

## **PARTNERSHIP WORKING BETWEEN EDUCATION AND SPEECH AND LANGUAGE THERAPY**

East Dunbartonshire Council (EDC) works closely with NHS Greater Glasgow and Clyde to provide a supportive educational context for children and young people with speech, language and communication needs (SLCN).

Within East Dunbartonshire a team of speech and language therapists (SLTs) and clinical support workers work alongside teachers, educational psychologists and support for learning assistants to support children with SCLN wherever they are placed.

Where there are barriers to speech, language and communication development that cannot be addressed within a mainstream context, there are resources within the Authority where SLTs work as an intrinsic part of the team.

This document outlines how support is provided and what a parent might expect to happen in relation to their own child.

### **Introduction**

The Scottish Government Policy Document – Getting It Right for Every Child (GIRFEC), states that all children and young people should be fully supported as they grow and develop to enable them to become successful learners, confident individuals, effective contributors and responsible citizens.

The wellbeing of children and young people is at the heart of GIRFEC. It describes 10 core components, values and principles which bring meaning and relevance at a practice level for single agency and multi-agency working.

The following components have particular relevance to joint working between Speech and Language Therapy (SLT) Service and East Dunbartonshire Council Education Services. They are:-

- Focus on improving outcomes, for children, young people and their families based on a shared understanding of wellbeing.
- A co-ordinated and unified approach to identifying concerns, assessing needs and agreeing actions and outcomes based on the wellbeing indicators.
- Consistent high standards of cooperation, joint working and communication where more than one agency is involved.
- Maximising skills within the workforce to address needs and risks as early as possible.

In order to embed the practice principles as outlined by GIRFEC, EDC and SLT have agreed the contents of this document as best practice for joint working to meet the needs of children and young people with SCLNs.

### **Speech, Language and Communication**

The development of human speech, language and communication (SLC) is a complex process and continues from birth throughout childhood.

Development of SLC involves the integration of several component areas e.g. –

- Non-verbal comprehension
- Memory
- Attention and listening
- Verbal comprehension
- Expressive vocabulary
- Speech sounds

- Articulation
- Fluency

Children acquire SLC abilities within all the contexts of their life. Environments should be nurturing, positive and provide regular opportunities for play, exploration and interaction within varied daily routines. By improving the communication environment and the skill of adults, some difficulties can be resolved.

Some children and young people have SLC difficulties that arise from lifelong medical and/or developmental conditions such as Specific Language Impairment, Dysfluency, Autism Spectrum Disorders, Cerebral Palsy, Genetic Conditions and Learning Difficulties. Although these SLC difficulties are unlikely to resolve, the impact on wellbeing, learning and social participation can often be reduced.

A small number of children with physical or learning disabilities may require SLT involvement for eating and drinking difficulties. Services for these children are organised in the the process same way as for SLCNs, and delivered by an SLT with additional qualification in paediatric dysphagia.

### **Speech and Language Therapy Service**

Speech and language therapists are lead professionals regarding SLC and swallowing disorders. They provide evidence-based services that anticipate and respond to needs of individuals and groups who experience SLC or swallowing difficulties.

Speech and Language Therapists work to reduce the impact of difficulties on children's wellbeing and ability to participate in daily life and education.

Speech and language therapists who are employed by NHSGG&C (NHS Greater Glasgow and Clyde) work within a staged model of service provision as described within the Scottish Government publication "Guidance on Partnership Working Between Allied Health Professions and Education 2010".

The staged model includes SLTs working within:-

- Universal Role

This work aims to have a positive impact on the SLC development of all children. Types of work include: giving preventative information, promoting key requirements to support SLC development, providing training and staff development, educating others about recognising potential difficulties.

EDC and SLT are committed to working together to train and develop education staff to support children with SLC needs within East Dunbartonshire Education Service. The outcome of this work is that, at the point where a child requires specialist SLT assessment and possible treatment, they are already being supported in an appropriate communication-friendly environment and their needs have begun to be met.

