physical, psychological, or functional harm that can be reduced by SaLT
- Physical- Increased impairment
- Psychological- Decreased well-being. The child who cannot talk about past events risks becoming socially isolated and unhappy
- Functional- Increased disability/ decreased access. The child who cannot understand basic instructions is at risk of missing out on educational opportunities

# Screening/ Baseline Assessment:



# Referral Management:





## **Care Pathways:**

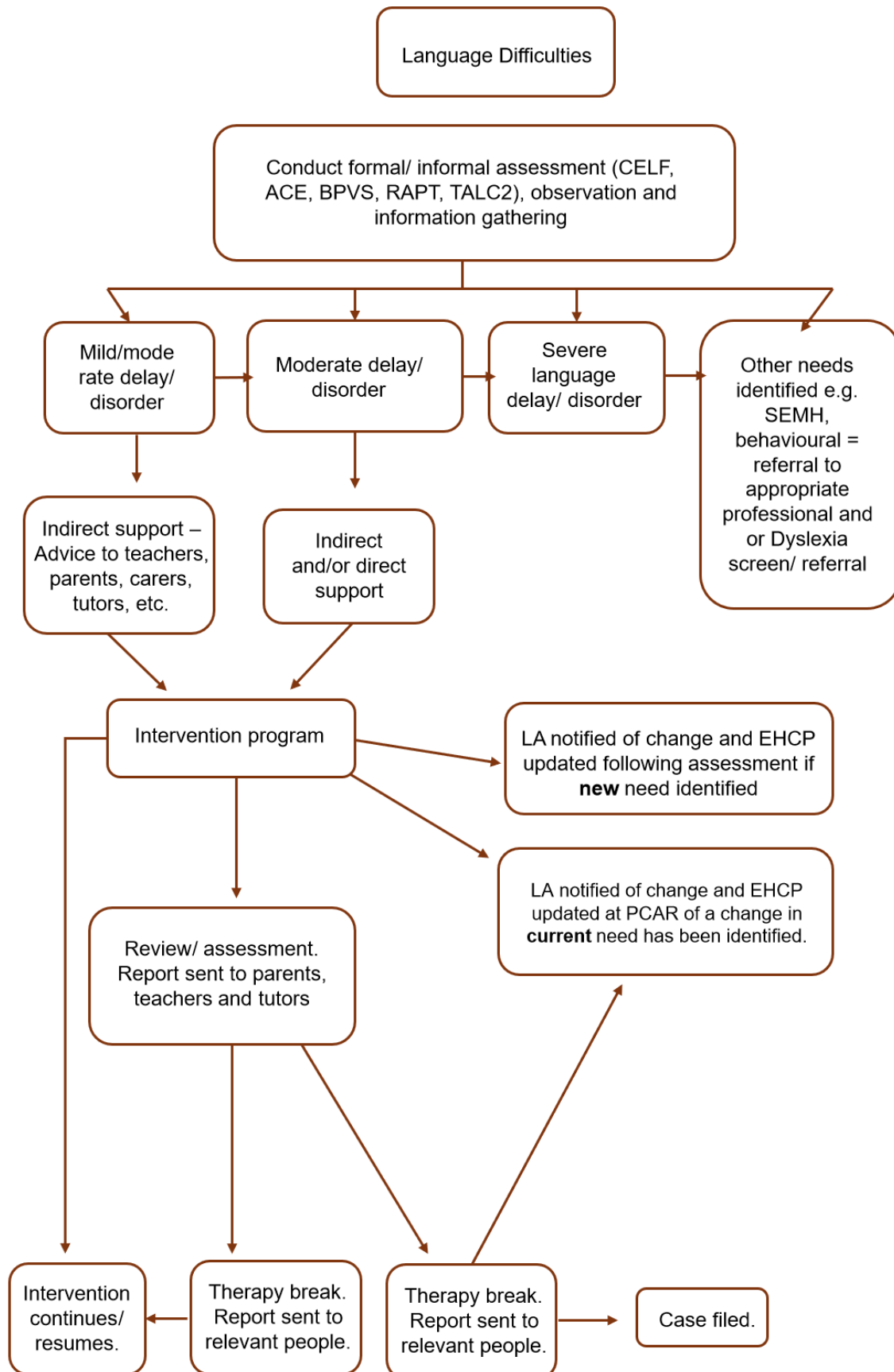
*At a local level, there should be clear care pathway for each speech and language therapy care group that reflects and anticipates the needs of referred individuals, many of whom have enduring, complex and multiple health and social needs.*

