

# The 3 Tier Model of Speech and Language Therapy Provision into Schools and Early Years Settings within Hertfordshire and West Essex

Hertfordshire - 23 September 2014

West Essex - 15 October 2014



## **MAINSTREAM SCHOOLS AND NURSERIES**

### **Levels of Provision**

Speech and Language Therapy provision into mainstream schools and early year's settings is based upon the 3 Tier Model of service delivery. This model aims to deliver a prevention, early intervention and therapeutic approach to service delivery with the aim of improving communication, emotional wellbeing and academic attainment amongst children and young people in Hertfordshire and West Essex who have Speech, Language and Communication Needs, (SLCN).

### **Universal**

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

- Provision of advice, signposting and training to parents/ 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. 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. WellComm /Elklan/ early language groups/sound awareness groups.
- Support for the school/setting to monitor the speech, language and communication 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 a SLT for assessment and monitoring but which can be delivered by staff or parents.

Examples include:

- The provision of further assessment following receipt of a referral.
- Access to groups established, modelled and monitored by a SLT/A if required. The child would be taken onto the **Targeted Therapy Caseload** to receive input for up to three terms. At the end of three terms the child's needs would either be met via school/setting support at the Tier 1 level or they may require input at the Specialist level.
- Work with individual children and groups of children in conjunction with parents, 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.

Not all children with complex learning needs will require specialist therapy intervention, for example where language is in line with learning levels and needs can be met at the universal and/or targeted level. This is in accordance with 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 Guidance on Quality Standards for Local Authorities and Schools as Commissioners of Speech and Language Therapy Services in the UK, 2011)

## **Children with Statements**

Children and young people with Statements of Special Educational Needs or Education Health Care Plans (EHC Plan) will continue to receive their input according to the specificity agreed in their Plan.

## **Visit Allocation to Schools and Nursery Classes**

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 and staff surgeries to be organised via clusters if geographically close. They would still have a minimum of a yearly planning meeting. Nursery classes, whether linked to a school or children's centre setting would be medium or high need as the importance of early intervention and prevention is recognised as key to this model of working.

<b>Low</b>	2 to 9 days per academic year
<b>Medium</b>	up to 18 days per academic year
<b>High</b>	up to 27 days per academic year

## **Buying in additional sessions**

DSPL clusters and individual schools have an option of buying in an additional level of input directly from the Speech and Language Therapy Service. This might include:

- A customised package of training to develop knowledge and expertise of school staff within the DSPL cluster (or specific schools).
- A specific individualised project for a school.

This input may be arranged to provide additional Universal or Targeted services and is agreed on a yearly contract. This is arranged directly with the service and a minimum of one term's notice is required.

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## **Termly Planning Meetings**

- The relationship between the SLT and a school is central to the success of the SLT provision. It is vital that there is 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/INCo 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 in the coming term and to identify any training needs.
- Decisions will be made jointly, with the school SENCo/INCo taking an active role in planning and prioritising support with the SLT.
- New referrals will be discussed and if appropriate are accepted at this meeting.
- Any children for whom Statement, EHC Plan, Child Protection or Family Support meetings are required should be discussed during this meeting.

## New Referral

- New referrals for school aged children should be made via the SENCo/INCo, so that one person in school has an overview and that all referrals are discussed and agreed 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 Universally Speaking Checklist (School aged children)**
  3. **Completed IEALD/WellComm screening (Nursery aged children)**
  4. **Copy of most recent IEP/Personal Learning Plan (PLP)**
- Prior to making a referral to the service, schools are now required to complete a **Universally Speaking Checklist**. This form, which is to be completed by the child's class teacher or SENCo/INCo will summarise the child's profile of SLCN so that the therapist can efficiently assess the child's needs.
- Once the child's SLCN has been described and summarised on this form the teacher or SENCO/INCo will work with the SLT to identify strategies which can be implemented within the class setting. A **Strategies Guide** is provided.
- 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 a few cases there may be exceptional circumstances and the decision to refer without evidence of early support will be made in discussion with the link SLT.

