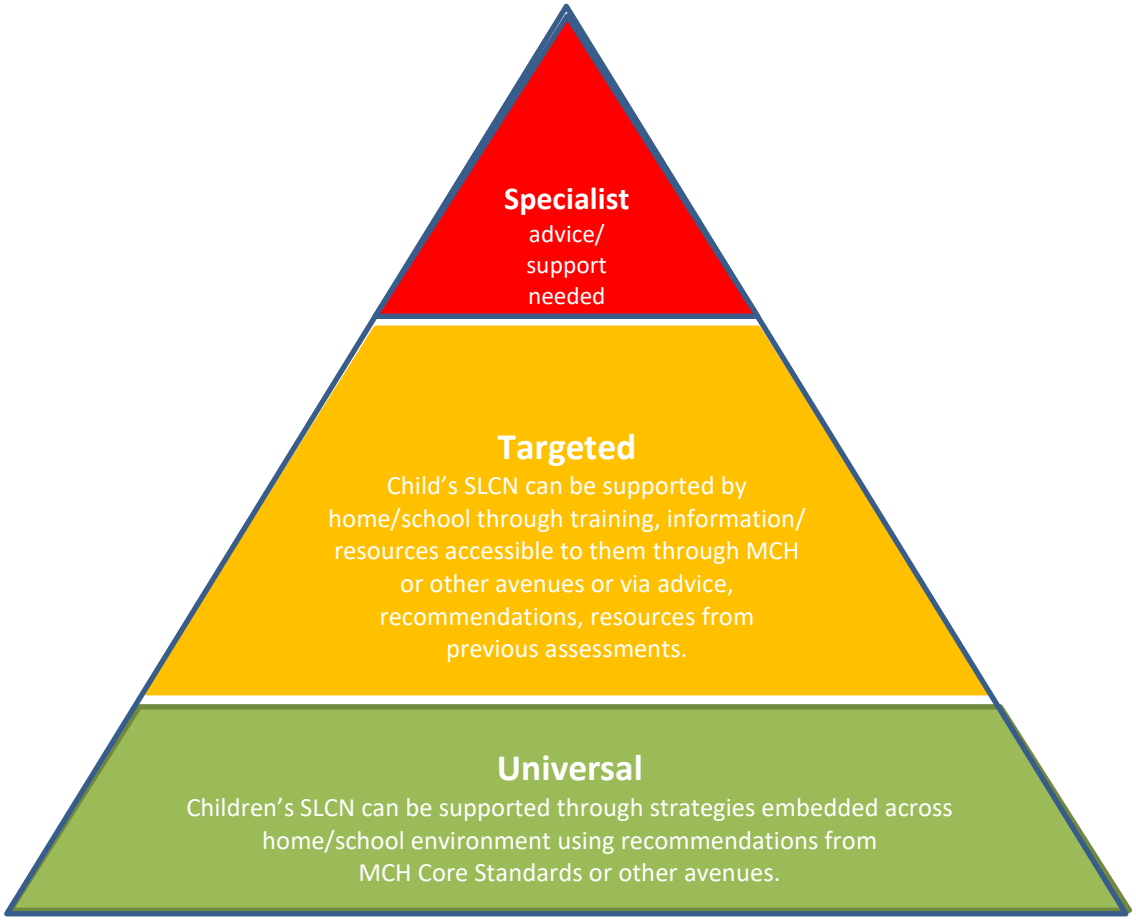
Supporting Speech Language and Communication Needs in Medway Mainstream School

It is estimated that 10% of all children and young people have long term or persistent speech, language and communication needs (SLCN) – the most prevalent special educational need identified by primary schools. To meet this level of need, an integrated whole workforce solution is required – this involves everyone who works with the child.

In Medway, support is identified at a universal, targeted and specialist level as recommended by the Better Communication Research Programme and the SEN Code of Practice which refers to a graduated approach to identifying additional health and learning needs for children.

Parents who have concerns about their child's speech, language and communication skills are advised to discuss with the school SENCo in the first instance (Exceptions: For concerns about voice problems such as persistent hoarse voice or voice loss, see GP in the first instance; for feeding difficulties consult medical professionals involved in your child's care such as GP, or nurse).

