

Speech & Language Therapy
Information for Schools

Speech and Language Therapy Service (SLT)

Service Manager

Cape Road

Warwick

Tel: 01926 400001

Team Bases

<p><u>North Warwickshire: including Nuneaton, Bedworth and Rural teams</u> Main base for referrals</p> <p>Riversley Park Annexe Clinic Drive off Coton Road Nuneaton CV11 5TT</p> <p>Tel: 024 76 378620 Fax: 024 76 378621</p>	<p><u>Rugby area</u> Main base for referrals</p> <p>The Orchard Centre for Community Health Lower Hillmorton Road Rugby Warks CV21 4EE</p> <p>Tel: 01788 555107/555114 Fax: 01788 555104</p>
<p><u>Warwick & Kenilworth</u> Main base for referrals</p> <p>Cape Road Clinic Cape Road Warwick CV34 4JP</p> <p>Tel: 01926 400001</p>	
<p><u>Stratford area</u> including Shipston, Alcester, Bidford, Studley</p> <p>Stratford Healthcare Building One Arden Street Stratford upon Avon CV37 6NQ</p> <p>Tel: 01789 405100 Ext 346</p>	<p><u>Leamington & Southam</u></p> <p>Crown Way Clinic Crown Way Leamington Spa CV32 7SF</p> <p>Tel: 01926 883456 01926 425449</p>

Overview of Service offered

The Aim of the service:

To support schools to meet the Speech, Language & Communication Needs of children in Warwickshire Schools so that they can become effective and confident communicators.



For children in Mainstream Primary Schools this is achieved by the School Age Team of Speech & Language therapists who:

- Work with schools to identify and support needs following the multi-agency **Speech, Language & Communication Need pathway – a graduated response** see www.swft.nhs.uk/SLCN.aspx
- Undertake initial information gathering and child assessment followed by the formulation, provision and evaluation of treatment plans where needed
- Provide advice and support to parents and carers
- Work closely with other professionals, sharing information and providing on-going advice and guidance, to ensure the provision of the right support at the right time
- Recommend referral to other agencies when needed, e.g. Educational Psychology, IDS-Specialist teachers, CAMHS
- Aim to ensure smooth transitions by working closely with other Speech & Language therapy teams from South Warwickshire NHS Foundation Trust including:
 - Pre-school
 - Child development Service
 - Special School
 - Specialists in ASD, Deaf children, Stammering, Eating & Swallowing, Alternative Communication, Cleft Lip & Palate

Speech and Language Therapists help to identify and support children with Speech, Language & Communication Needs (SLCN).

What are Speech, Language & Communication Needs? Children with SLCN may:

- lack understanding of words that are being used, or the instructions they hear
- have difficulty learning new words
- struggle to find words or form sentences
- have speech that is difficult to understand
- have difficulty speaking fluently
- have an unusual voice quality
- have difficulties knowing how to talk and listen to others in conversations and different situations

Children may have just one or a combination of these difficulties.

Referral to Speech & Language Therapy – Primary School aged children

Consider referral where these factors are impacting on a child's learning, social inclusion and/or self-esteem. All referrals must be made with parental agreement. There is no cost to school for initial assessment:

- **Speech Sounds:** If the child's speech is difficult to understand because they are substituting or mis-pronouncing a number of sounds, e.g car > 'tar', see > 'dee', jam > 'dam', refer direct to SLT
- **Speech fluency/stammering:** If the child's speech is being interrupted by multiple repetitions or stretching of sounds or if they are getting stuck and struggling to get the words out, refer direct to SLT
- **Voice:** If the child often 'loses' their voice or it has a persistent hoarse or croaky quality, recommend parents visit GP. A hospital Ear, Nose & Throat (ENT) doctor will refer to SLT if appropriate
- **Eating, drinking and swallowing difficulties** (dysphagia). See below for more information
- **Understanding and saying words and sentences:** School should screen the child as recommended by the **Speech, Language & Communication Need pathway – a graduated response** and support through personalised teaching strategies and/or small group interventions. If after two cycles of support significant difficulties persist, refer to SLT with supporting evidence

