



# The Gem Federation External professionals FAQ

## Speech, language and communication

### What do speech and language therapists do?

Speech therapists, or speech and language therapists (SLT/ SALT), work with children in four main areas: articulation (speech sounds, intelligibility), language (receptive and expressive), pragmatics (social language skills), stuttering/fluency, and feeding (oral motor, swallowing, some sensory).

### Why am I being told that my child may benefit from a speech and language therapist when they can speak?

Speech and language is not only about articulation (speech sounds, intelligibility). Your child may be able to speak but have difficulties with their receptive, expressive and social language skills.

### Why does the school therapist not see my child for their speech production needs in school?

School Speech therapists in Southwark work with children who have receptive, expressive, and social communication language needs in school. If your child has a stutter, swallowing, speech production or other needs outside of this, they are seen in the clinic.

### **Why isn't my child on the specialist SALT caseload/ why have you/SALT discharged my child?**

We commission our service and have a very high level of need which can translate to high caseload numbers. This is inevitable as 1 in 8 children are thought to have a speech, language or communication difficulty: that's approximately 3 – 5 per classroom.

Managing high caseload numbers can be a challenge and requires a problem-solving approach.

The model of Speech and Language Therapy service delivery is as follows:

**UNIVERSAL LEVEL:** School training needs are identified at the start of term in collaboration with the SENCO and SLCN training days, training is booked into the school's CPD calendar to be delivered by the Speech and Language Therapy team. The school also has access to online training that is delivered through the academic year.

**TARGETED LEVEL:** The school have trained staff who can screen children using the speech link programme and deliver intervention as indicated. An allocated TA may also work with the Speech and Language Therapy team delivering SaLT therapy programmes to an identified caseload of children on at least a weekly basis. The SaLT reviews those programmes and outcomes periodically, and the TAs approach the therapist for review and new targets when they feel targets have been achieved. 1:1 TAs also deliver intervention programmes for their 1:1 children following the programme set by the SaLT e.g. Attention Autism, Black Sheep Press programmes, iPad programmes using specialist speech and language therapy apps etc.

**SPECIALIST LEVEL:** Children that require regular specialist input from the Speech and Language Therapist directly are seen for weekly 30-minute sessions 1:1, or as part of a small group working towards identified targets. When children are assessed, they are placed into a number of groups which change depending on the current demand.

Any intervention is time specific and so it is important to remember that it must be reviewed regularly. Although children may be discharged, it does not mean that they may not access speech and language therapy at a later date. However, it is also equally important to know that speech, language and communication intervention is always happening throughout the school day e.g. use of visuals; breaking instructions into manageable chunks; supporting interactions with peers; social stories; recasting; listening games; specific individualised work on pronunciation etc.

### **How are referrals made to the speech and language therapist?**

#### **Children under 5 years old**

For children under 5, parents can refer children themselves.

You can find further information here:

<https://localoffer.southwark.gov.uk/training-and-drop-ins/drop-ins/speech-and-language>

<https://www.evelinalondon.nhs.uk/our-services/community/community-speech-and-language-therapy/drop-in-sessions.aspx>

However, we are also happy to make a referral for you.

### **Children aged 5 years old and above.**

**Step 1:** The SENCo identifies children that the school are concerned about, using a referral screening checklist and/or our speech link programme.

**Step 2:** The SENCo obtains consent from the parent and background information is gathered. A referral is then made. If it is for speech production difficulties, the parent will hear directly from the clinic about an appointment. This can be via email, text or letter. For all other difficulties the SENCO and SALT will liaise together following the referral submission.

**Step 3:** The SaLT gathers background information from the SENCo and teachers at the school.

**Step 4:** The SaLT conducts a classroom observation (where necessary) and informal and formal assessment.

**Step 5:** The Speech and Language Therapist writes an initial assessment report detailing strengths, difficulties, advice and management. At this stage, the child is either discharged (if no SLCN is identified or therapy is not indicated), placed onto a targeted intervention run weekly by a TA, or placed into an appropriate group as above or 1:1 therapy slot for the therapist to see weekly for intervention. The SENCo of the school can use the reports, which are detailed, to support EHCP applications and reviews. All reports and goals are shared with parents, teachers and relevant involved medical professionals.

**Step 6:** All clients seen by the TAs and the Speech and Language Therapist are dynamically reviewed as therapy progresses and there is a review. Pupil reviews are staggered throughout the year, with reviews being seen at the start or end of every term.

### **Why haven't I heard from the speech clinic. We made a referral a long time ago?**

1. Wait times can take between 4- 6 months but this can be longer.
2. You may have missed the correspondence that was sent. Do check your spam box in your email and text messages. Always ensure you have provided the correct contact details on our school system too- this is what we use when making referrals. We encourage you to follow up if you have concerns. Please use the details below:

Tel: 020 3049 8181

Email: [gst-tr.contacts@nhs.net](mailto:gst-tr.contacts@nhs.net)

# CAMHS

## What is CAMHS?

CAMHS stands for Child and adolescent mental health service.