The Newingate School Speech and Language Therapy Service is able to support children and young people with a primary diagnosis of Autism. The service can also support CYP with a range of complex needs which may include the following:

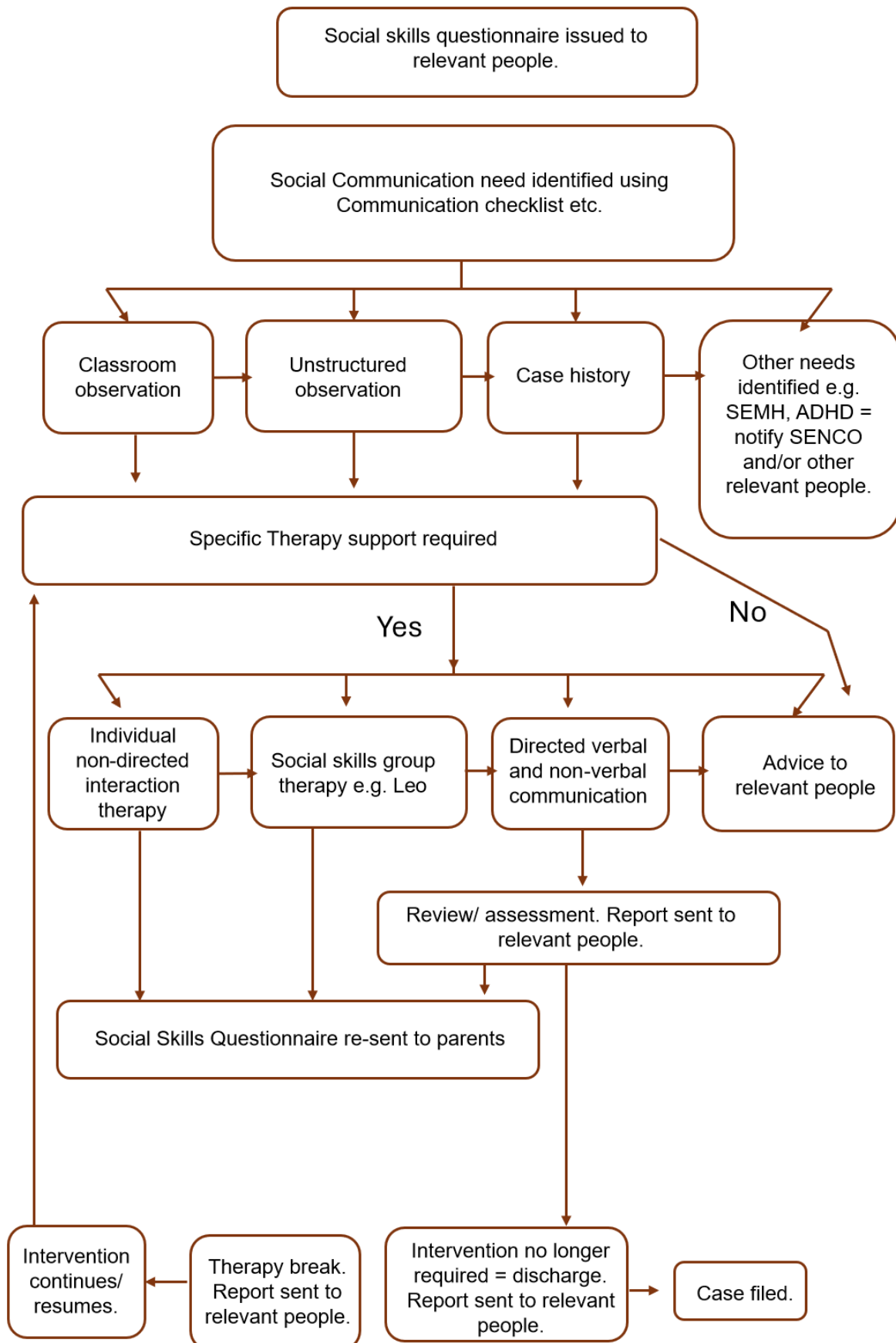
- Language Disorder
- Social Communication Disorder
- Social, Emotional and Mental Health
- Speech Sound Disorder

The Care Pathways have been updated to reflect the changing profile of the learners with SLCN entering Newingate School. Where specialist services are not available within the immediate service, or local district there is a pathway and clear procedure for individuals to access these outside the service.

