

# CFHD Pathways

Service Development

February 2024



Children & Family Health Devon

# Introduction



The contract to provide children's services transferred to TSDFT on behalf of the Alliance on 1 April 2019. 489 staff transferred employment into either TSDFT or Devon Partnership NHS Trust (DPT) via TUPE transfer. CAMHS staff transferred from Virgin Care to DPT, Therapies and Nursing staff transferred from Virgin Care to TSD and some to DPT.

The new model required a large-scale transformational change programme to be undertaken, and staff consultation and engagement has been underway in various forms since 2019 until its successful conclusion in February 2023.

The proposed service model was developed in response to the commissioning strategy, service specification and bid. In preparation for the procurement of the children's community health services contracts, extensive engagement and co-production was undertaken with children, young people, families and a wide range of other stakeholders including partner organisations.

# Principles



Taking account of the above, the following set of design principles have shaped the new service model;

- Deliver high-quality, outcomes-informed, compassionate care
- Accessible to all who need it across all of our communities
- 11 needs-based pathways provided in 3 localities, 1) North Devon, 2) Torbay, South and West Devon and 3) Exeter and East Devon
- Provide evidence-based care and treatment and make use of routine outcome measures
- Children are able to access the same range of services and quality of care and access wherever they live
- Children and young people with multiple or complex needs receive care which is integrated and co-ordinated across specialties and agencies.
- Children and young people are protected from harm – staff are skilled, knowledgeable and effective in safeguarding practice