Outcome of SLT Assessment for language difficulties:

Low level of need

- Specific Advice
- Discharge

Medium Level of Need

- Specific Advice
- Support in Reception
- Recommend school buy-in SLT support for language for Y1 and above (see below for more information)

High Level of Need

- Specific Advice
- In-school support via language programmes and training (NHS)
- direct therapy where appropriate (NHS)

Areas not covered by SLT:

- Social Communication difficulties in the absence of the other SLCN needs listed above – consider referral to IDS Communication & Interaction Team
- Selective Mutism, i.e. talking and communicating effectively in one situation but not in another – refer to IDS Specific Language Team
- Literacy based needs in the absence of SLCN needs listed above – refer to learning support service e.g. EIS

Referral Procedures

Before referring ask the question: have we followed the SLCN Pathway?

www.swft.nhs.uk/SLCN.aspx

Referrals can be taken from:

- School settings with parents' consent
- Other education and health professionals with parents' consent
- Parents/carers – we may seek permission to gain more information from school before carrying out an assessment

(NB Referral source has no impact on waiting times)

Referral forms:

- Copies are included at the end of this section.
- Available online at: <https://www.swft.nhs.uk/our-services/speech-and-language-therapy/childrens-services/school-age.aspx>

Feel free to copy these as necessary for your use. When completed, please send them to your local SLT base.

It is important that the forms are completed as fully and clearly as possible in order to guide the assessment. The contact numbers of both parent/carer and referrer are required and the core details e.g. name, address, date of birth, must be entered correctly to avoid possible delays at a later date.

It is a requirement that every referral has parental agreement. Please discuss your reasons for referral with the parent. Signature by one or more people with parental responsibility (as appropriate) is required.

If you have any doubts regarding a referral, please contact the Speech and Language Therapist for your school to discuss before submitting the form.

Once referred, the child's name is placed on the waiting list and an acknowledgement letter is sent to the parents. An appointment will be sent to the parents as soon as possible. We aim to carry out assessment within a term of receipt of referral and in any event within 18 weeks of referral.

Assessment takes place in a health clinic. Assessment will always involve observations and discussion with adults who know the child well. Standardised tests may be used.

Criteria applied by the Speech and Language Therapy Service

Referrals are initially screened to decide whether they should be dealt with as priority or routine referrals.

For language needs, referrals may be returned if there is no evidence of school support through personalised teaching strategies and/or small group interventions.

Following an initial assessment, level of need is decided taking into account:

- the severity of the disorder
- the potential outcome of SLT
- the impact of the difficulty, i.e. how much is the difficulty affecting the child and their learning
- the support available

Discharge Criteria from NHS Service:

Clients are discharged from the service when:

- Speech/language is within normal limits or the child is fulfilling their communication potential
- A *medium level* of language need is identified in Year 1 and above - see '**Traded SLT Service**' below for schools options for supporting these learners
- The pupil moves to secondary age, unless SLT specifically is commissioned under an EHC Plan
- Progress is limited by levels of motivation/cooperation/learning difficulties
- School does not support the programme as agreed with the therapist
- The family does not engage with the service or take up the appointment offered
- Timing is not right for input but re-entry to the service is possible when circumstances change
- Communication friendly environments are not supported to the point that therapy is compromised in all settings

Decisions will always be based on the professional clinical judgement of the Speech and Language Therapist. Such decisions are made within a structured supervisory system and in accordance with professional standards and clinical guidelines.

What can Schools expect from the Service?

The Speech and Language Therapy Service will:

- Provide a named Therapist for each Primary School
- Meet with SENCOs to discuss needs and provide advice and guidance
- Visit children in school or see them in clinic as appropriate
- Carry out assessments, report on findings, provide advice on individual cases
- Provide written advice to supports SEND and EHCP assessment
- Liaise closely with other support services to provide the best care for the child
- Contribute to IEPs where appropriate and attend meetings/case conferences as appropriate
- Provide training with multi-disciplinary teams
- Provide general advice and guidance regarding the communication friendly environment
- Provide assessment of risk for children referred with eating and drinking difficulties
- Refer on to other agencies/disciplines as appropriate