## Targeted Therapy Caseload (T2) and Specialist Therapy Caseload

- Following initial assessment the SLT will agree the future clinical management of the child with school and parents.
- If the SLT does not feel that s/he has 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.
- Intervention will usually take place in the child's educational environment unless there are clinically agreed exceptions.

## Planning

- The SLT will keep a list of the children who are currently on the Targeted (T2) Therapy and Specialist Therapy Caseloads using the **School Caseload Spreadsheet**. This will be updated regularly and shared with the SENCo/INCo.
- SLT activities may be:
  - direct contacts with a child (e.g. 1:1 assessment, setting up a language group, observing in a lesson, specialist therapy intervention)
  - indirect contacts, which may happen out of school (e.g. writing and preparing a programme for a member of school staff to run, writing a report)

All direct and indirect contacts will come from the school visit/hour allocation.

- The SLT will use the **Termly SLCN Joint Planning Record** to plan and summarise their work in school that term. It will be filled in by the link SLT at the termly planning meeting and shared with the SENCo/INCo.
- The Planner is used to plan and to record when children will be seen and the activities that will take place. This document will be completed by the link SLT soon after the termly planning meeting.

## Training

- We offer a range of training courses for schools, both locally and nationally 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 can be provided as part of the schools' visit/hour allocation or bought in as extra.
- The **Training Package Leaflet** summarises training packages that have already been developed and from which schools can choose. Schools may request a specific customised package in discussion with the SLT.

## School Support Surgeries

- School staff who are providing ongoing SLCN interventions (e.g. language groups) may access informal advice and support about their groups via School Support Surgery sessions. At least one Support Surgery will be provided during an academic year, additional surgeries may be requested by the school as part of the school's visit/hour allocation. These may be arranged via clusters of schools if appropriate.
- During these sessions the SLT will be on hand to give advice about next steps, ideas for new activities and targets, as well as to problem solve SLCN issues.
- Sessions should be coordinated by the SENCo/INCo 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.

## Links with Parents

- All parents are asked to attend their child's initial assessment session in school, to ensure that a comprehensive case history can be taken. Nursery aged children may be seen for assessment in nursery following discussion between the link SLT and SENCo/INCo. However the parents may choose to attend a local Drop-in Screening Assessment session. (Please refer to Access to Service Page 10 of this document).
- Parents 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 with statements or EHC plans on their caseload. It is essential that the SLT knows 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.
- Once a year the link SLT can provide an informal parent advice session in school. In the case of parents whose children attend a stand alone nursery school they will be invited to attend a session in their local cluster. This may take the form of a coffee morning, or may be an opportunity for parents 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).



## **CHILDREN'S CENTRES AND PRIVATE VOLUNTARY/INDEPENDENT (PVI) SETTINGS**

### **Levels of Provision**

Speech and Language Therapy provision into Children's Centres and PVI settings is based upon the 3 Tier Model of service delivery. This model aims to deliver a prevention, early intervention and therapeutic approach to service delivery with the aim of improving communication, emotional wellbeing and academic attainment amongst children and young people in Hertfordshire and West Essex who have Speech, Language and Communication Needs, (SLCN).

### **Universal**

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

- Provision of advice, signposting and training to parents/ settings to increase awareness and understanding of SLCN e.g. Positive Beginnings/Stay and Play.
- 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. Children may move through the tiers towards referral/Tier 2 or return to Universal. Examples include:

- The provision of specific training and support to 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. WellComm /Eiklan/ early language groups/sound awareness groups.
- Support for the setting to monitor the speech, language and communication 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 a SLT for assessment and monitoring but which can be delivered by staff or parents for example:

- Access to groups established, modelled and monitored by a SLT/A if required.

### **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 e.g. parent or key worker will make a significant contribution as follows:

- SLT/As may work directly with children 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 setting and designated link SLT.
- Specialist training to support settings and families for example in the use of alternative and augmentative communication techniques.

