



Children's speech and language therapy core service

What is speech and language therapy?

Speech and language therapy (SLT) supports children and young people from birth to 18 years old with speech, language and communication difficulties. The main focus is to help children and young people develop the best possible communication skills they can in light of their difficulties.

Speech, language and communication needs (SLCN) might include problems with:

- understanding spoken language
- putting words together and/or making sentences
- making/discriminating different speech sounds
- voice
- stammering
- social communication skills
- eating and drinking difficulties
- a combination of these.

Sometimes these difficulties occur alongside other problems such as learning or hearing difficulties, but this is not always the case.

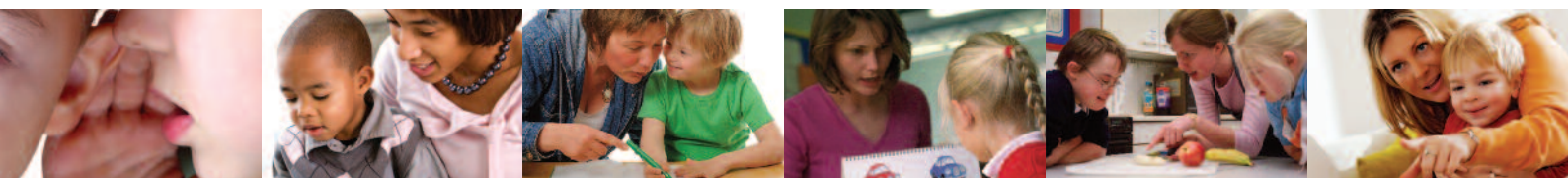
Speech and language therapists (SLTs) work in partnership with others to help a child manage and develop his/her communication skills. This often means working with parents (and other family members), teachers, support assistants, respite staff, childcare workers or anybody that the child has regular contact with or support from. The SLT will assess a child's communication skills before deciding how to support any difficulties, providing strategies and ideas on how to promote more effective communication.

Who are we?

The children's speech and language therapy service is commissioned to provide services to children and young people with speech, language and communication needs (SLCN) across Herefordshire.

Within the children's speech and language therapy service we have a range of teams that support different groups of children and young people. The majority of children are referred to the **community clinic team**. Once the type, nature and severity of a child's SLCN have been established they may continue to receive support from this team, or be transferred to one of our specialist teams:

- Autism spectrum disorder
- Complex needs
- Feeding and swallowing team
- Hearing impairment
- Specific language impairment
- Stammering and dysfluency



Community clinic team

The community clinic team is a generalist team providing a service for pre-school and school aged children identified with speech, language and communication needs.

There are a range of ways in which the community clinic team may be able to support a child. These always involve working with parents/carers. Support may include one or more of the following:

- Assessment and diagnosis of speech, language and communication needs
- Advice/training for parents/carers and others involved in the child's life
- Providing programmes of work and ways of supporting the child in different environments by different people e.g. home/nursery/school
Please note: programmes will only be provided for nursery/school if there is a nominated person who can support that programme on a regular basis. It will be the responsibility of that person to contact the child's therapist when the targets have been met and the programme requires updating.
- Direct therapy with the child individually or in a group at the local community clinic – therapy may be with a therapist or therapy assistant
- Liaison with other professionals and agencies, as necessary, to ensure the child's needs are met in the most appropriate and effective way as possible
- Referral on to other specialist teams or groups.

Following the agreed period of support, the child's progress is reviewed in partnership with parents/carers and further recommendations and action are taken according to the child's changing needs.

Decisions relating to the need, appropriateness, type, timing and frequency of therapy are made in consultation with the parents/carers and, where appropriate, with the children themselves.

This is a clinic based service which operates in a variety of locations around the county. This team does not offer regular school based therapy. One-off nursery/school observational visits may be carried out in order to:

- inform the assessment process
- review progress
- demonstrate specific tasks within a programme to teaching and/or support staff.

These visits will be undertaken with the expectation that teaching and/or support staff are available for liaison with the speech and language therapist. Parents are also welcome to attend these visits (with agreement from the school).

Children at secondary school

A child's transition into secondary school will be monitored by the speech and language therapist. The child will be discharged at the end of year seven (with advice and general strategies), unless there is evidence of:

- Articulation difficulties
- Speech sound delay/disorder
- Voice disorder eg hoarseness
- Or, they meet the criteria for one of our specialist teams.

