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| **Speech and Language Therapy Child health Clinics Standards of practice**  **Version 1.0** | |
| **Date of issue**  **Date of review: September 2022** | **Swindon Borough Council Paediatric Therapy Services** |

**Reviewing Board:**

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**Introduction**

The Speech and Language Therapy child health clinics provide assessment and treatment of children who are presenting with moderate to severe delay in their communication skills for their age.

The service is outcome-focused and works with children, young people and their parents/carers to make an impactful difference to children's lives through improving their ability to communicate with others and express themselves.

**2. Scope**

This guidance sets out standards of practice in relation to the Speech and Language Therapy child health clinics. The clinics aim to meet the needs of children aged between 18 months and 18 years and have a particular focus on pre-school children with delays in speech/ language/ social interaction skills and any aged child presenting with speech sound difficulties that are impacting on their participation and well-being.

Some children may receive an initial assessment through the clinic team but then be referred to a Specialist team (Request for Early Years Specialist SALT form) or school Speech and Language Therapist (to be discussed on an individual basis with the Education Therapist) for further assessment or intervention

**3. Quality Assurance**

Quality assurance will be determined through a combination of user experience and feedback, statistical data on waiting times and internal audit and Toms outcome measures.

**4. Special considerations**

**All contacts through the speech and language therapy child health clinics should provide;**

**Culturally sensitive care**

Records should reflect culturally sensitive language and care**.**

**Translation**

Translation should be used where is required to the child, young personal parent/carers first language. This can be through a face-to-face interpreter or through the use of the telephone interpreting service. Or an interpretation services used this must be recorded in the records.

**Accessibility and understanding**

Any reports/plans should be written clearly avoiding unnecessary technical jargon, complex language or acronyms so they are accessible to children, young people and parents**.**

**Special Education Needs and Disabilities**

Terminology in records/ Reports needs to be respectful of children and young people’s needs.

**Safeguarding**

Any identified Safeguarding concerns that are identified during the assessment process must be acted upon in adherence to South West Safeguarding Network procedures**.** Liaising with schools and educational settings and the wider multidisciplinary team is essential when working with safeguarding families.

**5.** **Criteria for referral for speech and language child health clinics**

Swindon Borough Council Speech and Language Therapy services operate an open referral system. Referrals are accepted from parents/carers, as well as relevant professionals, e.g. Health Visitors, Early Years Family Practitioners and educational settings, provided referral criteria are met. Consent must be obtained from parents/carers prior to referral.

The appropriate pathways need to be followed for pre-school children, 4-7 year olds and children aged 7+. For children where it is indicated, a BRISC must be completed and included in referral paperwork. Please see appendices for the relevant documents.

**6. Process for notifying referrers and parents/carers for children who do not meet referral criteria and where they should be signposted to full self-help interventions**

A letter is sent to the referrer detailing the reason for non-acceptance. It will inform the referrer of actions which may need to be taken in order for the referral to be accepted. Please see appendices for the letter template.

A letter is also sent to parents outlining the reason for non-acceptance and signposts them to self-help resources where this is appropriate.

**7. Initial screening phone / Teams appointment**

**Administration**

* Make sure that you record significant events on the chronology form.
* Get the consent form signed, or sign that you have verbal consent.
* Do a sample signature at the bottom on the New Referrals checklist form.
* Make sure the parent’s views are collected on the form they’re sent – if it hasn’t been returned, there will be a blank one in the new file. Check they have identified their ethnicity and religion and check it is correct on Capita. We can change this via the child’s details under Students, panel 11.

**Case history**

Areas to be covered are on form, including hearing and health, development, family history etc.

**Assessment content**

Solution focused questions can be useful, such as:

* What are your best hopes for today?
* What is going well / what do you enjoy doing as a family?
* What works at the moment?
* What are the next steps you’d like to achieve?

Key questions:

* How do they get what they want, how do they get their needs met?
* What happens when you don’t know what they want?
* Do they enjoy social play, do they let you join in with their play?
* Are they pointing – to show you something, to request?
* What do they use to soothe themselves? What helps them to calm down?
* Sensory issues, ask questions around eating, textures, messy play

If the parents say the child uses words/phrases/sentences, ask for examples of what their child says, e.g.