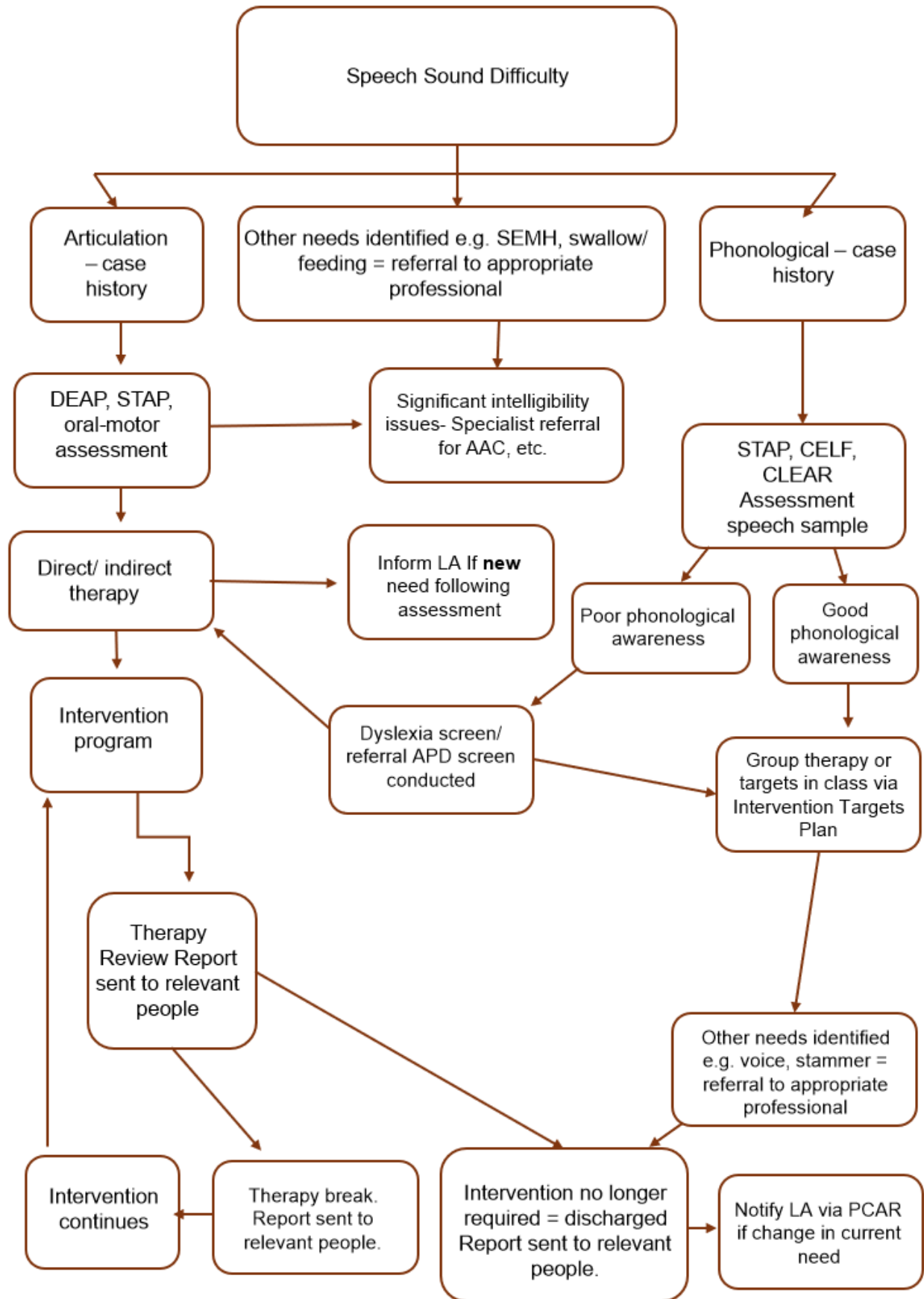
# Language Delay/ Disorder Pathway:



# Social Communication Disorder Pathway:



# Speech Sound Disorder Pathway:



## **Baseline Screening and Assessments:**

As part of the assessment process, all CYP are screened on entry into Newingate School and further assessment is undertaken if a need is identified.

