

# Supporting Children with Speech and Language Concerns

Engaging with NHS Forth Valley Speech and Language Therapy Team

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## Speech and Language Therapy Entry and Exit Criteria

The following information is to assist individuals who work with children and young people and may need to make a request for assistance from Speech and Language Therapy. The information includes how and why a request for assistance should be made and also outlines entry and exit criteria.

### Purpose of Speech and Language Therapy Children's Service

NHS Forth Valley Speech and Language Therapy Team aim to:

- provide an equitable, child-centred approach to children with speech, language and communication needs, and to those with eating and drinking difficulties
- support children, young people and their families to self-manage their speech, language, communication or eating and drinking needs
- develop the skills of the other individuals involved with the child to use skills and strategies to help their continued development and promote wellbeing
- promote and facilitate collaborative decision making at all stages of engagement (universal, targeted and specialist) to enable Speech and Language Therapists to support self-help and to change the relationship with service users from consumer to collaborator

### Process

Speech and language therapy operates an open referral system. Parents, carers, young people and any professional can request assistance where there is a concern about a child or young person's wellbeing as a result of speech, language, communication or eating and drinking difficulties.

All requests for assistance must be presented on a *Form 2A: Wellbeing Observations and Assessment* and have parental or carer consent for children under 16 years of age. Young people 16 years and over must give consent themselves. Additionally, requests should include *Form 1: Child/Young Person and Family Core Information*.

## Contact Details for Requests

The NHS Forth Valley Speech and Language Therapy Team support children in three local authorities, Clackmannanshire, Falkirk and Stirling.

<b>Falkirk</b>	<b>Clackmannanshire</b>	<b>Stirling</b>
Speech and Language Therapy Administration Block Falkirk Community Hospital Westburn Avenue Falkirk FK1 4SU 01324 673585	Speech and Language Therapy Clackmannanshire Community HealthCare Centre Hallpark Road Sauchie Clackmannanshire FK10 3JQ 01259 290164	Speech and Language Therapy Children's Services Admin Stirling Community Hospital Livilands Gate Stirling FK8 2AU 01786 434078

Telephone requests can be accepted from parents and carers.

## Triage of Request for Assistance

All requests are triaged to clarify the nature of the support need. All requests are considered and responses to parent or carer, education or health colleagues may include one or more of the following:

- Reassurance
- Signposting to a more relevant source of help
- Advice
- Assessment

To enable therapists to make appropriate clinical decisions and decide what the next steps may be, the individual making the request should answer the following questions:

- What are the main concerns about the child at the moment?
- How is this affecting the child and the family at the moment?
- Is anyone else concerned, including extended family, friends or education staff?
- Is the child receiving any additional support, including any other services involved at the moment or in the past?
- What things have already been tried to help the child manage better?
- What has been beneficial?
- What are your expectations from Speech and Language Therapy?

## Entry Criteria for Speech and Language Therapy

Consideration will be given to the functional impact of a speech, language or communication difficulty or eating and drinking difficulty on the child's level of activity, participation and wellbeing. These might be described under the SHANARRI wellbeing indicators.

## What to expect?

Where an assessment from Speech and Language Therapy is agreed as appropriate, the family will be invited to a Therapy Information Session as the first point of contact. The child's first appointment will follow this session. The next steps will be determined based on the results of the assessment which has the service user's perspective at the centre and an evidenced-based decision will be made as to whether input from Speech and Language Therapy would be beneficial at this time. Consideration will also be given to who is best placed to support the desired outcome and may involve work with the child or work for the child.

If therapy is agreed, the Speech and Language Therapist would work in time limited episodes which includes periods for consolidation and allows for systematic reflection. Input would be

based on the intended outcome on well-being with clearly agreed goals which are evaluated to inform decisions about next steps.

From first point of contact, the Speech and Language Therapist will be working towards self-management of care or returning care to universal services and discharge as a positive outcome of intervention. The service has a discharge policy and this is clearly described at the Therapy Information Session.