* What two word phrases are they using?

**Strategies**

Family should be given specific advice – see below, section 11.

**8. Initial full assessment of child’s needs**

**Length of appointment:**

Allow at least an hour for an initial appointment. (May need another appointment to complete the assessment)

Informal observations may be all that can be done with some children. For others, some informal, direct assessment may be appropriate; for others, usually older children, formal, standardised assessments may be appropriate.

An informal look at key word level can be done using simple toys/everyday objects, as for the DLS Rapid Screening Test.

**Speech**

A full phonology assessment may be appropriate. A brief informal screen, with some evidence of connected speech may be more appropriate for initial appointment.

Be aware of any fluency issues.

**Oral assessment**

Be aware of:

* Symmetry of facial features
* Movement of lips / tongue
* Palate – shape, colour, movement – anything parents have noticed – notch, blue patch, nasal regurgitation etc.

**Engagement**

* Toys out in room – can have something interesting out, to engage child, or have a box to “come and see what I’ve got,” will child request it to be opened?
* Something out of reach that the child can see – do they request it?
* Inset puzzles / shape sorters – look at motor/visual/spatial skills, what do they do if they get stuck?
* Turn-taking activities, e.g. ball run, car run – do they make eye contact, ask for more etc.
* Can they transition to a more formal assessment task?

N.B. Formal assessments may not be appropriate for many preschool children

**Observation of child**

* Play – repetitive? Tolerate another person playing? Copy what an adult does?
* Observation of skills such as eye contact, response to name, any communicational intent, taking toy to parent etc.
* Any observations are useful, behaviour, play etc.

Where possible seek views of child in their words. Likes and dislikes can be observed / recorded.

**9. Coproduction of the outcomes for speech and language therapy intervention, ensuring the views of the child/young person and their parents/carers are heard and Pivotal the outcome plan**

It is important that the child and young person coproduce the outcomes for any speech and language therapy intervention, where they have the ability to contribute. If possible this should be captured in the child or young person's own words.

If the child’s view cannot be captured, you should outline your attempts to capture their view, or document why it is not possible to capture the views of the child/young person.

The therapist should aim to capture a wider parent/carer view of aspiration for their child, including their longer term objectives.

**10. Outcomes**

The speech and language therapist should agree with the child/young person and their parents/carers after the initial assessment the outcomes that they are aiming to work towards**.** The outcomes should describe what needs to change, the benefit/difference this change is going to make to the child/young person and how these short term steps will build towards the longer term aspirations of the child/young person/parent/carer.

It should include the detail what is going to be delivered, by whom, and frequency.

**11. Strategies**

**For general language development/delay**, strategies could be:

Aim to give no more than 5 strategies (e.g. 2 could be reducing screen time, removing the dummy, then 3 specific ideas.)

Evidence from research shows that the following strategies help with the development of language / communication skills  Model  Expand  Wait and respond (O.W.L.)  Turn taking  Naming objects (not just saying “ta” etc.)  Visuals incl. signing, find out 5 signs that would be helpful for child to show parents  Screens off  Ditch the dummy

**For phonology concerns:**

One or two targets to work on at home and general listening etc.:

* Have 10 minutes a day when you play and talk with your child in a quiet environment.
* Encourage listening skills – read picture books with them.
* Sing action songs and make up songs and rhymes. See the Tiny Happy People website for ideas.
* Use a single word to name an object sometimes, so the child can hear each sound clearly, e.g. “where’s my glove? Glove! Glove! Where are you, glove?”
* Practise making animal noises etc. with your child, e.g. “ssssss” says the snake; “woof, woof,” says the dog.
* Play with sounds in words – make up silly rhymes.
* Try using some signs to support what they are saying and reduce frustration.

**For social communication concerns**, suggestions may include these:

You will probably only give 1 or 2 of these:

* Intensive interaction
* Communication temptations
* Engaging with your child
* Playing people games
* Objects of reference
* Supporting instructions with a visual – photos, pictures, objects
* Signing
* PECS – To consider a trial of PECS, the child needs to be showing signs of readiness (consistently bringing objects to make requests) and parents need to be on board with supporting this (2 people needed to prompt initially). 