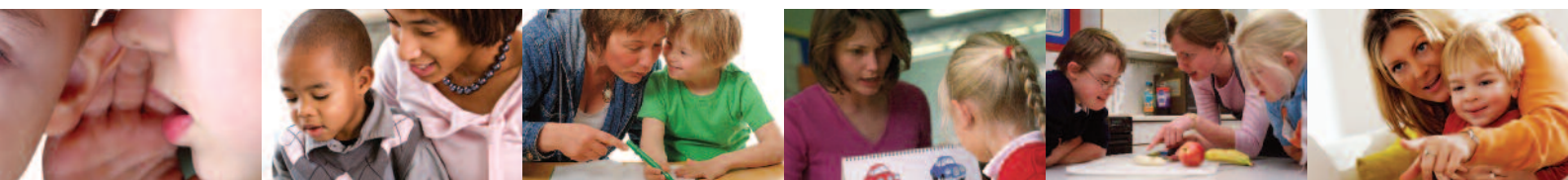


Autism spectrum disorder team

Children who are referred to the speech and language therapy department, either with a diagnosis of autism spectrum disorder (ASD) or where referrers are concerned that they may have ASD, are placed on the waiting list for an assessment by the ASD team. (Please note: children who attend Blackmarston, Westfield or Barrs Court schools will be assessed by the complex needs team).

The ASD team provides the following:

- Assessment of the child's communication skills in his/her everyday environment (usually nursery or school) and information/ advice on supporting the child's communication skills for parents, school staff and other relevant agencies. When there appear to be differences between communication issues in the school and home environments, the ASD team may also do further assessment at the child's home
 - Specialist input into the diagnostic process, as part of a multidisciplinary team of professionals
 - Support to maximise a child's ability to communicate functionally and access the curriculum via either direct therapy with the child or programmes written by the ASD team and carried out by school staff and/or parents (Programmes will only be provided for nursery/school where there is a nominated person who can support that programme on a regular basis. It will be the responsibility of that person to contact the child's therapist when the targets have been met and the programme requires updating).
 - Second opinion assessments for other speech and language therapists working with children about whom there are ASD related concerns
- Assessment and advice to school/parents regarding social interaction skills and strategies (Within existing resources the ASD team will not provide ongoing social interaction support for children whose language skills are within the average range).
 - Assessment and advice regarding children of secondary school age. Following assessment and advice, within existing resources secondary school-aged children will be discharged from the ASD team (Children who have been accessing support from the ASD team at primary school may remain on the ASD caseload for input/support, if appropriate, as they transition to secondary school. At the end of year seven, children will be discharged from the ASD team).
 - EarlyBird training for families following their child receiving a diagnosis of ASD. The ASD team is part of a group of professionals in Herefordshire who are licenced by the National Autistic Society to provide EarlyBird training for parents of pre-school children who have been diagnosed with ASD.



Complex needs team

The complex needs team provides a specialist service for children (birth to 19 years) who have severe/profound learning and/or physical difficulties resulting in severe communication difficulties. Some may benefit from Alternative or Augmentative Communication (AAC) support.

As a local AAC service team we aim to provide expertise in non-complex low and high tech AAC strategies and techniques (eg communication books, symbol/photo boards, iPads) and a loan bank of common AAC devices (eg single and multi-message devices, access switches and switch-operated toys). We provide assessment and referral to the specialised AAC service hub, where appropriate, and ongoing support to children and families.

The complex needs team provides a service for pre-school and school-age children in mainstream and specialist provision settings. The type of service offered is determined by the therapist according to the child's needs.

All children who meet the referral criteria will be offered a comprehensive assessment of up to three sessions in the most appropriate setting for the child (eg home/ respite care/nursery/school) and a report provided usually within four weeks of the last assessment. Therapy will be provided, as necessary, at a level appropriate to the child, family and setting at the time (according to the complex needs team therapy protocols). Decisions regarding levels of therapy are based on the therapist's clinical decision, relevant research and clinical evidence.

Therapy input is provided in a range of formats and may include the following:

- A programme of activities for the child to carry out, supported by school staff and/or at home
- Demonstration of therapy activities in school/home
- Blocks of individual therapy in school or home eg to develop early communication/interaction skills, to set up a communication system such as a communication book or switch-activated voice output device
- Attendance at care planning meetings/annual reviews where possible
- Contribution to individual education plan target setting in collaboration with teaching staff
- If the child's needs are best met through advice/training, there are a range of workshop sessions available for parents, schools and carers including pre-school parent/child signing sessions and alternative/augmentative communication training for example, how to use switches/message devices/ communication books.