Not all children with complex learning needs will require specialist therapy intervention, for example where language is in line with learning levels and needs can be met at the universal and/or targeted level. This is in accordance with 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 Guidance on Quality Standards for Local Authorities and Schools as Commissioners of Speech and Language Therapy Services in the UK, 2011).

### **Children with Statements**

Children and young people with Statements of Special Educational Needs or Education Health Care Plans (EHC Plan) will continue to receive their input according to the specificity agreed in their Plan.

### **Allocation of input**

- The allocation of input below includes Universal, T1 and some T2 services.
- It does not include specialist input and some T2 services which will be delivered according to the individual child's need.

- The session allocation below is based on Hertfordshire County Council's proposed Children's Centre groupings and current groupings in West Essex. Each Lead Agency will determine how sessions are allocated across their group:
  - Where Children's Centre groupings have up to 14 PVI settings, each Children's Centre within the group will be allocated **up to** 4 sessions per year
  - Where Children's Centre groupings have 15 + PVI settings, each Children's Centre within the group will be allocated **up to** 6 sessions per year.
- There will be an additional session allocated per year per Children's Centre group for planning the year's input. This session will involve an initial meeting between the Link SLT and the relevant Children's Centre Communication Champion, and subsequent termly liaison meetings. The maximum allocation of sessions will be confirmed during the meeting and will be based on need (as determined by local demographics; number of settings in the children's centre group; 0-5 population figures; setting engagement.)
- In addition SLTA input will also be offered to support targeted working as appropriate e.g. language enrichment groups.

### **Input**

- Input into these settings will be delivered jointly with practitioners in the Children's Centre groupings.
- Each Children's Centre will have a link SLT and or SLTA.
- Each Children's Centre will be encouraged to nominate a designated Communication Champion who will work closely with the Children's Centre link SLT/A. Often this will be the SENCO.
- It is vital that there is good communication between the SLT/A and the Children's Centre Communication Champion to enable training, advice and interventions to be effective.
- It is expected that termly liaison between the link SLT/A and the Children's Centre will take place to discuss the needs of the settings in their area and to ensure joint planning regarding the implementation of universal and targeted working.

### **Buying in additional sessions**

DSPL Clusters, Nursery schools, Children's Centres and all other early years' settings have an option of buying in an additional level of visits directly from the Speech and Language Therapy Service, e.g. for specific projects that settings may wish to develop. These visits may be arranged to provide additional Universal or Targeted services and are agreed on a yearly contract. This is arranged directly with the service and a minimum of one term's notice is required.

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## **Access to Service**

- Where concerns are identified by staff in a setting it is anticipated that a child's SLCN will be met as far as possible by universal and/ or targeted services for example implementation of advice from training, information leaflets, Positive Beginnings Stay and Play sessions. These can be discussed with the link SLT and the relevant Communication Champion.
- If there are ongoing concerns about an individual child e.g. evidence from WellComm screening tool and intervention, then this should be discussed with the link SLT who may then suggest either targeted groups (T1) or signpost the family to a Drop In Screening Assessment.
- What is a Drop In Screening Assessment? The Drop-In Clinic is a session for parents/carers who have concerns about their child's speech and/or language development. It operates on a 'first come first served' basis. There is the opportunity to confidentially discuss concerns with a SLT and or an SLTA. We will briefly assess your child, give advice and agree a follow up plan if appropriate. The SLT/A will find out about your child's needs through observation, play and informal assessment.  
The Drop-In Clinic is for children who are preschool age. Reception children will be seen as part of the school-based service.
- Following assessment at the Drop In Screening Clinic the SLT will agree the future clinical management of the child with the parents/carers.

## **Targeted Therapy Caseload ( T2) and Specialist Therapy Caseload**

- Children who may have SLCN, but at a level not requiring direct SLT input will be supported through the Universal and Targeted 1 levels of provision.
- Targeted and Specialist interventions may take place in the child's setting, their local clinic or at home as appropriate.

## **Training**

- We offer a range of training courses for early year's practitioners and parents. We strongly encourage settings to engage in training from our service, to develop skills to support the many children with SLCN.
- Training can be delivered at staff meetings, twilight sessions, or on INSET days. Additional training sessions can also be bought in.
- A list of training packages is available and can be discussed with the link SLT.

