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Guernsey Children and Young People's Speech and Language Therapy Service Offer to Mainstream Primary Schools

The 3 Tier Model of Provision

Balanced System Framework

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Speech, Language and Communication

The Royal College of Speech and Language Therapists (RCSLT) defines the terms as follows:

Speech refers to:

- Saying sounds accurately and in the right places in words.
- Speaking fluently, without hesitating, prolonging or repeating words or sounds.
- Speaking with expression in a clear voice, using pitch, volume and intonation to add meaning.

Language refers to:

- Understanding and making sense of what people say.
- Using words to build up sentences which are used in longer stretches of spoken language and to build conversations.
- Putting information in the right order to make sense.

Communication refers to:

- Being able to communicate with people and take turns as well as change language/communication to suit the situation; in effect how, we interact with others.
- Nonverbal communication - eye contact, gestures and facial expressions.
- Being able to consider another person's perspective, intentions and the wider context.

Speech, language and communication needs (SLCN) encompasses a wide range of difficulties related to aspects of communication in children and young people. Issues can include fluency, forming sounds and words, formulating sentences, understanding what others say or using language socially.

There are other areas key to the development of speech, language and communication (SL&C).

Attention and Listening Skills are:

- The ability to pay attention and listen carefully to what is being said.
- Required to be able to have a conversation and follow a conversation.
- Needed to retain information.

Social Interaction

- How you relate to someone in a socially appropriate way.
- How you express emotions.
- Understanding and using non-verbal communication.

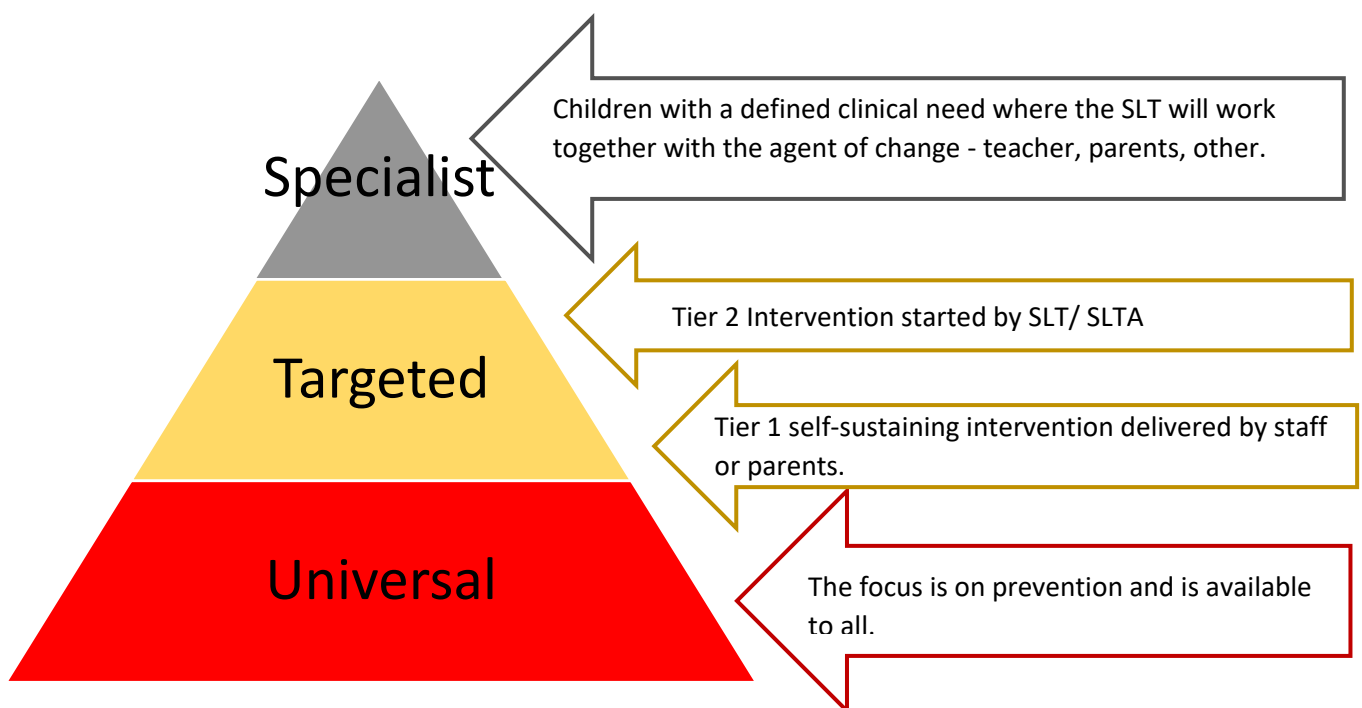
Symbolic Play Skills

- Are related to cognitive skills.