## Why has CAMHS been recommended?

A referral to CAMHS may be recommended if your child requires therapeutic support which is beyond that which the school can provide e.g. a psychotherapist. This is usually for children who have been through a trauma or who have attachment needs.

CAMHS also see children to diagnose or refute ADHD/ADD.

## What happens if our referral is accepted?

You or your child will be offered an appointment. This may be online or at Sunshine House if your GP is in Southwark. If your GP is in Lambeth this will be the Mary Sheridan Centre. CAMHS may work with you as opposed to your child.

## Why haven't you put the recommendations from CAMHS in place at school?

We are not necessarily always given reports automatically with recommendations. If you would like us to put strategies in place it is important to share any reports from CAMHS with us or give consent for CAMHS to share a report with us.

## Why haven't I heard from CAMHS. We made a referral a long time ago?

1. Wait times can take up to 15 months.
2. You may have missed the correspondence that was sent. Do check your spam box in your email and text messages. Always ensure you have provided the correct contact details on our school system too- this is what we use when making referrals. We encourage you to follow up if you have concerns. Please use the details below:

**Address:** Sunshine House 27 Peckham Rd, London SE5 8QW

**Phone:** [020 3228 1466](tel:02032281466)

# PAEDIATRICIAN

## Why has a paediatrician been recommended?

A paediatrician is a medical doctor who can explore your child's growth and development. They are able to refer children onto other services such as the incontinence clinic, dietician, speech therapy, CAMHS, Autism clinic etc.

## Why haven't I heard from the paediatrician. We made a referral a long time ago?

1. Wait times can take upto 9 months.

2. You may have missed the correspondence that was sent. Do check your spam box in your email and text messages. Always ensure you have provided the correct contact details on our school system too- this is what we use when making referrals. We encourage you to follow up if you have concerns. Please use the details below:

**Address:** Sunshine House 27 Peckham Rd, London SE5 8UH

**Phone:** [020 3049 8100](tel:02030498100)

# Occupational therapists

## **Why has an occupational therapist been recommended?**

Occupational therapy supports people whose health, environment or social circumstances make it difficult to take part in the activities that matter to them. An occupational therapist will work with you to identify strengths and difficulties you may have in everyday life.

## **Why isn't there an occupational therapist based in the school?**

The Community Occupational Therapy (OT) Service is part of Evelina London Children's Community Services, under Guy's & St Thomas' NHS Foundation Trust. They are based at Sunshine House and Mary Sheridan Centre and provide an occupational therapy service in Lambeth and Southwark. Sometimes they may visit schools but support is usually offered in clinic. You may be asked to attend a drop in or sessions with other parents.

## **How do I make a referral to occupational therapy?**

Please speak to the school SENCO who will be able to help you with this.

## **I think my child has developmental coordination disorder (DCD- formally dyspraxia?)**

For a diagnosis of DCD to be made, your child will usually need to meet all of the following criteria:

- their motor skills are significantly below the level expected for their age and opportunities they have had to learn and use these skills
- their lack of motor skill significantly and persistently affects their day-to-day activities and achievements at school
- their symptoms first developed during an early stage of their development
- their lack of motor skills isn't better explained by long-term delay in all areas (general learning disability) or rare medical conditions, such as cerebral palsy or muscular dystrophy

DCD will only be diagnosed in children with a general learning disability if their physical co-ordination is significantly more impaired than their mental abilities. Although DCD may be suspected in the pre-school years, it's not usually possible to make a definite diagnosis before a child is aged 4 or 5.

## **Where can I find further information?**

<https://localoffer.southwark.gov.uk/health/targeted-and-specialist-services/community-services/community-children-occupational-therapy/>

# **Dyslexia Assessors**

## **How can my child be assessed for Dyslexia?**

The school has a Dyslexia screener which is able to provide an indication as to whether your child may be Dyslexic, but this is not an official diagnosis.

## **Does the school provide official Dyslexia diagnosis?**

We only provide a screener. Unfortunately, we are only able to submit a pupil for an official diagnostic assessment once per year. If you would like to pursue a diagnosis we are happy to speak with you about this and signpost you to assessors who you can commission to assess your child. This would be a service that you pay for.

## **Can the school diagnose Dyscalculia?**

The only way to be absolutely certain about whether a person has dyscalculia or not, is to have a one-to-one session with a psychologist who specialises in dyscalculia. The school is not able to provide this service but can signpost parents to assessors who they are able to pay to assess their child.

N.B It is important to note that although the school cannot provide official diagnosis for all children, we still recognise children's strengths and difficulties and provide interventions and supports appropriately. A diagnosis does not change this, and you are welcome to discuss supports in place for your child with your child's class teacher.