RCSLT Guidance states that an initial assessment should:

- Identify the immediate impact of the impairment
- Identify how the individual's involvement in everyday activities is being compromised.
- Identify capacity for change, both by the individual, and within the environment.
- Enable a clinical judgement about the need for speech and language therapy service involvement.
- Enable clinical prioritisation judgements regarding the client's needs.
- Evaluate and advise where, when and what form speech and language therapy involvement should take to aid differential diagnosis.
- Identify whether further evaluation of the individual's presentation and environment.
- Provide information about the individual's difficulties, and possible speech and language care options to the individual/ carer/ team/ referral agent, as appropriate.
- Anticipate and manage possible problems.
- Inform individual of potential problems as appropriate.
- Provide a baseline of skills, together with current and projected needs against which the effects of intervention can be measured.
- Open discussion with individual/ carer about ultimate goals and discharge criteria, which will be reconsidered, and may then be modified throughout episodes of intervention.
- Agree with individual, or key advocate their profile needs; how they can be met and the role of the speech and language therapy within this.

At Newingate School the assessment process can involve a full history including background, presentation and consideration of functional skills and communication needs within daily life. This can be obtained through discussions with the CYP (if appropriate), parent carer, information from other professionals (e.g. EHCPs, past SaLT reports). The use of standardised tests, criterion-references measures, informal assessments and qualitative methods, including observations and discussions are also part of the assessment pathway- this can sometimes be referred to as information gathering.

Several sessions may be needed for the assessment process, depending on the severity and the need identified. Following the completion of the assessment process

there follows a prioritisation process where the level of and the nature of the support required is established. This could be in the form of:

- Direct 1-1 intervention
- Direct Group Intervention
- Direct In Class Therapy
- Indirect In Class Support
- Monitoring/ Review

## **Intervention**

**Universal Support:** At a whole population level all CYP are supported by adults involved in their day-to-day care. All CYP will benefit from adults using a wide range of strategies to support their communication and academic progress. Details about universal strategies to enhance CYP's communication skill development both within and outside of the classroom will be provided via the SaLT service.

**Targeted Support:** A whole school approach is important to the CYP's language development, within a holistic communication friendly environment. Therefore direct 1-1 intervention during class time is only used when intensive therapy is required, this enables the CYP to remain in lessons and avoid missing important teaching and learning time and any impact on their academic progress.

**Specialist Support:** Following detailed and appropriate assessment process some CYP will require direct support by the Speech and Language Therapy Service. The direct programme will consist of a short block of 6- or 12-week intervention. A review of progress will be conducted after 12 weeks for those CYP receiving specialist support.

All CYP, no matter what type of intervention programme they are on, will continue to be monitored and reviewed on a regular basis.

If after the block of intervention on a direct 1-1 or group programme, progress towards the targets is limited or if it is deemed appropriate, the CYP will be given a therapy break. Sometimes this is necessary to allow the CYP to consolidate what they have learnt and return to therapy afresh. A CYP's needs are reviewed at the end of a therapy break with consultation with relevant people. If considered appropriate, intervention may continue or the CYP may be discharged from the therapy service.

The Local Authority will be notified if a new need has been identified and requested to update the EHCP to reflect the change. If following an assessment and intervention programme the required level of need has changed the Local Authority will be advised following the PCAR protocol.

## Setting Speech and Language Targets:

A clinical assessment conducted by the Speech and Language Therapist is used to determine a baseline of functionality and order of priority. Up to three SMART targets are set based on the current ability level. An Intervention Targets Plan is made which outlines the baseline (current ability), the targets and recommended programmes, methods and approaches that can be used to support the CYP in reaching their targets. For direct 1-1 support, a review date is set for the halfway point of the 6- or 12-week intervention period and also at the end of this block. A review may take place at any point in the therapeutic process and be used to:

- Gauge the outcomes of intervention
- Gauge the appropriateness and effectiveness of intervention
- Monitor the pattern of progress
- Consider the need for further investigations
- Terminate intervention
- Determine the next step
- Agree a different focus for therapy
- Agree a different pattern of intervention
- Decide on timing of review/ reassessment periods for maintenance of gains
- Determine the need for further intervention in response to changes in the learner's ability/ circumstances/ personal goals
- Re-evaluate assistive devices
- Provide further support and information to individuals and carers
- Provide a second opinion

A review of intervention may include repeat assessments to evaluate progress.