- Understanding that one thing can represent another for example pretending that a building block is a car.
- Are so important both academically and socially.
- Are linked to the understanding that the written word can represent a spoken word and that the spoken word can represent an object.

Speech and Language (SLT) also work with children and young people who have difficulties with their eating and drinking skills.

Our service model in Guernsey is provided using the Balanced System Framework which identifies a fluid 3 tiered approach across 5 strands [The Balanced System: Better Communication](#).



Mainstream Schools

Universal

The Universal Tier has a focus on prevention and is available to all. It empowers Parents/Carers and staff to facilitate support for all children and particularly those at risk of developing speech and/or language and communication needs (SLCN) as follows:

- Provision of advice, signposting and training to Parents/Carers/ settings to increase awareness and understanding of SLCN.
- The delivery of local and nationally accredited training for the wider workforce.
- Provision of indirect support for all children and young people to access the curriculum through information, advice and training given.
- Promotion of communication friendly environments e.g. use of the Communication Supporting Classroom Observation Tool.

Targeted

The Targeted Tier is split into 2 subsections:

Targeted Tier 1 (T1) Interventions include those which have been established with the help of the Speech and Language Therapist or Assistant (SLT/A) but become self-sustaining within settings, e.g. Language Link/Speechlink/Small Group Word Aware. Children may move through the tiers towards referral/Tier 2 or return to Universal.

Examples include:

- The provision of specific training and support to schools/settings to enable them to deliver structured interventions to children at risk of educational, emotional or other difficulties as a result of SLCN, e.g. Elklan/ early language groups/sound awareness groups/Word Aware targeted groups.
- Support for the school/setting to monitor the SLCN development of children, offering advice to staff as appropriate.
- Support to identify and overcome barriers to learning, thereby enabling staff to differentiate the curriculum and maximise the child or young person's understanding and participation in day to day activities; for example, advice on establishing communication friendly environments.

Targeted Tier 2 (T2) Interventions include those that require the direct involvement of an SLT for assessment and monitoring but will then be delivered by staff or Parents/Carers. At this level the children will have been formally referred to the service. The SLT will set targets and monitor the groups regularly; e.g. Pre-teaching vocabulary for Word Aware/Black Sheep Press Narrative Therapy.

Examples include:

- Access to groups established, modelled and monitored by an SLT/A as required.

- The child would be taken onto the Targeted Therapy Caseload to receive input for up to three terms of input. At the end of this the child's needs will be reviewed and discussed.
- Work with individual children and groups of children in conjunction with Parents/Carers, schools and early years staff, who can embed the approach into the child's everyday environment.

Specialist

Addresses the needs of those children who have a defined clinical need and where the SLT's expertise together with the agent of change, for example, a parent or key worker will make a significant contribution as follows:

- SLT/As may work directly with children on the Specialist Therapy Caseload to provide highly specific and effective interventions in the most appropriate environment.
- The provision of specialist assessment, advice and intervention to support and monitor a child's progress.
- The provision of a second opinion or specialist package to support the school/setting and designated link SLT.
- Specialist training to support schools/settings and families; for example, in the use of alternative and augmentative communication techniques.

As per guidance from the Royal College of Speech and Language Therapists "some children with complex learning needs will not require a specialist level of Speech and Language Therapy intervention as their SLCN may be more appropriately met through universal or targeted services and in some cases, no intervention is required. This may be the case where their learning needs are not related to their speech and language difficulty." (RCSLT, 2011).

UNIVERSAL, TARGETED AND SPECIALIST INTERVENTIONS AND APPROACHES

Examples of approaches and interventions available for schools



How we Support Children and Young People

Therapy teams will work with children and young people in the most appropriate setting to promote and optimise functional skills by working alongside key adults.