# **Educational psychologist**

## **What is the role of the EP?**

The role of the EP is to consult with parents and staff to explore issues that may interfere with learning. Strategies discussed between the people involved in a child's education are hoped to promote progress and inclusion using knowledge, experience and relevant research.

All state funded schools have a designated educational psychologist and can access a range of consultation services, assessment and intervention support as well as training.

## **How does my child see the EP?**

EPs work in accordance with the national special educational needs code of practice. The SENCO usually identifies children who need to be seen by the EP. This is usually when the school requires further support with recommendations, or we are making an EHCNA request. EP involvement usually involves providing consultation advice regarding children with severe and less severe needs.

## **Why is the EP involved when making an EHC assessment?**

For some children, their complex needs mean that they require additional support that is beyond that which a typical mainstream school can provide. In some of these cases, the school or the parent might make a request to the local authority to request that they conduct an EHC assessment (Children and Families Act, 2014). If the local authority agrees that your child requires an EHC assessment, an EP will be formally asked to conduct a psychological assessment.

Hopefully, if you've got to the point of an EHC assessment, an EP will have been already involved in supporting school, your family and your child. Sadly, in many cases, the EHC assessment might be the first time you might meet an EP. However, the best psychological assessments for an EHC assessment are where the EP has known the child, the family and the teachers over a longer period

of time. This is often the case at The Gem Federation and the EP has probably been part of the team that put together the school's request to the local authority to ask for an EHC assessment.

### **What does a psychological assessment for the EHC assessment look like?**

There really isn't an exact answer to this question. Every child is unique and that means that every assessment is unique. This means that the EP will decide what assessment tools they are going to use based on what they feel is going to help them to best understand your child, their needs and their strengths. Having said that, I'd expect a good psychological assessment to have the following elements:

- The EP should arrange a meeting with you before seeing your child. This might be arranged directly with you or through the school's Special Educational Needs Coordinator (SENCo). This meeting might be at the school or your home. Your first contact with the EP is important. They should explain who they are and what they are proposing to do. They should also let you know what will happen after their assessment and what to expect once their report is complete. Sometimes they may arrange another visit or phone call to discuss their report if required.
- The EP should be interested to explore your family's journey to this point. What has happened in the past can be a helpful way of understanding what is happening now and how things might be improved in the future. Making sure the views of the child and parents are listened to is a key part of the Child and Family Act (2014).
- The EP should also find a way to get a clear sense of your child's views. For me, this is probably the most important part of the assessment and is again enshrined in the Child and Family Act (2014). Regardless of how young or how challenging this might be for your child, EPs are trained to get a clear picture of your child's views.

The psychological assessment should explore the key areas of your child's development. This is usually through observation in school and/or the family home. The EP might also work directly with your child. In their assessment, the EP will focus on the following areas with a greater focus on areas where your child might experience the most need:

- Cognition and learning (maths, literacy, problem solving, concentration and attention skills).
- Social communication and social interaction (how your child communicates with others and how they understand the complex rules of interacting with others).
- Social emotional and behaviour (your child's emotional wellbeing and how they regulate their emotions).
- Physical development (their ability to move around and manage their environment).
- Additional medical needs that might impact on their development.
- Independence and self-help skills (are these in line with what other children of a similar age are usually able to do)?
- Social needs (activities your child requires outside of school that help them to be part of the wider community, e.g., sports, clubs and interests).

# **Autism support team**

### **What do the Autism support team (AST) do?**

The AST is a small team of professionals who specialise in autism, this includes specialist Teachers, specialist teaching assistants, specialist speech & language therapist, post diagnosis support worker and early years autism support officer. They provide an outreach service to Early Years providers and maintained primary schools in the borough of Southwark.

### **How can my child receive support from the Autism support team (AST)?**

The request for support is initiated by the educational setting with parental consent. However parents can also access various supports via self-referral. This includes recommendations, coffee mornings and online training. Please see link below for further details:

<https://localoffer.southwark.gov.uk/education/specialist-services-offered-by-the-council/autism-support-team>

### **What support do schools receive from the Autism support team (AST)?**

The outreach role is to support the class teacher, teaching assistants, early years practitioners and other members of the educational setting to meet the individual teaching, learning and wellbeing needs of autistic children in their nursery/school.

The following support can be provided:

- Observation of the child at nursery/school, providing feedback, advice and recommendations, including support with target setting.
- Planning support- differentiating the curriculum
- Resource development- visuals supports, reward system, task checklist
- Monthly drop –in for Teaching Assistants
- Attendance at meetings- Annual Reviews (AR), Team Around the Child (TAC) and Team Around the Family (TAF)
- Transition Support - nursery to reception, year 6 to year 7
- Training

## **Other**

### **Who can I speak to as I have a question that you have not dealt with here?**

Please speak to the school SENCO.