NHS/ EKOS		GAS	
Fully Met	100%	Significantly above target	+2
Well Met	85%	Slightly above target	+1
Mostly Met	70%	Expected target level	0
Partially Met	40%	Slightly below target	-1
Not Met	0%	Significantly below target	-2

The majority of CYP will achieve the Mostly Met (70%) or expected target level by the end of a 12-week period. It is possible for some CYP to exceed their target and for some to make no progress. However, if too many CYP exceed or make no progress towards their target this would indicate that the targets set are not clinically appropriate (too easy or too hard).

## **Therapy Outcomes- Impact:**

A review of progress can be carried out in different ways including face to face session, observation (class, group and 1-1 session) and/or a discussion with relevant people and if appropriate, via a questionnaire.

A CYPS's progress towards meeting their target will be outlined in a Therapy Summary report and sent to relevant people. A speech and language report will also be contributed to a CYP's Annual Review as and when required.

## **Outcome Measures**

To ensure the appropriateness and effectiveness of speech and language therapy and its impact on academic progress, it is necessary to measure therapy outcomes. Due to the nature of Speech and Language difficulties, it is appropriate to use a range of objective and subjective measures of effectiveness.

Newingate School Speech and Language Therapy Service measures outcome using the following tools:

### **Individual Outcomes/ Impact**

- Formal assessment
- Informal assessment
- Speech and Language Therapy targets (EKOS).
- CYP views

### **Service Outcomes**

- Therapy Outcome Measures (TOM's)
- Goal Attainment Score (GAS)

### **Strategic Outcome**

- Effectiveness and efficiency change

By using a range of outcome measures we can determine progress in three key areas: SaLT progress, communication and functional skills. This process is based on the NHS EKOS and TOMs system and is recognised as the more appropriate outcome measure tool.

There are limitations; the system is designed to measure a CYP's progress over time and is not to be compared with other CYP in therapy. This is because the type of assessments used, and the timing of their use is different for each CYP. The GAS model allows a more personalised assessment of progress based on individual targets and facilitates a statistical analysis of clinical effectiveness for each CYP and the Speech and Language Provision as a whole. The new outcome measure system is still a work in progress and amendments will be made as required.

A SaLT Impact report is written at least once a year which provides a breakdown of CYP progress in therapy over the course of the academic year.



## **Resources:**

A number of programmes and packages have been collated to enable staff members to focus on different aspects they see necessary for their class/ students. Please bear in mind that there will be a demand for these resources and must be returned to the therapy room after use. If possible, resources will be saved online for staff members to be printed if the programme is unavailable.

A range of programmes used are supported by clinical research and evidence-based practice (What Works Database) and must be a first port of call when delivery language intervention programmes.

There are a range of specialist games and resources designed for CYP with SLCN as well as general non-specific games.

Staff within the school are welcome to borrow resources from the SaLT Therapy Room. However, these resources are specifically for SaLT. If a member of staff wishes to borrow the resources for a non-SaLT session, they must sign out the resources and sign it back in when returned.

All resources used must be returned to the SaLT room as soon as possible to ensure its availability for other CYP.

Please make sure that all resources are returned complete and in good condition. If this is not the case, please let the SaLT know.

## **Training:**

The Speech and Language Therapy service can provide staff training opportunities in order to upskill key staff to support children and young people. The SaLT service is open to suggestions and ideas on what staff members would like more knowledge on.

All staff members present at the training will receive a certificate to indicate attendance. If appropriate this can contribute to Continuing Professional Development (CPD).

## **Confidentiality & Data Protection:**

The management of personal data is covered by the General Data Protection Regulation (GDPR). Although it does not address “ownership” of data directly, it seeks to give control of personal data to the individual by outlining that person’s rights with regard to the personal data organisations hold on them. These include:

- The right to be informed
- The right to access
- The right to rectification

- The right to erasure
- The right to restrict processing
- The right to data portability
- The right to object

The following extract were copied from the RCSLT website dated August 2019.

“The responsibility for implementing the GDPR lies with the Data Controllers and Data Processors. Individual Speech and Language Therapists need to identify which of these roles they are operating in and what their duties are. The Information Commissioner’s Office and the RCSLT can offer advice and guidance but they cannot implement the GDPR on your behalf. This is because the data principles covered by the GDPR will have a unique application to your data processing activity. The RCSLT is not in a position to offer individual advice on the application of GDPR and you should seek advice from your employer, or take legal advice if you are self-employed”

## **GDPR and Consent**

General Data Protection Act 2018 requires consent to be freely given, specific and informed. The GDPR adds that consent must also be an unambiguous affirmative action, documented and reversible. The GDPR treats consent as a dynamic and ongoing process, and it must be:

### **Specific-**

- Name who requires consent.
- Name third parties.
- Why you want the data.
- What you will do with the data.
- Explain how consent can be withdrawn.