The desired outcomes for the child and his/her carers include the following:

- Improved use of functional communication skills in a range of environments eg home, school, the community
- Communication skills used to their full potential.
- More confident and skilled communication partners working with the child
- Improved level of understanding of the child's communication profile (ie communication passport)
- Increased independence, community involvement and increased access to education and social pursuits.



Feeding and swallowing team

The Feeding and swallowing team are a specialist team, offering support to children who have difficulties with one or more aspects of feeding and swallowing. The service is available to children from birth to 18 years, as soon as feeding/swallowing difficulties, or the possibility of difficulties, are identified. Children may be seen on the wards, at home or other educational or respite settings, as appropriate. Children on this caseload may or may not have other developmental or medical difficulties and be receiving communication input from other specialist teams.

The Feeding and swallowing team provides:

- Assessment of the safety of swallowing on a range of food and drink textures, as appropriate
 - Onward referral to more specialist swallowing assessment from tertiary services, as required
 - Onward referral and liaison with tertiary services for the support of verbal communication in children with tracheostomy, if appropriate (eg speaking/one-way valves).
 - Advice on managing any identified feeding and drinking risks where it is possible to do so, and/or advice and liaison around making decisions to pursue non-oral feeding options, such as naso-gastric or gastrostomy feeding
 - Where appropriate, support to children who are working towards the removal of a naso-gastric or gastrostomy tube
- Where appropriate, advice on developing oro-motor or other developmental skills to promote feeding. At the pre-school level, children with ongoing needs would typically be supported through regular assessment, review and target-setting at both home and any other settings attended. At school-age, the responsibility for seeking further assessment and advice rests with school staff or respite staff, who will be offered training to do this, as appropriate (see below)
 - Support in identifying and differentiating sensory-based feeding difficulties, and support to progress the feeding of these children
 - General training to settings working with children on the feeding and swallowing caseload, to assist them in identifying and supporting children who require assessment and input
 - General training to help other professionals to identify those children whose feeding may pose a risk, and to support the management at the universal level of those children who may have more minor feeding concerns
 - Any specific training that may be required to meet the safety requirements of specific children on the caseload
 - A point of liaison for community clinic therapists in supporting children with cleft palate, or with other nasality or resonance-based speech difficulties.



Hearing impairment team

The hearing impairment service provides a specialist service for pre-school and school aged-children with speech, language and communication needs (SLCN) in association with a moderate, severe or profound hearing loss ie a hearing loss of more than 40 decibels. Children with a hearing loss of less than 40 decibels will be managed within the community clinic team. Work is mainly carried out in nurseries and schools in partnership with teachers of the deaf, class teachers, support staff and parents.

The hearing impairment team provides:

- Assessment and diagnosis of SLCN
- Advice, training and support for carers and others
- Programmes of therapeutic activities
- Direct therapy (individually or in a group)
- Support in accessing appropriate educational provision and funding through written documentation and the setting of appropriate language targets
- Input into annual reviews and Individual education plans in school, where appropriate
- Liaison with other professionals and agencies, as necessary, to ensure the child's needs are met in an appropriate and effective way.

Specific language impairment team

The specific language impairment team provides a specialist service for pre-school and school-age children with specific language impairment (SLI). The speech and language therapy service define children as having SLI if they have a significant language delay or disorder in the absence of any other major neurological, physical and global impairment, and where there is no environmental deprivation or socio-emotional disorder.

The type of service offered is determined by the therapist, according to the child's needs. Individual speech and language therapy input may include the following:

- Assessment of the child's current communication skills
- Written or verbal advice on developing the child's communication skills
- A programme of activities for the child to carry out supported by school staff and/or at home
- Demonstration of therapy activities in school to support school staff
- Blocks of individual therapy in school or clinic when considered in the child's best interests
- A home visit, where considered appropriate to inform about the therapy plan or assessment
- Attendance at appropriate care planning meetings, where possible
- Contribution to individual education plan target-setting in collaboration with teaching staff.

Small group speech and language therapy at the language and communication centre at Hampton Dene Primary School, or the Language Group at the Child Development Centre.