## **Advice Sessions for Early Years Practitioners**

- Staff who are providing ongoing SLCN interventions (e.g. Targeted T1 level groups) may access informal advice and support about their groups via advice sessions. It is recommended that least one advice session will be provided during an academic year. Additional advice sessions may be requested.

- During these sessions the SLT will be on hand to give advice about next steps, ideas for new activities and targets, as well as to problem solve SLCN issues.
- Sessions may be arranged for individual children's centres or for grouped children's centres if appropriate. These should be coordinated by the relevant Children's Centre Communication Champion to ensure that staff are available to meet with the SLT at a specific time. Staff should bring any plans or record sheets they have for that group or programme to the session.

### **Links with Parents**

- Parents are encouraged to participate in targeted and specialist interventions with their child to ensure that strategies and advice are embedded at home.
- Parents can access informal advice from an SLT/A within groups such as Stay and Play, Positive Beginnings.
- Settings can also specifically request an advice session for parents.

## **SPECIAL SCHOOLS**

### **Levels of Provision**

Speech and Language Therapy provision into special schools is based upon the 3 Tier Model of service delivery. This model aims to deliver a prevention, early intervention and therapeutic approach to service delivery. The aim is to improve communication and emotional wellbeing, together with functional and academic attainment amongst children and young people in Hertfordshire and West Essex who have Speech, Language and Communication Needs, (SLCN).

### **Universal**

The Universal Tier has a focus on prevention and is available to all. It empowers parents and staff to facilitate support and optimise potential for all children with speech, language and communication needs (SLCN), as follows:

- Provision of advice, signposting and training to parents/ settings to increase awareness and understanding of SLCN and feeding needs.
- The delivery of local and nationally accredited training for the wider workforce, including Elklan specialist courses.
- Provision of indirect communication support in the form of information, advice and training to enable all children and young people to access the curriculum
- Promotion of communication friendly and linguistically modified environments e.g. use of symbols and signing within schools.
- Input into school feeding policies provided as appropriate.

### **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) which become self-sustaining within schools. Examples include:

- The provision of specific training and support to school staff to enable them to deliver structured interventions to children with SLCN e.g. maintaining use of Augmentative and Alternative Communication (AAC) systems, early language groups, AAC user groups, social communication skills groups, maintenance of specialised meal time programmes.
- Support for the school to monitor the speech, language and communication 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 e.g. advice on establishing communication friendly environments.

- Advice and support for children with managed feeding difficulties e.g. where an established feeding programme is in place or where feeding difficulties can be supported by general advice to school staff and parents.

### **Targeted Tier 2 (T2)**

Interventions include those that require the direct involvement of a SLT for assessment and monitoring but which can be delivered by staff and/or parents.

Examples include:

- Programmes devised by SLT, modelled to teaching staff who then deliver the programme throughout the week.
- Access to groups established, modelled and monitored by a SLT/A if required.
- Work with individual children and groups of children in conjunction with parents, schools and early years staff, who can embed the approach into the child's everyday environment.
- Review of specialised feeding programmes and advice when children's needs change.

### **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 e.g. parent or school staff member, will make a significant contribution

Examples include:

- SLT/As may work directly with children 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.
- Specialist training to support schools/settings and families, for example to establish new forms of AAC techniques.
- Intervention will usually take place in the child's educational environment unless there are clinically agreed exceptions.
- Specialist assessment and management of children with feeding and swallowing difficulties.

Not all children with complex learning needs will require specialist therapy intervention, for example where language is in line with learning levels and needs can be met at the universal and/or targeted level. This is in accordance with 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 Guidance on Quality Standards for Local Authorities and Schools as Commissioners of Speech and Language Therapy Services in the UK, 2011).

## **Buying in additional sessions**

DSPL clusters and individual special schools have an option of buying in an additional level of input directly from the Speech and Language Therapy Service. This might include:

- A customised package of training to develop knowledge and expertise of school staff within the DSPL cluster.
- A specific individualised project for a school.