If the child is home educated, parents are advised to call us on 0300 123 3444 (following options for children's services) to discuss the concerns with a speech and language therapist.



Universal Level

All children benefit from the support strategies and environmental adaptations to support their communication. At this level:

- All schools and settings should clearly identify how they will support SLCN and provide a communication friendly environment, as part of their local offer. Schools can utilise the **National Communication Commitment** to support them in adapting a whole school approach.

- Strategies as outlined in Medway Core Standards should be implemented. Medway Core Standards training has been offered to schools free of charge.

- All schools should access training at a universal level. In addition to Medway Core standards, we recommend training such as Language for Learning and ELKLAN.

- MCH will develop content on our website Speech and language therapy resources :: Medway Community Healthcare regarding development of communication skills, available to all parents and education staff.

Targeted Level

This level gives specific support in a meaningful and functional context for those children and young people who are vulnerable in relation to speech, language and communication. The group is wide ranging including children with delayed language and communication skills, who following targeted intervention, will return to the universal tier, through to identification of children who may go on to have more persistent needs. All children at this level are also supported at the universal level. At this level:

- MCH will offer a named SLT for every school who can meet with a school representative (SENCo) to discuss speech, language and communication needs in their school including when to refer for specialist input. This may be face to face, via phone or video conference. **All referrals for school aged children should be discussed with the named speech and language therapist before completion of the referral form**. This will help ensure that only appropriate referrals are made to the service. In many cases, the therapist may advise support is offered by the school at a universal and targeted level.

- Schools can deliver a range of interventions to support children with identified SLCN for example social skills groups, speech link interventions, language link interventions, vocabulary groups, narrative groups.

- We recommend that every school has a teacher or teaching assistant who specialises in SLCN (communication TA/teacher) and supports other staff within the school setting in delivering intervention. MCH will offer targeted support through the MCH SLCN Special Interest Group coordinated by the therapy team. The focus of these sessions is developing specific skills in delivering interventions and sharing best practice (meetings may be face to face or via video conference).

Specialist Level

This level supports children and young people in the most appropriate context, ensuring joint working with the multi-disciplinary team and parents. This group includes children with the most complex SLCN who require specific support from the Speech and Language Therapy team to make progress. All children who access the specialist level, should also be supported at the universal and targeted level.

- Following referral, children are assessed to identify their specific needs and to identify appropriate interventions.
- Therapy interventions are discussed and demonstrated by the speech and language therapy team, alongside parents and school staff with the aim of empowering all those working with the child to continue the interventions between the child's review appointments.
- Specialist environmental adaptations are recommended for optimum communication.
- For many children, once communication systems have been established and the environment has been adapted they may not require ongoing intervention at the specialist level, and their needs will be met by targeted and universal support.

Referral Guidance

MCH accepts referrals for:

- Children with dysphagia (eating and drinking difficulties)
- Children with speech sound difficulties whose connected speech is unintelligible.
- Children (from birth) with permanent bilateral hearing loss which is moderate to profound in severity and where there are concerns about speech and language development. See 'guidance related to deafness'
- Children with speech disorder associated with cleft lip and palate (see guidance notes) OR suspected palate problem causing nasalised speech.
- Children who have a difficulty with speech, language or communication resulting from an acquired brain injury such as brain tumour or stroke ('acquired' means it did not happen around the time of birth).
- Children who have difficulty with speech, language or communication relating to a progressive/degenerative disease OR who appear to have a loss of established speech and language skills (would be expected to have seen GP about any loss of skills in the first instance and would likely to be having medical investigations).
- Children or young people who stammer - where the stammer is impacting upon their participation in social and/or educational settings or is causing anxiety around talking for parent or child (see guidance notes).
- Children with suspected selective mutism (see guidance notes), and where difficulty speaking in certain setting is having a significant impact upon social participation and wellbeing.
- Children with voice disorders as advised by ENT (see guidance notes).
- Children who have no functional communication (for example may imitate words they hear, but not be able to use the words in a functional sense, such as to make a request/comment/protest; or they may have no spoken language and require alternative communication systems to be established).