The speech and language therapist in conjunction with the teacher may identify children who would benefit from small group input. Small groups are set up and run by the therapist and a member of the school team. Small groups may focus on the following areas depending on the child's needs:

- Speech sound groups
- Language groups eg developing vocabulary, using sentences, developing language concepts, story telling/narrative groups
- Signing groups for school staff
- Parent sessions offered at the child development centre for Language Group parents.

The SLI team also offers training where it is considered by the therapist that the needs of individual children are best met through training in school.



Stammering and dysfluency team

The stammering and dysfluency team offers a countywide specialist service for childhood stammering and dysfluency disorders to children and their families and carers. Children are usually offered appointments at the specialist central clinic in Hereford.

The stammering team provides:

- Assessment and differential diagnosis for childhood stammering and dysfluency disorders
- Intervention for children up to the age of 18 years with a seamless transition to the adult service, when deemed appropriate, according to the individual client need
- Direct clinic-based therapy – individually or in a group
- A two-tiered system for pre-school dysfluency disorders with easy access via community clinic team. Second opinions and more specialist advice and treatment is then available at a centrally-based clinic, via the lead specialist for stammering and dysfluency
- Advice and counselling for carers and family
- Advice and support as a one-off meeting or phone call may be offered within the child's educational setting, this may include specific dysfluency training. This may be in a report format and this may also happen at transition to secondary school
- A consultancy role for second opinions for colleagues from outside agencies, where specialist provision is non-existent.



General service information

Referral policy

The speech and language therapy team have an open referral policy for children, ie anybody can refer a child to the team providing they have parental permission.

A copy of our referral form can be found on the department website:

www.wyevalley.nhs.uk

(click on services, community services)

To help us provide the best service possible, we ask that parents/carers:

- Support their child by carrying out practice at home as directed by the therapist
- Speak to their therapist if they have any concerns
- Remain responsible for their child's behaviour during the appointment
- Cancel their child's appointment as soon as possible if they are unable to attend. This will allow us to offer the appointment to someone else.

Reports

After a child's initial assessment, a written report is sent to the parent. The referrer, the child's GP, and child health will also receive a copy. Consent will be gained from the child's parents to distribute the report to other professionals, where appropriate.

A further report will also be written when the child is discharged. Interim reports will be written as appropriate.

Non-attendance policy

Appointment letters outline the importance of notifying the department should the child/young person be unable to attend for his/her appointment. This will include information about sharing information following non-attendance.

If an appointment is missed and no cancellation is received, a letter will be sent asking the parent/carer to contact us within 14 days. The referrer is also notified of the missed appointment.

If the parent/carer contacts the department, a further appointment will be offered at the next available clinic. This letter states that a second non-attended appointment will result in immediate discharge.

If the parent/carer does not contact us within 14 days, the child will be discharge and the referrer notified.

For those children that miss two consecutive appointments and who are the subject of a child in need plan/child protection plan, the Trust safeguarding team will be notified by the completion of the unseen child form.



Discharge policy

Children are discharged from the service when:

- Speech, language, communication and/or feeding is within normal limits or the aims of intervention have been achieved
- The child's language and/or functional communication is at a level where they can engage with the curriculum and learning (with support if needed)
- The child has reached a point where they are able to self manage their condition
- Progress is limited by levels of motivation/cooperation or learning difficulties with no progress being made following a period of robust intervention
- The family does not engage with the service or take up the appointment offered (please see the non-attendance policy)
- Timing is not right for input but re-referral to the service is possible when circumstances change
- The child moves out of area. Arrangements will be made to transfer the child to the local speech and language therapy team where appropriate.

Decisions will always be made following discussion with the parent/carer and child where appropriate, and based on the clinical judgment of the speech and language therapist. Such decisions are made in accordance with professional standards and clinical guidelines.

Re-referral criteria:

For a re-referral to be accepted, the referrer must be able to demonstrate:

- A significant change in the child/young persons speech, language, communication and/or feeding
- A change in readiness or commitment to therapy (child or family).

Contact us

The speech and language therapy team are available for general advice and support and can be contacted Monday to Friday, 8.30am to 4.00pm.

Speech and language therapy, Wye Valley NHS Trust, Ruckhall Lane, Belmont, Hereford HR2 9RP

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Fax: 01432 363909

Website: www.wyevalley.nhs.uk
(click on services, community services)