Speech and Language Therapy Service Expectations of School:

Schools will:

- Follow the 'graduated response' to identifying and supporting need as set out in the SLCN Pathways and Warwickshire SEN Matrix: www.swft.nhs.uk/SLCN.aspx
- Provide a link person in school (usually the SENCO) who shares information with staff, e.g. about SLT's school visits, classroom observations, reports, advice and programmes
- Provide contact time with the SENCO, Teachers and Teaching Assistants
- Provide at least one month's notice of IEP meetings
- Provide at least two months' notice of Annual Review meetings
- Give access to the classroom to observe the child
- Provide a quiet room with appropriate furniture
- Provide relevant information e.g. SEN files, IEPs, curriculum planning, p-scales, Teaching Talking profiles
- Commit to developing a Communication Friendly Environment (training supported by SLT and IDS, Teaching and Learning)
- Review any training needs on identifying and supporting children with speech and language difficulties in school
- Encourage parents to attend meetings with SLT at clinic and in school.

Traded SLT Service
Additional Speech & Language Therapy Services schools can buy-in

Why does your school need to buy in additional Speech & Language Therapy?

The NHS provides services for children with the highest level of Speech & Language therapy needs.

There is a significant group of children who:

Enter school with delayed listening and language abilities (40% in some areas) or
Have persistent language and communication difficulties which impact on their learning, literacy and social communication (5- 7%).

Children in these groups do not receive on-going support under the NHS unless it is commissioned through an Education, Health and Care Plan.

You could buy additional Speech & Language Therapy to support:

- A specific child: identify needs & targets, deliver a programme of therapy, evaluate progress
- A group of children: Language Groups led by a trained TA, classroom projects
- The whole school: Training and workshops for TA's and teachers to develop skills in supporting children's speech & language.

Costs:

Speech and Language Therapy time is purchased on a per session basis throughout the duration of a Service Agreement. The minimum duration of a Service Agreement is one year. You could buy a session each week, fortnight, month, half term or term.

Indicative costs for the Financial Year 2015/16:

Morning session: 3 hours @£240

Afternoon session : 2 hours @ £160

The costs are based on the time that the therapist spends in the school working directly or indirectly to support children's communication. Activities include:

- Observation of child in the classroom/playground
- Face to face with child with key adult present
- Discussion with school staff
- Meeting with parent/carers
- Planning and review meetings
- Training school staff (One-off staff training can also be purchased. Details can be found on other pages in this brochure.).

The time spent away from school on travel, planning, preparing resources, writing reports and Communication Plans is included in the cost and will not incur any extra charges.

- For more information see: <https://www.swft.nhs.uk/our-services/speech-and-language-therapy/childrens-services/school-age.aspx>

Eating, drinking and swallowing difficulties

Paediatric Dysphagia

Dysphagia Referrals (eating, drinking and swallowing difficulties)

Parental consent must be sought prior to referrals being made.

On receipt of the referral form, a letter will be sent to the child's GP to notify of the referral.

Parents and referrer will receive an acknowledgement of receipt. The child will be placed on a waiting list to be seen at the first opportunity.

Referral forms can be found below.

Speech and Language Therapy Assessment and Management for Children with Eating and Drinking Difficulties

Children referred to the Paediatric Dysphagia Service will generally be assessed and observed both in school and home settings. A case history will be taken from parent/carer along with a discussion regarding parent/carer and school staff concerns. Assessment may form part of a joint multi-disciplinary assessment if the child requires it.

Following assessment, where appropriate, an intervention/mealtime programme will be provided, to include advice on best practice around mealtimes for the child and what compensatory strategies should be used to support the child and reduce risk of aspiration (of food/drink being inhaled into the airway). These strategies may include:

- Positioning
- Texture/fluid consistency modification
- Specific feeding/drinking equipment
- Specific feeding techniques
- Changes to the environment
- Onward referral to other services

The mealtime programme generated from this assessment will be supported by training from the Specialist Speech and Language Therapist into both home and school. The programme will also form part of the child's risk assessment. The child's progress will be reviewed at regular intervals and adjustments made to the programme as required.

