

The Core Offer for Children and Young People with Speech, Language and Communication Needs in Cambridgeshire

The speech and language therapy service in Cambridgeshire provides evidence-based support for children and young people with speech, language and communication needs (SLCN). The service also provides evidence-based support for children with dysphagia (difficulties with swallowing and/or chewing.)

We operate an 'episode of care' model which means that the child or young person will be placed on an agreed care pathway and will receive appropriate, evidence-based intervention according to their needs. The episode of care will then be closed and the child discharged from the service.

We work in collaboration with parents and other professionals as a multiagency team to provide the most appropriate support for the person with SLCN.

Our Team

We are a team of Health and Care Professions Council (HCPC) registered speech and language therapists, supported by assistants, working across Cambridgeshire in 3 main geographical areas:

- Cambridge City and South
- East Cambs and Fenland
- Huntingdon

We provide services to:

Children and young people aged 0 – 19 with a range of speech, language and communication needs (SLCN) including:

- Speech sound difficulties (that affect clarity/intelligibility)
- Understanding of spoken language (receptive language or comprehension)
- Using words and talking in sentences (expressive language and communication)
- Stammering or stuttering (dysfluency)
- Voice difficulties (e.g. hoarseness)
- Eating and drinking difficulties.

How to access Speech and Language Therapy

We operate an open referral system which is usually via educational settings or direct from parents. The referral is triaged by an experienced speech and language therapist, who will decide whether to accept the referral. If in doubt, we will contact the referrer for more information.

Making a referral

- Attend a drop-in (available dates are on our website)
- Talk to your child's educational setting for guidance

Referrals for CYP with the following difficulties are not accepted in to the service and where appropriate, should be referred to another agency.

- Speech delay less than 6 months than the expected range
- Language delay less than 6 months than the expected age.
- Where behaviour is the primary difficulty
- Where attention and listening is the primary difficulty
- Where sensory difficulties are the primary concern
- Selective Mutism
- Dyslexia
- Children with EAL who do not have difficulty in their first language
- Children who have been seen by the service, whose needs have not changed since the previous intervention

How we assess CYP

We may *informally* assess using observation and appropriate activities or may use *formal*, standardised assessments when appropriate. This will take place at a specified time and will be discussed with your therapist at the first appointment.

Decisions about intervention are made on an individual basis according to the CYPs strengths and difficulties and the likely outcome of therapy.

Clinical intervention we provide

If the child has identified SLCN, they will be placed on the most appropriate care pathway and will discuss this with you following the assessment. Therapy will then consist of one or more of the following:

- Advice and close the episode of care (EOC)
- Advice, demonstration sessions and close the EOC
- Group sessions and close the EOC
- Individual sessions and close the EOC
- Training for parents and/or educational settings and close the EOC

Intervention we do not provide in our Core NHS Offer.

- Social skills groups
- Direct Intervention for children presenting with social communication difficulties but with language skills within the expected range.
- Direct one-to-one speech sound work for children under 3 years
- Direct intervention for children diagnosed with global developmental delay or learning difficulties where language is progressing in line with rest of development and learning.
- Direct support for reading and writing

(N.B. Some settings purchase an enhanced service from us.)

Where we see children and their families

Most often:

- Clinics
- Education settings

Less often:

- At home
- In hospital