Key adults are parents/carers and within the school setting teachers, SENCOs and learning support assistants.

The SLT service will work closely with other specialist teams to ensure high quality provision of care and multi-agency collaboration. These teams may include Occupational Therapy, Physiotherapy, CIAS, Sensory Impairment Services, CAMHS, EAL and Educational Psychology.

To follow best practice all direct intervention will take place with a consistent key adult attending.

The number, frequency and nature of intervention will be determined by the therapist based on the young person's needs and best practice guidance. Intervention is determined by a clinician based on a young person's individual needs, rather than diagnosis-led or a set quota.

Visit Allocation to Schools – Identification and Environment

Schools receive an allocation of visits based on a formula of their needs and the size of the specialist caseload. Examples of high need might be schools with a high number of children with additional needs. In low need settings, it may be more effective for training for staff to be organised via clusters if geographically close.

Termly Planning Meetings

- The relationship between the SLT and a school is central to the success of the SLT provision. There must be good communication between the SLT and the school to enable training, advice and interventions to be effective.
- It is expected that a meeting between the school link SLT, SENCo and School Communication Champion will be undertaken on a termly basis. This is an essential meeting, where decisions are made about which children the SLT will work with during the coming term and to identify any training needs.
- Decisions will be made jointly, with the school SENCo taking an active role in planning and prioritising support with the SLT.
- New referrals will be discussed and if appropriate accepted at this meeting.
- Any children for whom Formal Assessment, IEP, Child Protection or TAC meetings are required should be discussed during this meeting.

- The SLT will keep a list of the children who are currently on the Targeted Level 2 and specialist caseload which will be shared with the SENCO and updated at each meeting.
- The SLT will use the termly joint planning record to plan and summarise their work in the school that term. It will be completed at the termly planning meetings and shared with the SENCo.
- The termly meeting will allow for the allocation of supporting roles within the school for children receiving specialist level input.
- Best practice suggests that SLTs should be invited to attend multi-agency planning meetings particularly if the child has an IEP, MEAP or Formal Assessment and we have contributed to their care.

New Referrals – Identification

- New referrals for school-aged children should be made via the SENCo so that one person in the school has an overview and that all referrals are discussed and agreed upon, at the termly planning meeting with the SLT.
- When making a referral the following paperwork will be required:
 1. Speech and Language Therapy Referral form, with signed parental consent.
 2. Completed SEND Identification Toolkit - This form will summarise the child's profile of SLCN so that the therapist can efficiently assess the child's needs.
 3. Copy of most recent learning plan or IEP
- Schools will be required to demonstrate support and to provide some evidence of this together with at least one term of IEP/PLP targets relating to SLCN before making a referral to their SLT, in accordance with school action policy. In a few cases, there may be exceptional circumstances and the decision to refer without evidence of early support can be discussed SLT.

Targeted Therapy Caseload and Specialist Therapy Caseload – Intervention

- Following an initial assessment, the SLT will agree on the future clinical management of the child with school and Parents/Carers.
- If the SLT does not feel that they have enough information about the child and their needs, then they may go on to the Targeted Therapy Caseload to assist clinical decision making.
- A child on the Targeted Therapy Caseload will then be given up to three terms of input. After this time the child will either be moved onto the Specialist Therapy Caseload, or they will be discharged from the service with their needs being met at the Targeted (T1) or Universal Level.
- Children who may have SLCN, but at a level not requiring direct SLT input will be supported through the Universal and Targeted (T1) levels of provision.
- The intervention will usually take place in the child's educational environment unless there are clinically agreed exceptions.

Models of Intervention

- The intervention will be based on available evidence and best practice.
- Details of the evidence base can be discussed with the SENCo, key adults, Parents/Carers/ carers in the decision-making process around a model of intervention.
- Children should be supported to remain within their classrooms. To do this the clinician will support staff to make changes in teaching style and/or environment.
- Joint planning, co-working and training will be key.

Supported Inclusion of the Child – Targeted and specialist level.

- Supporting staff to carry out programmes of work with the whole class or small groups to develop targeted language and communication skills.
- To collaborate with staff to integrate individualised SL&C targets into the child's daily life.