The Paediatric Dysphagia Protocol in the 'Health and Safety Warwickshire Schools Health Directory' should be followed.

Speech & Language Therapy
REFERRAL FORM FOR SCHOOL AGE CHILD

Read in conjunction with

Speech, Language & Communication Needs Pathway: a graduated response

Name:	Sex (please tick):	Male	Female
Dob:	CA: yrs mths		
Parents'/Carers' names:			
Address (including postcode):			
Telephone:			
Other family members:			
Language(s) spoken at home:			
Please indicate if interpreter needed:		Interpreter language:	
GP:			
Referred by:		Date:	
Signature:			
Designation:		Contact No.:	
School:			
SENCO's Name:			
Reason for referral: Please describe your main area of concern: (please discuss with School Link Therapist)			
<p>If you are concerned about the child's understanding or formulating spoken language, enclose a full screening assessment e.g. :</p> <ul style="list-style-type: none"> • <i>WellcommScreen</i> • <i>Speech, Language & Communication Progression Tools- Communication Trust</i> • <i>Teaching Talking Profile</i> <p>Describe the outcome of strategies implemented to date.</p>			
Type of support	✓	What? / Progress?	
Class strategies	<input type="checkbox"/>		
Identified language targets	<input type="checkbox"/>		
Small Groups	<input type="checkbox"/>		
1:1 programme	<input type="checkbox"/>		

SEN level? (please tick)	None	SEN Register	EHC Plan	
Other Professionals involved:				
Other Referrals made:				
If the therapist recommends a speech and language programme can this be supported in school?			Yes	No
Has the child been seen by the Speech and Language Therapy Service previously? If yes, where and when were they seen?				

Parental consent (we are unable to accept a referral without this signature)

- Initial appointments are normally at the clinic, so that we are able to meet parents and get a fuller picture of the child's communication development.
- I am in agreement with a referral to the Speech and Language Therapy Service.
- I am able to bring my child to appointments at the clinic, if necessary. (Some appointments may be offered in school at a later date).

Signed: _____ Print name: _____

Date: _____

Attachments: Please supply this information in order for us to process your referral as quickly as possible.

	Attached	✓
Parental consent signature		
Teacher questionnaire		
Screening forms- e.g. Welcomm, Progression Tools		
Copies of I.E.P's and details of support to date		
Copies of relevant reports (EP, IDS, EIS, Specialist Teachers etc)		

Teacher Questionnaire
(to accompany all referrals to Speech & language Therapy)

Child Name:	Age:	Date completed:
Class teacher:	Teaching Assistant:	Screen completed by:

<i>AREA OF LANGUAGE</i>	YES	NO	<i>COMMENTS PLEASE:</i>
1. Understanding and Responding:			
Does he/she attend and listen appropriately:			
• During 1:1 with adult or peer			
• During small group work			
• During whole class work			
Does he/she respond appropriately during:			
• Small group work			
• Whole class situations			
Does he/she respond appropriately to:			
• Instructions			
• Questions			
• Stories			
• Discussions / general conversations			
• Does he / she ask for clarification?			
2. The understanding and use of vocabulary			
• Does he / she use a range of vocabulary (nouns, verbs, adjectives)?			
• Is he / she able to learn and use new vocabulary appropriately?			
• Is he / she able to understand and use abstract concepts?			
• Is he / she able to give appropriate word definitions?			
3. Talking: sentences and explanations			
• Is he/she able to speak in sentences using appropriate grammar (e.g. pronouns, tenses, conjunctions)?			
• Does he/she use the correct word order when speaking in sentences?			
• Can he/she organise a series of sentences to explain or tell a story?			
4. Speech			
• Is his/her speech easy to understand			
• Is he/she able to produce speech sounds accurately?			If no, which sounds?
• Is he/she acquiring phonological awareness skills during literacy?			
5. Social Communication Skills			
• Does the child use his / her language for a number of reasons e.g. to comment, request, seek clarification etc			
• Is he/she able to initiate and continue a conversation?			
• Does he/she stay on topic?			