- Targeted Role

This role includes supporting others to adapt communication environments and on how to adapt communication effectively to support children experiencing difficulty. This work can include consultation, training and skill development for others in applying specific strategies that help children who experience difficulty with SLC.

The Universal and Targeted roles as described above constitutes Stage 1 activity/service. The specialist role as described below constitutes Stage 2 SLT activity/service.

## ➤ Specialist Role

Due to their specific training, speech and language therapists have a depth and breadth of knowledge about SLC conditions and treatments. This enables them to lead on and carry out specific assessments for individual children who require this. They are able to make SLC differential diagnoses, carry out assessments and formulate treatment plans where appropriate.

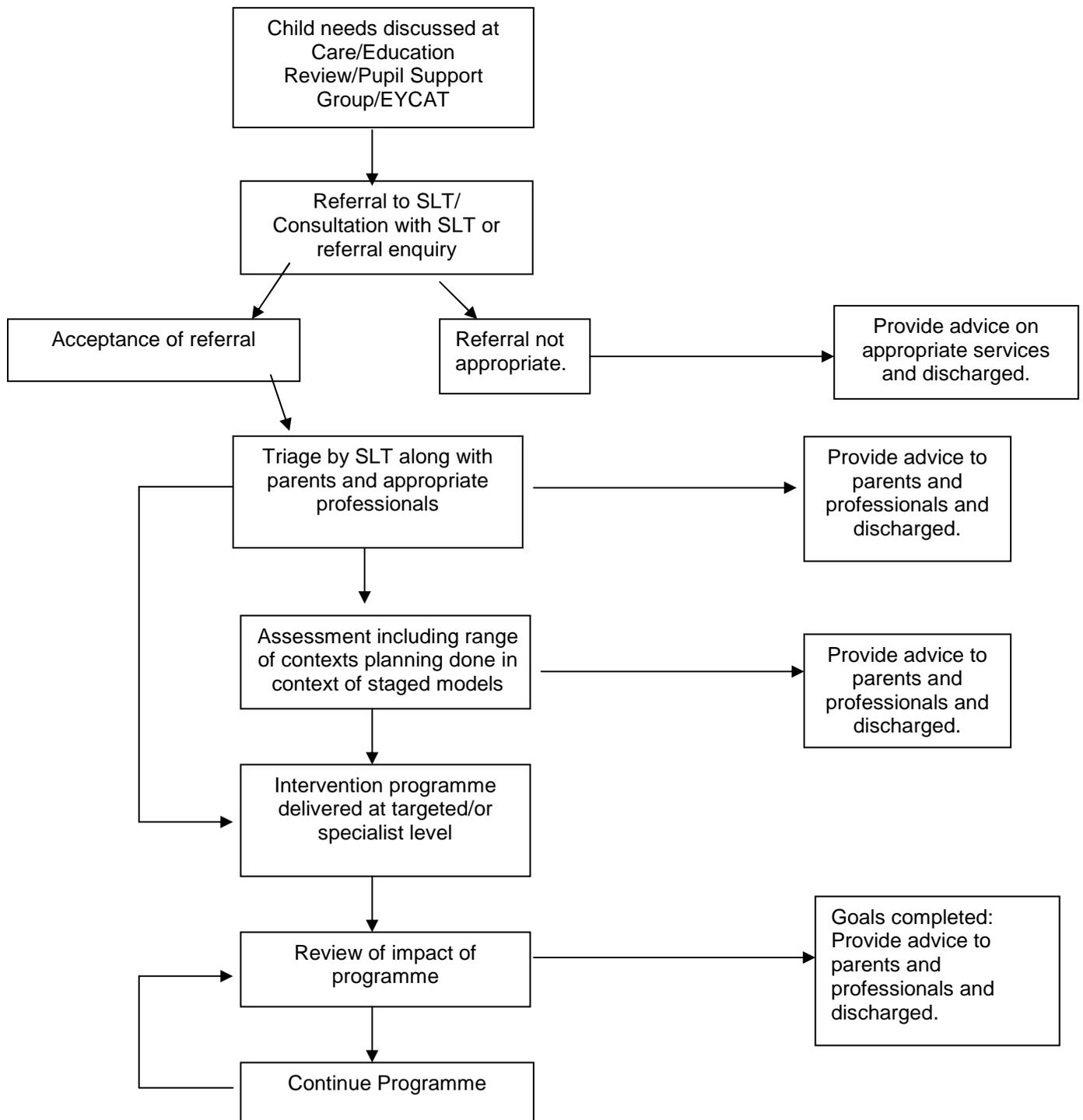
In order to access specialist SLT assessment, a formal referral or re-referral with parental consent is required. All referrals are considered by a qualified speech and language therapist who decides, in collaboration with parents and education colleagues as appropriate, if the referral requires to proceed to specialist assessment.