## **Exit Criteria**

The following will be considered at point of discharge:

- Speech and Language Therapy intervention has achieved the desired outcome
- Insufficient engagement or motivation to effect the desired change at this time
- The parent, carer, young person or child decides they no longer require Speech and Language Therapy support
- Further Speech and Language Therapy will not improve the outcome for the child or young person
- The child or young person's ongoing needs can be met by universal services

# Using Form 2A: Wellbeing Observations and Assessment

## First Page

In this section please describe the main concerns about the child or young person's speech, language and communication skills. If requesting assistance from speech and language therapy as a single agency, only provide information on speech, language and communication skills and the impact on the child and family.

The basic pupil data is presented at the top of the form. If the CHI Number is unavailable, you may get it from the Health Visitor, but do not delay a request if you cannot find it.

Choose Request Assistance from the drop-down box.

**Healthy**  
Describe the child or young person's awareness of their speech, language and communication difficulties and the impact this is having on behaviour, mental health and resilience.

**Safe**  
State concerns about eating and drinking such as choking.  
Say how the child or young person responds to instructions that help to keep them safe.  
Are they aware of dangers in their environment?  
Are there concerns about bullying in relation to communication?  
How does the child or young person make their wants and needs known verbally or non-verbally?

Outline relevant medical history – for example, hearing difficulties? Give any family history of speech, language and communication difficulties.

**Active**  
Say whether and how the child or young person makes their wants, needs and views known. Are speech language and communication difficulties impacting on their ability to interact with others?

**Nurtured**  
How are the child or young person's environments (home and school) currently supporting their speech, language and communication needs?

**Respected**  
Do key adults in the child or young person's environment know how to facilitate them to make their wants, needs and views known?

**Responsible**  
How aware is the child or young person of the impact of their actions on others?

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**Form 2A: Wellbeing Observations and Assessment**

Child/Young Person's Name	
Date of Birth	
CHI Number	
Date of Assessment	

Named Person	Contact Details	Agency

Reason for completion: Click to select

Name and Contact Details of person(s) completing form:

Name	Designation	Contact Details	Date

**1. Description of Child/Young Person's Wellbeing**

*Is there anything getting in the way of this child/young person's wellbeing? (include evidence of strengths and concerns within each relevant domain)*

Safe
Healthy
Achieving
Nurtured
Active
Respected
Responsible
Included

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**Achieving**  
Consider all aspects of speech, language and communication skills and how this impacts on development and learning. Give specific examples of difficulties or successes observed.

**Included**  
Say whether difficulties impact on:

- the family or child in relation to their access to activities of daily living
- social opportunities
- inclusion in learning experiences

## Second Page

Summarise the impacts of the child's speech, language and communication needs on the child or young person and their family.

Is the child receiving any additional support from other services?  
What things have you already tried to help the child manage better and what has helped?

It is important to include *Form 6 Team Around the Child Meeting Minutes* and the *Form 4 Child and Young Person's Action Plan*

Please say whether the child has been known to the Speech and Language Therapy Team previously, when they were discharged and why.

What are you hoping the speech and language therapist will help you to do to help the child better?  
What are you hoping will have improved for the child?

A request for support from speech and language therapy may result in:

- reassurance
- sign posting to a more relevant source of help
- advice
- assessment

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**2. Risk and Protective Factors (use resilience matrix and toolkit)**

- What are the risks to the child/young person?
- Identify any risks from the child/young person?
- What protective factors and strengths, if any, support the child/young person's resilience?
- Date child/young person last seen, where and by whom

**3. The following discussions/actions have taken place to date:-**

**4. The child/young person has the following views about this assessment:**

**5. The parents/carers have the following views about this assessment:**

**6. Desired outcomes identified with the family**

**7. Next Steps/Recommendations**

**8. Contributors to Assessment**

Name	Designation	Contact Details

**9. Forwarded to:**

Name	Designation	Contact Details	Date

**10. Signature:** ..... **Date:** .....

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