Child skill Development through Individualised Programmes of Work

- Regular and discrete programme of individualised intervention aimed at developing specified speech, language and communication skills.
- A programme may need to be directly provided by an SLT or SLTA with support being offered through the week at the specialist level.
- The programme may be appropriate for school staff to deliver the programme under SLT guidance targeted intervention Tier 1 or 2.
- For children requiring regular and continuing speech and language therapy input, this will usually be provided in the context of an inclusive approach that seeks to support the child by embedding targets and modifying aspects of the social and learning environment.
- To be effective and to have maximum impact for the child and their family, speech and language therapy interventions are part of a wider package of support and may change over time.

Therapy Activities may be:

- Direct contacts can take the form of 1:1 assessment, setting up language groups, groups; observing in lessons, specialist intervention.
- Indirect contacts which may happen out of school include writing and preparing programmes, contacting Parents/Carers, meeting with class teachers, writing reports, completing mandatory data collection.
- All direct and indirect contacts will come from the school allocation time.

Workforce

- We offer a range of training courses for schools, both locally and internationally accredited e.g. Elklan. We strongly encourage schools to engage in training from our service, to develop the skills to support the many children with SLCN.
- Training can be delivered at staff meetings, twilight sessions, or on INSET days. Training sessions are provided as part of the school allocation.
- The Training Packages offered can be found on the www.gov.uk/slt website, through MYLEARNING and/or through the Education training document. Schools may request a specific customised package in discussion with the SLT.

Identification, workforce and intervention - Drop-in support/consult sessions

- School staff who are providing ongoing SLCN interventions (e.g. language groups) may access informal advice and support about their groups via support sessions.
- At least one Support session will be provided during an academic year, additional sessions may be requested by the school as part of the school's visit/hour allocation.
- During these sessions, the SLT will be on hand to advise about the next steps, ideas for new activities and targets, as well as to problem-solve SLCN issues.
- Sessions should be coordinated by the SENCo to ensure that teachers or TAs are available to meet with the SLT at a specific time. TAs should bring any plans or record sheets they have for that group or programme to the meeting.

Accommodation and Support

Suitable accommodation should be available to the therapist for the duration of the visit. A quiet space is essential for clinicians to provide certain therapeutic interventions e.g. Cycles Therapy, Multi-sensory Input or Nuffield Dyspraxia programmes.

This accommodation should:

- Comply with health and safety regulations for the education setting.
- Have space for a variety of activities.
- Have Tables and chairs of a suitable size.
- A reasonable level of soundproofing.

There are times when a Therapist may offer to do whole class sessions.

Support:

Key adults should be identified as part of the child's plan.

The school will provide a consistent key adult to support a child's specialist therapy intervention. If this is not possible suitable alternatives will be discussed and agreed upon by all parties.

Family Support - Links with Parents/Carers

- All parents/carers are asked to attend their child's initial assessment session in school, to ensure that a comprehensive case history can be taken.
- Parents/carers are welcome to attend any of their child's intervention sessions in schools and are encouraged to attend at least some of these sessions to ensure programmes and advice are embedded into the child's home and school.
- Where possible, SLTs aim to attend annual review meetings and provide a written report for children. The SLT must know the dates of these meetings well in advance. We may not be able to attend all meetings, but if it is particularly relevant or important then this should be discussed at the termly planning meetings.
- Parents/Carers are given a copy of the current therapy target plan to ensure shared knowledge of an intervention.
- Once a year the link SLT can provide an informal parent advice session in school. This is an opportunity for parents/carers to meet with the therapist to discuss individual queries or may be arranged to share information about a specific topic (e.g. language enrichment, bilingualism).

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Appendix

- School Caseload documentation.
- SLCN Joint planning record.
- [Communication Champions \(mefirst.org.uk\)](https://mefirst.org.uk)

Date:

Review date:

Name of therapist:

Contact details:

Name of SENCO:

Contact details:

Name	Year/teacher	DOB	Difficulties	Input	Targeted / specialist	Plan/Target

Service Delivery

	Family	Environment	Workforce	Identification	Intervention
Universal					
Targeted Tier 1					
Targeted Tier 2					
Specialist					