This input may be arranged to provide additional Universal or Targeted services and is agreed on a yearly contract. This is arranged directly with the service and a minimum of one term's notice is required.

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## **Planning Meetings**

- The relationship between the SLT and a school is central to the success of the SLT provision. It is vital that there is 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 SLT, school link representative and School Communication Champion will be undertaken on a regular basis. This is an essential meeting, where decisions are made about which children the SLT will work with in the coming term.
- Decisions will be made jointly, with the school link representative taking an active role in planning and prioritising support with the SLT.
- Any new referrals will be discussed and, if appropriate, accepted at this meeting.

## **New Referral**

- New referrals should be made via the school link representative, so that one person in school has an overview and that all referrals are discussed and agreed at the 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. ***Copy of most recent IEP/Personal Learning Plan (PLP) showing at least one communication/feeding target***
- 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/feeding difficulties before making a referral to their SLT. In a few cases there may be exceptional



circumstances and the decision to refer without evidence of early support will be made in discussion with the link SLT.

- Following initial assessment the SLT will agree the future clinical management of the child with school and parents.
- 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.

## **Planning**

- The SLT will keep a list of the children who are currently on the Targeted (T2) Therapy and Specialist Therapy Caseloads using the **School Caseload Spreadsheet**. This will be updated regularly and shared with the school link representative.
- SLT activities may be:
  - direct contacts with a child (e.g. 1:1 assessment, setting up a language group, observing in a lesson, specialist therapy intervention)
  - indirect contacts, which may happen out of school (e.g. liaison with other professionals, writing and preparing a programme for a member of school staff to run, writing a report)
- The SLT will use the **SLCN Joint Planning Record** to plan and summarise their work in school that term. It will be completed by the SLT at the planning meeting and shared with the school link representative.
- The Planner is used to plan and to record when children will be seen and the activities that will take place. This document will be completed by the SLT soon after the planning meeting.

## **Training**

- We offer a range of training courses for schools, both locally and nationally 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.

## **School Support Surgeries**

- School staff who are providing ongoing SLCN interventions (e.g. language groups) may access informal advice and support about their groups via School Support Surgery sessions. At least one Support Surgery will be provided during an academic year, additional surgeries may be requested by the school.
- During these sessions the SLT will be on hand to give advice about next steps, ideas for new activities and targets, as well as to problem solve SLCN/feeding issues.
- Sessions should be coordinated by the school link representative 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.

## **Links with Parents**

- Parents are welcome to attend any of their child's one to one intervention sessions in schools to ensure programmes and advice are embedded into both the child's home and school. This needs to be agreed with school prior to the appointment.
- Home visits may be provided to support parent's understanding of their child's SLCN and functional communication within the home environment.
- SLTs will provide a written report for children with statements or EHC plans on their caseload. It is essential that the SLT knows the dates of any planned meetings well in advance. We may not attend all meetings, but if SLT attendance is particularly relevant or important then this should be discussed at the planning meetings.
- At least once a year the SLT can provide an informal parent advice session in school. This may take the form of a coffee morning, or may be an opportunity for parents to meet with the therapist to discuss individual queries. An advice session may also be arranged in order to share information about a specific topic e.g. feeding difficulties, AAC and may be delivered in conjunction with a school parent's evening

## **APPENDIX**

- Universally Speaking Checklist
- Strategies Guide
- Guidance for Referral to SLT
- School Caseload Spreadsheet
- SLCN Joint Planning Record
- Training Package Leaflet
- Communication Champion Leaflet

## **REFERENCES**

- RCSLT Guidance on Quality Standards for Local Authorities and Schools as Commissioners of Speech and Language Therapy Services in the UK 2011
- Better Communication Action Plan
- The RCSLT Position Paper - Gascoigne 2006
- Professional Advice regarding provision for children and young people with speech language and communication needs in Hertfordshire (Gascoigne, M 2011)
- SEN Code of Practice 2012 (draft)
- SEN Code of Practice 2001