**12. Aim to send parents away with some limited, specific advice**.

Give leaflets / handouts as appropriate, or use the information for your report – see clinic and ASD folders on shared drive including short cut to Early Communication Skills – Hanen folder. Also the books at Salt Way from Hanen – “More Than Words,” and “It Takes Two to Talk”

Good advice on www.small-talk.org for different age groups Videos on Hanen YouTube channel.

Pictures at website “Mommy’s Speech Therapy” Our website – lots of resources

**13. Referring on**

**Audiology** – All children coming to SALT will need a fairly recent hearing test result – if not done before referral to us, we refer - use form on shared drive to refer.

**Paediatrician** - We can refer to the Neurodevelopmental Conditions pathway for concerns re underlying conditions. Be clear with parents if you have concerns that the child is showing signs that they may have ASC, and that is why you are referring.

Koalas and Special Tots preschool sessions for children with 2 special needs (usually 2 or more areas of concern) There is a Portage referral form in the shared drive, clinics folder which is for Koala’s and Special Tots, ARC nursery.

**14. Professional Support**

Within the team, you can discuss children with specialists, for advice, or possibly transfer of children:

* Specialist ASD team
* Sara and Andrea may see children on the ESP (A.SWDP) or A.SALT at Salt Way who are also accessing other services, e.g. koalas, special tots. These are children with more than one area of need (not ASD).
* We can refer to Buddies – our pre-school language group, from age 3 (preschool year). Can include ASD children, who could cope with being in a group. (Beth/Tamsin)
* If there are any concerns about fluency, Alex can offer advice. She can also advise about using a Solution Focus approach.

**15. Liaison**

With parental consent, report should be shared with educational partners and appropriate medical professionals. It is the responsibility of the therapist to check with the parents at the time of sending the report the name of the educational setting and the current GP.

**16. Further appointments**

Language delay – advice and review in 3-4 months

Speech delay – advice and review in 3+ months If the delay is mild, or there is evidence of good progress, discharge them.

Can consider review by phone in 3 months, if parent is anxious or you want to follow up a particular point.

Speech sounds showing moderate delay– see for monthly therapy, with activities for families to continue at home, in general. May see children with severe speech delay / disorder (TOMS 0-1 for impairment) more regularly.

Social communication – when is child going to school? If this is the child’s preschool year, and the needs are significant, this would be a priority child for action. May need to discuss with ASD Team for advice. See in 4-6 weeks if high level of need. 3 month review in other cases.

**17. Discharge criteria**

**Phonology:**

1. Child is only showing a mild delay – discharge with advice. This may include typical substitutions in consonant clusters and the child can copy an adult model.
2. Child can make the target sound/s in isolation and can blend it in a word (without a gap). Discharge with advice for sentence level and generalisation.
3. Specific articulation errors with lateral /s/ and /r/: we work on this 8 -10 years old at the earliest (depending on maturity) and only if it is having a functional impact e.g. spelling, self-esteem etc.
4. Lisp (interdental production of /s/): we do not work on this.
5. /th/ pronounced as /f/: we would not work on this or any other dialectical variations in pronunciation.

Children are not generally on review for phonology. We are either working on specific targets to get to single word level or we discharge with advice (see above).

For children who need phonology input but have poor attention and listening / motivation and are not yet ready for therapy, these children can be reviewed but specific advice must be given (e.g. give 3-6 months to work on attention and listening skills, auditory input, Core Vocabulary Therapy or Phoneme Factory).

**Language**

1. For pre-school aged children, we use Derbyshire Language Scheme levels – comprehension of word levels e.g. single word level comprehension at 18 months, two word level comprehension at 2.5 years, 3 word level comp at 3.5 years etc. If the child is showing signs of progress and approaching normal limits, they can be discharged. Adults in the child’s environments will need to monitor and re-refer if appropriate.