- Children aged 6 or under who have severe difficulties understanding and/or using language, such that
    - they are unable to participate in classroom routines without a high level of adult support
    - they are working well below age-expected levels and require highly differentiated activities to meet their learning needs
    - intervention provided at the targeted level within the school for at least two terms has resulted in limited progress being made
- Children who require assessment in order to provide advice for an Education, Health and Care Plan (EHCP), as requested by the LEA (provided they meet one of the above criteria and the exclusion criteria is not applicable)
- Children who have moved into the area with an existing EHCP with speech and language therapy provision included. These children will be seen for assessment and updated advice regarding any ongoing provision will be provided.
- Homed Educated or Looked After Children (LAC) with SLCN requiring support at the specialist level.

Exclusion Criteria

We do not accept referrals for:

- Children who already have a diagnosis of autistic spectrum disorder where any identified language and communication differences can be supported at the targeted or universal level.
- Children who already have a diagnosis of learning difficulties where any identified language and communication differences can be supported at the targeted or universal level.
- Children where the primary concerns relate to social communication skills, not speech or language. These children may be appropriate for referral to the Indigo ASD diagnostic pathway which is accessed through the school nursing service.
- Children who speak English as an additional language where there are no concerns about the development of the first language.
- Children who only use Sign Language (e.g. BSL) to communicate where no language difficulties are evident.
- Children with a hearing loss with typically developing speech/language, children with unilateral hearing loss (hearing loss in one ear) or temporary hearing loss (e.g. glue ear).
- Tongue tie: Tongue tie rarely affects development of speech sounds. Referrals will only be accepted based on any speech sound production needs where the child's speech is unintelligible.
- Children with delayed speech processes or error patterns that are only having a mild to moderate impact on intelligibility.
- Children with language difficulties that are only having a mild to moderate impact on their participation.

Guidance related to specific health needs:

- **Cleft lip and palate:** Children with a cleft lip and palate are under regional specialist teams. Those who need therapy can be seen by MCH at a local level – these children are usually referred to MCH by the regional specialist team. Therapy is not always

appropriate for all children with cleft lip and palate. Occasionally, problems with palate function are picked up later on in a child's development. They may present as if they are talking 'through their nose'. THIS IS DIFFERENT TO A CHILD SOUNDING 'BUNGED UP' OR FULL OF COLD. Please discuss any concerns about nasal speech with your named speech therapist for further guidance.

- **Voice problems:** Children presenting with voice problems such as a persistent hoarse voice should in the first instance see their GP. These children need ENT assessment before being referred to speech and language therapy, therefore referrals for these children are usually referred to MCH by the ENT service or specialist voice clinic.

- **Deafness:** hearing loss is considered to be moderate to profound when the average value of hearing loss is 41dB or greater. Typically, this will have been measured across five specific frequencies. Referrals may be accepted for children with this level of permanent hearing loss in both ears (bilateral hearing loss).

  Please provide the following information when making a referral:
  - Audiology report with clear audiogram
  - information related to the child's age when the hearing loss was identified
  - cause of hearing loss if known
  - nature of hearing loss (e.g. sensorineural hearing loss, conductive hearing loss or mixed hearing loss)
  - severity of hearing loss (e.g. moderate, severe, profound)
  - information related to speech, language and communication needs

- **Selective Mutism:** This could apply to children who have difficulty speaking in specific situations or with specific people despite being able to speak freely in other, more familiar situations e.g. a child might be a confident talker at home but find they are unable to speak to adults or peers at school/nursery or to people when out and about. These difficulties should be present for at least 2 months following a change of setting e.g. transition to new school/nursery and should not be better explained by another communication need such as social communication difficulties, difficulties with use or understanding of language in all settings, English as an Additional Language or another diagnosis such as ASD (although it is possible to have selective mutism alongside an autism diagnosis).

- **Stammering (Dysfluency):** Some people may use the American term 'stutter. If the child is under 5 and has been stammering for less than 6 months with no family history, parents can contact us for a general advice leaflet/information. For children of any age, we will accept referrals if the child has been stammering for at least 6 months, or 3 months if there is a family history of stammering where the stammer is having an impact on the child's participation or anxiety levels of the child or parent.