<i>AREA OF LANGUAGE</i>	YES	NO	<i>COMMENTS PLEASE:</i>
• Does he/she use appropriate eye gaze?			
• Does he/she understand and use non-verbal means of communication?			
• Does he/she provide the listener with sufficient information to understand?			
• Does he/she communicate effectively with peers?			
6.Memory Skills • Does he/she remember what has been said for: • Instructions • Stories			
7. Stammering/Stuttering			
6. Voice Disorder Is the child's voice constantly hoarse or husky? Does he/she regularly lose his/her voice?			If voice problem present advise parents to visit GP
7. Any other areas of concern?			

Other Skills Please indicate with a ✓ the child's skills in the following areas when compared to others in the class:

Curriculum area	Has greater difficulties than most in the class	Has similar abilities	Is more able than most in the class
Drawing /painting			
PE			
Practical Work (e.g. technology, science)			

Please return the form to:

North: including Nuneaton, Bedworth and Rural teams

Team Leader: Charmayne Healey

Riversley Park Annexe

Clinic Drive

off Coton Road

Nuneaton

CV11 5TT

Tel: 024 76 378620

Fax: 024 76 378621

East: Rugby area

Team Leader: Charmayne Healey

The Orchard Centre for Community Health

Lower Hillmorton Road

Rugby

Warks

CV21 4EE

Tel: 01788 555107/555114

Fax: 01788 555104

South/Central: including Stratford, Warwick, Leamington, Kenilworth, Southam

Team Leader: Julian Gartside

Cape Road Clinic

Cape Road

Warwick

CV34 4JP

Tel: 01926 400001

Fax: 01926 419519

SPEECH AND LANGUAGE THERAPY DEPARTMENT

EATING AND DRINKING REFERRAL FORM

UR Number:	DOB:
NHS Number:	
Name:	Male/Female
Address:	
Home Tel No:	Mobile:
GP Address:	GP Tel No:
Health Visitor:	Tel:
Nursery/Playgroup:	Tel:
Parents Name:	
Other Professionals involved with child?	
Any significant medical history/diagnosis? Please give details	
Reason for Referral?	
Is there evidence/history of:	Comments
Coughing/spluttering during feeding, eating or drinking?	
Frequent, unexplained chest infections, along with a history of feeding difficulties	
Sucking is jerky, not smooth and rhythmical	
The baby shows signs of stress during sucking e.g. finger splay startled expression change in colour nostril flaring grimace back arching crying breathing change	
The child appears to tire over the course of a feed/meal?	
A history of faltering growth?	
Difficulties coping with lumpy food/gagging on lumps?	
The child will only eat strained or smooth foods later than 12 months despite strategies (suggested for sensory feeding difficulties overleaf) being implemented	

Difficulty controlling food or drink in the mouth e.g. problems swallowing, biting or chewing using the lips, teeth or tongue	
Prematurity?	
Asthma, lactose intolerance, food allergies?	
Lengthy mealtimes (over 45 minutes)?	
High parent/carer anxiety over feeding?	
Is there a history of Gastro-Oesophageal Reflux If there is, how is it being managed?	
How long has child had eating and/or drinking difficulties?	
Record of previous interventions by Health Professionals – please complete the section below to indicate your previous advice and response, prior to referral	
Strategies tried	Comments
GOR/lactose intolerance investigated/treated	
Messy Play	
Appropriate food being offered	
Independence encouraged	
Mealtime management	
GP consent obtained? GP Signature: Date Consent Received:	
Parental Consent: I am in agreement with a referral to the Speech and Language Therapy Service Signed: Date: Print Name:	
Name of Referrer:	Designation:
Address of Referrer:	Tel No:
Date of Referral:	
The completed form should be returned to your closest Speech and Language Therapy base as below: Please telephone to give further information or to discuss a referral If there are any lone worker issues to be aware of please telephone us to advise	

Community Health Clinic Cape Road Clinic Cape Road Warwick CV34 4JP Tel: 01926 400001 ext 248/249	Orchard Centre for Community Health Lower Hillmorton Rd Rugby CV21 3SR Tel 01788 555107	Speech and Language Therapy Centre Clinic Drive Coton Road Nuneaton CV11 5TT Tel:02476 378620
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