2.  For children of school-age who have language needs –

* Children with EHCPs will be transferred to the education therapist or other appropriate specialist team. This can also include children where an EHCP is likely to be requested.
* For children with an EHCP where speech sounds are not the child’s primary area of need, their speech can be reviewed by the education therapist and supported by staff in the school setting.
* Children with moderate to severe language needs (e.g. 2 word level comprehension/expression who are starting school) with/without interaction difficulties.

**Social Communication**

1. For children with social communication issues and language is within normal limits or making progress then make appropriate onward referrals e.g  ASD outreach team and discharge

**18. Reports**

Reports need to be done after an initial assessment and on discharge. Other occasions may require a report, such when the child starts school, or as part of an onward referral. They aren’t required for routine therapy / review appointments.

Enough information is needed so that if we were to refer on to a specialist colleague, the report makes it very clear what happened/what was observed/what concerns are.

**Background**: there should be a record of why the child was refer and a (brief, if appropriate) summary of the case history – developmental milestones, family history, relationships etc.

**Best Hopes**: There should be information about what the parents’ hopes / aspirations are for their child and for any interventions from SALT. This might be general, such as they want their child to be able to understand what’s happening, or specific, they want them to say their own name clearly.

**Assessment:**

* Record facts – what did you observe, including functional communication
* State clearly when information is reported by parents
* State clearly when you are expressing an opinion

For example: “Mum reports that he is using single words at home.” “Mum says that preschool find his behaviour difficult.” “He seemed to enjoy playing with bubbles, as he was smiling and popping them.”

Describe behaviour objectively, e.g. “When mum said it was time to go, John lay on the floor and screamed “no.”” “Jane rocked back and forth on a chair and clapped her hands together. She didn’t look at any toys shown to her.” “He appeared to find it difficult to transition into the clinic room on the last 3 occasions. He pulled at his mum’s hand, cried and dropped to the floor.”

The **impact** of any SLCN needs to be clear, in terms of how the child can communicate functionally with those around him.

**Conclusion / Summary**:

There should be information about your evaluation of the child’s strengths and needs, with your opinion of the level and type of difficulties clear.

**Advice**: see section 10 above. It should be clear to parents how any advice is going to support their child’s SLCN and work towards the parents’ best hopes.

**Further Action:** It should be clear what the next steps are for the child / family, and when / where they should be seen.

**19.** **Outcome measures**

All children attending clinics should have a TOMS score at the start of the intervention and at the end of their intervention. On completion of a clinic involvement, TOMS forms need to be stored in the child’s paper records and uploaded electronically to the TOMS folder on the shared drive, so that it can be uploaded to ROOT. This is to build towards the service outcome measures and to evaluate the effectiveness of the interventions offered and the impact that they have on the child and family’s well-being and participation

**20. Red flags – possible indicators of an autistic spectrum** **condition**

* Poor eye contact over whole session / unaware of you and/or surroundings
* First words now lost
* Not responding to name
* Not showing understanding
* Meltdowns hard to resolve
* Any language tends to be to label, not for functional use
* Repetitive movements / stimming
* Poor with changes / when out of routine
* Rigid behaviours / interests
* Play sensory / repetitive / learnt
* Echolalic / set phrases / scripted language
* Sensory issues – lots of mouthing or dislikes e.g. loud noises
* Parents report using child taking their hand to what they want, but may actually be as tool – do they make eye contact?
* Lack of pointing for shared attention / requesting
* Knowledge of letters, numbers, colours, shapes, whilst no meaningful / useful language
* Walking on tiptoes

**References**

Crosbie, Holm & Dodd (2005) **Core vocabulary approach** Available at <https://integratedtreatmentservices.co.uk/our-approaches/speech-therapy-approaches/1173-2/> Accessed 11/11/2020

**Derbyshire Language Scheme** Available at <https://www.derbyshire-language-scheme.co.uk/> Accessed 11/11/2020

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North Bristol NHS Trust (1991) **The Bristol Surveillance of Children’s communication (BRISC)** available at <http://cchp.nhs.uk/sites/default/files/attachments/Bristol%20Surveillance%20of%20Childrens%20Communication.pdf> Accessed 11/11/2020

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Swindon Local offer (2020) **SBC Speech and language on the Swindon local offer** Available at <https://localoffer.swindon.gov.uk/content/send-local-offer/landing-pages/health-landing-pages-and-content-pages/children-s-speech-and-language-therapy-service/> Accessed 11/11/2020