### **Granular-**

- Sperate consent for individual options of data sharing/ processing.
- Unambiguous indication of subjects wishes.
- Clear and active “opt in” and “opt out”.

### **Recorded-**

- Who consented.
- When, what, why and how.

### **Reviewed-**

- Regularly review consent (GDPR gives no specific timescales).
- Consent is reversible and can be withdrawn

### **Transparent-**

- Open and honest regarding how the data is used.

The GDPR provide that the right to erasure does not apply to Health and Social Care data in the following circumstances:

- If the processing is necessary for public health purposes in the public interest (e.g. protecting against serious cross border threats to health, or ensuring high standards of quality and safety of health care and medicinal products or medical devise); or
- If the processing is necessary for the working capacity of an employee; for medical diagnosis; for the provision of health or social care; or for the management of health and social care systems or services.) This only applies where the data is being processed by or under the responsibility of a professional subject to a legal obligation of professional secrecy (e.g. a health professional).

The right to erasure actually has quite a narrow application, so even if you receive a request relating to information that does not fall within the health and care categories listed above it is a good idea to check the ICO web guidance before deciding whether or not you should comply.

There is an obligation to respond to a verbal or written request to erase without undue delay and within one month of receipt. There are particular considerations regarding the personal data of children.

Health and Social Care records relating to children and young people should be kept until the individual is 25 years old or 26, if the young person was 17 years old at the conclusion of intervention; or eight years after an individual's death, if the death occurred before they were 18 years old.

All diaries with patient related information should be kept for eight years.

## **Record Keeping:**

### **Children and Young People's Records**

In order to be fully compliant with Care Quality Commission (CQC) guidance, there are strict rules governing record keeping and client confidentiality. The majority of CYP records are to be stored electronically. Assessment documentation to be scanned and stored in the learner's SaLT file. If paper-based notes are help these to be stored in a locked filing cabinet in the therapy room which also has restricted access.

Each CYP file should have the following:

#### **Record of Activity**

- The record sheet must have the learners name and date of birth and each sheet is numbered. There must be a record of each intervention session conducted and recorded within 24 hours of the therapy session. If the record is completed later than 24 hours this must be clearly stated. If therapy could

not take place due to the CYP being unavailable, a note must be placed on the form with an explanation why (illness, holiday, school trip, music lesson, etc.) The record sheet must also be in the SOAP format:

- **S**ubjective (e.g. what was said, reported, etc)
- **O**bjective (e.g. what you did in the session and the results of assessment)
- **A**ssessment (e.g. what you hypothesise is the problem)
- **P**lan (e.g. what you plan to do)

### **Intervention Targets Plan**

- This plan should record the baseline, target and suggested or recommended activities and a review date. The outcomes must be specific regarding the achievement of the target and whether the target has not been achieved or is ongoing. The Intervention Targets Plan is to be shared with relevant people.

## **Documentation and Confidentiality**

All assessment forms and data must have completed CYP details, the name of the assessor and the date of assessment, Formal assessments can only be retested after a six-nine month period or later depending on assessment guidelines. All other correspondence is to be kept for therapy planning purposes and stored confidentially. If a referral is made to another therapy service or external body a copy of the referral must be placed in the SaLT file or main electronic storage software.

Electronic records or reports can be shared internally via Newingate School email without a password. However, if a document is shared externally this must either be through egress or the document must be protected with a password and given only to those who are permitted to have access.

It is recommended that all communication with parents/ carers, teachers, tutor, professionals and any other persons involved in the learner's care is recorded and stored securely within the learners electronic SaLT file and if deemed appropriate, on CPOMs.

Consent for intervention and therapy is sent out via the SaLT service. Consent forms are stored electronically in the CYP's SaLT file as well as a paper copy in Newgate School student file.

If consent has not been provided it will not be possible to conduct any assessments or interventions.

Audio and visual records must be stored in the learners SaLT file on the shared area. Portable devices used to record audio or visual data can be used and the data then transferred to the secure file on the SaLT shared area. No data should remain on the portable device.