Following assessment, SLC diagnosis and judgement of clinical likelihood for change is formulated by the qualified SLT. Where clinically indicated, treatment plans with specific outcomes and goals will be specified. Where a multi-agency collaborative approach is required for outcomes to be achieved, SLT treatment plans will include the views of families and education colleagues in order that outcomes and goals set are achievable.

Delivery of treatment plans can involve a range of people, parents, SLTs, SLT Clinical Support Workers, Pupil Support Assistants, Teacher, Nursery Staff and others.

All treatment planning at this specialist level is tailored specifically to each child or young person. After each episode of treatment, outcomes and goals are reviewed to ascertain if treatment has been effective. The number of blocks of SLT intervention required will be dependent on ongoing need and effectiveness. Discharge is at the discretion of the qualified SLT. Consultation and agreement with the child, family and education colleagues is sought as a matter of good practice. Discharge may be for the following reasons:- SLC potential is achieved, the child/young person is not benefiting from the therapy, the child/young person or family do not consent to continuing with therapy. Children and young people may move between levels of SLT support depending on their needs at any point in time. Parents, young people and education staff may continue to access targeted support from SLT following discharge from the specialist level of support.

## Care Pathway



## **Additional Support for Learning**

Most children and young people receiving support from SLT at the specialist level of service delivery will be considered to have additional support needs arising from their SLCNs. Speech and language therapy services can be involved in providing and contributing to additional support in a variety of ways depending on the unique needs of each child or young person. Individualised speech and language therapy care plans are informed by assessment and clear objectives and outcomes will be stated. These specific care plans will be integrated with and cross referenced with education plans to support the development of educational objectives.

SLT care plans can be used to inform educational objectives within the range of education support plans that can be drawn up for children and young people.

## **Parental Partnership**

Effective cooperative working between families and agencies offers the best option for negotiating and agreeing the way forward for any child.

The team around the child may involve a range of professionals who will vary according to the needs of the child at any particular time. The team working with individual children ensure that decisions are congruent with the needs of that child and all other children.

Parents are encouraged to participate in a decision making process that recognises the value of their input while respecting professional knowledge, perspective and experience. Parents who engage in this joint decision making with professionals support the development of partnerships based on mutual respect. This enables families to be confident that their views have been fully considered and included as far as is possible.

## **Remediation and User Feedback:**

At any point in the care pathway if a parent/and/ or young person has any questions or requires further explanation regarding the Speech and Language Therapy intervention their child is receiving they should, in the first instance, contact the Speech and Language Therapist managing the case. This will allow for a joint discussion, clarification of issues and agreement over next steps. This discussion may also involve the multiagency team. Following this if there are any outstanding issues regarding a child's care a parent can request to refer this to the SLT Manager. NHSGG&C have a formal complaints procedure available and the SLT Manager can advise you of this.

The Head of Children's Services (NHSGG&C) and Director of Education & Children's Services will be informed respectively should a complaint occur. In all instances, as a matter of good practice, resolution of issues in a timely way will be sought.