Tiny Happy People website: <https://www.bbc.co.uk/tiny-happy-people/nursery-rhymes-and-songs-collection>

Swindon Borough Council Speech therapy (2020) **SBC Speech and language therapy website** Available at <https://swindonspeechandlanguagetherapy.wordpress.com/> Accessed 11/11/2020

**Appendices**

**Report following full Speech and Language Assessment (ST2)**

[N:\Education\ED\_SALT\_Admin\SALT Team Work\Templates and Children's Team Admin\Clinically Related Templates\Reports\ST2 - Blank Report following SALT Assessment Salt Way.doc](file:///N:\Education\ED_SALT_Admin\SALT%20Team%20Work\Templates%20and%20Children's%20Team%20Admin\Clinically%20Related%20Templates\Reports\ST2%20-%20Blank%20Report%20following%20SALT%20Assessment%20Salt%20Way.doc)

**Full screening report**

[N:\Education\ED\_SALT\_Admin\SALT Team Work\Templates and Children's Team Admin\Clinically Related Templates\Reports\Screening Appointments\Screening report Jan 2020.doc](file:///N:\Education\ED_SALT_Admin\SALT%20Team%20Work\Templates%20and%20Children's%20Team%20Admin\Clinically%20Related%20Templates\Reports\Screening%20Appointments\Screening%20report%20Jan%202020.doc)

**Screening summary letter**

[N:\Education\ED\_SALT\_Admin\Clinical Fields\Clinics\Clinic process\Screening report Jan 2021.doc](file:///N:\Education\ED_SALT_Admin\Clinical%20Fields\Clinics\Clinic%20process\Screening%20report%20Jan%202021.doc)

**Referral pathways**

Pre-school children [N:\Education\ED\_SALT\_Admin\SALT Team Work\Website\Documents on website\Referral Pathways\pre-school pathway April 2017.doc](file:///N:\Education\ED_SALT_Admin\SALT%20Team%20Work\Website\Documents%20on%20website\Referral%20Pathways\pre-school%20pathway%20April%202017.doc)

Children aged 4-7 [N:\Education\ED\_SALT\_Admin\SALT Team Work\Website\Documents on website\Referral Pathways\4-7pathway April 2017.doc](file:///N:\Education\ED_SALT_Admin\SALT%20Team%20Work\Website\Documents%20on%20website\Referral%20Pathways\4-7pathway%20April%202017.doc)

Children aged 7+ [N:\Education\ED\_SALT\_Admin\SALT Team Work\Website\Documents on website\Referral Pathways\7+pathway April 2017.doc](file:///N:\Education\ED_SALT_Admin\SALT%20Team%20Work\Website\Documents%20on%20website\Referral%20Pathways\7+pathway%20April%202017.doc)

**Referral forms**

For parents:[N:\Education\ED\_SALT\_Admin\SALT Team Work\Website\Documents on website\salt-referral-form-for-parents-may-20172 (1).doc](file:///N:\Education\ED_SALT_Admin\SALT%20Team%20Work\Website\Documents%20on%20website\salt-referral-form-for-parents-may-20172%20(1).doc)

For professionals: [N:\Education\ED\_SALT\_Admin\SALT Team Work\Website\Documents on website\salt-referral-form-for-professionals-may-172.doc](file:///N:\Education\ED_SALT_Admin\SALT%20Team%20Work\Website\Documents%20on%20website\salt-referral-form-for-professionals-may-172.doc)

**Referral Declined Letters to referrer**

[N:\Education\ED\_SALT\_Admin\ED\_SALT\SLT and Locality Business Support Shared Folder\SALT Referrals\Referrals Declined\TEMPLATE - Referral Not Accepted Letter.doc](file:///N:\Education\ED_SALT_Admin\ED_SALT\SLT%20and%20Locality%20Business%20Support%20Shared%20Folder\SALT%20Referrals\Referrals%20Declined\TEMPLATE%20-%20Referral%20Not%20Accepted%20Letter.doc)

**Letter following screening appointment**