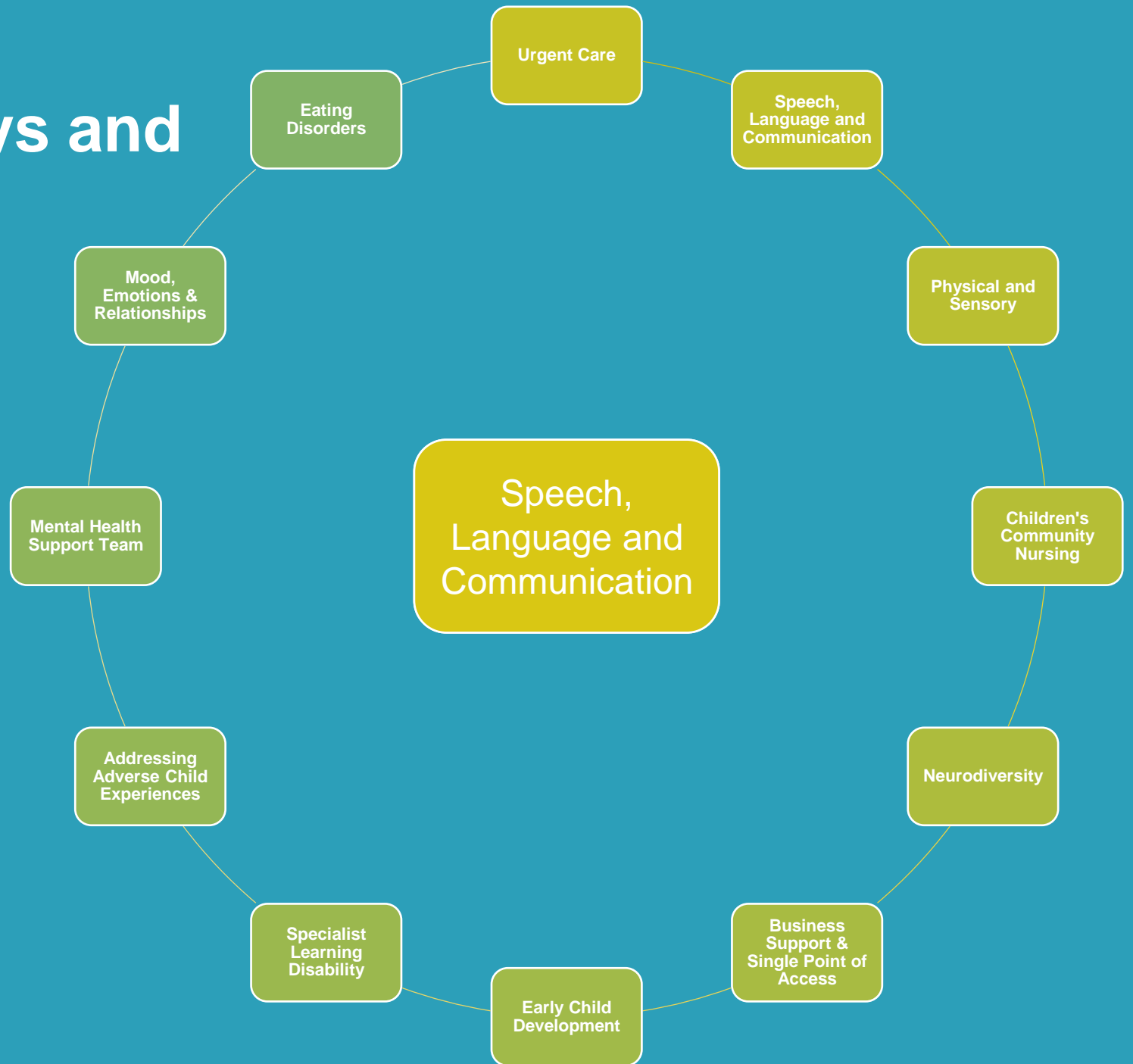
# Principles



- Children and young people and their families, are treated with compassion, understanding, respect and dignity
- A service organised to support children, young people and families to maintain their own health and well-being, and for those who are unwell, to recover or live their best lives
- A service offer, which is needs-based,
- Children, young people and their families involved in shared decision making about their care and in how services are designed, governed and delivered
- Delivered by compassionate, well-trained, knowledgeable staff
- A service which is delivered efficiently and effectively,
- A service offer that makes good use of digital delivery methods to provide information, advice, care and treatment as well as face-to-face interventions.

# 11 Integrated Pathways and Services

- Urgent Care
- Speech, Language and Communication
- Physical & Sensory
- Children's Community Nursing
- Neurodiversity
- Business Support & Single Point of Access
- Early Child Development
- Specialist Learning Disability
- Addressing Adverse Child Experiences
- Mental Health Support Team
- Managing Mood, Emotions & Relationships
- Eating Disorders



Speech and Language therapy now have a presence in 5 of the 11 pathways:  
This supports multidisciplinary working

- **Speech Language and Communication** – Speech sound disorders, language disorders of dysfluency, cleft lip and palate, voice disorders, some social communication disorders ( if there is a clear speech and language difficulty)
  - **Managing Mood, Emotions and Relationships** – Selective Mutism
  - **Physical and Sensory** – School age complex and profound needs, Dysphagia, d/Deafness and multi sensory impairment.
  - **Early Childhood Development** – pre school social communication difficulties and multiple complex needs
- \* **Addressing Adverse Child Experiences** – Youth Justice and Atkinson Children Home

# What are we doing next?

- New website – currently under construction
- Additional resources to include
  - New Training videos
  - Screening tools to support identification
  - How to videos – when and how to refer
  - Links to national and local training packages
  - Links to the graduated response
  - New request for support form - under development
- All of this feeds into our new pathways which have been based on the Balance System Approach

# Developments within the main Speech Language and Communication Pathway

Devon County Council have commissioned services from Better Communication CIC in order to support us to develop pathways based on the Balance System

The Balanced System<sup>®</sup> framework is a way of making sure that in a setting, school or local area, the right provisions are available for parents, carers and professionals to help children and young people develop their speech, language and communication.

The framework is organised in five strands or themes and across three levels. All of these are important to get the whole system working at its best.



# Balance System Principles



# Who does what, where, when and how?



**Specialist** – Speech and Language Services

**Targeted** – Settings, Communication and Interaction Team, Health Visiting , Speech and Language Services, School Nurse, County Council

**Universal** - Settings, Communication and Interaction Team, Health Visiting , Speech and language Services, School Nurse, Action FOR Children , website and other signposting such as Speech and Language UK , NAPLIC etc



Refer for specialist support if any specific needs identified

Identify level of language need. Complete Language Enrichment Groups or groups/resources e.g. Speech/Language Link / TalkBoost Wellkom etc screening



Implement strategies suggested from screening, share resources and model with parents.



Review impact. E.g. via a screen

Share communication information with families at the earliest opportunity.

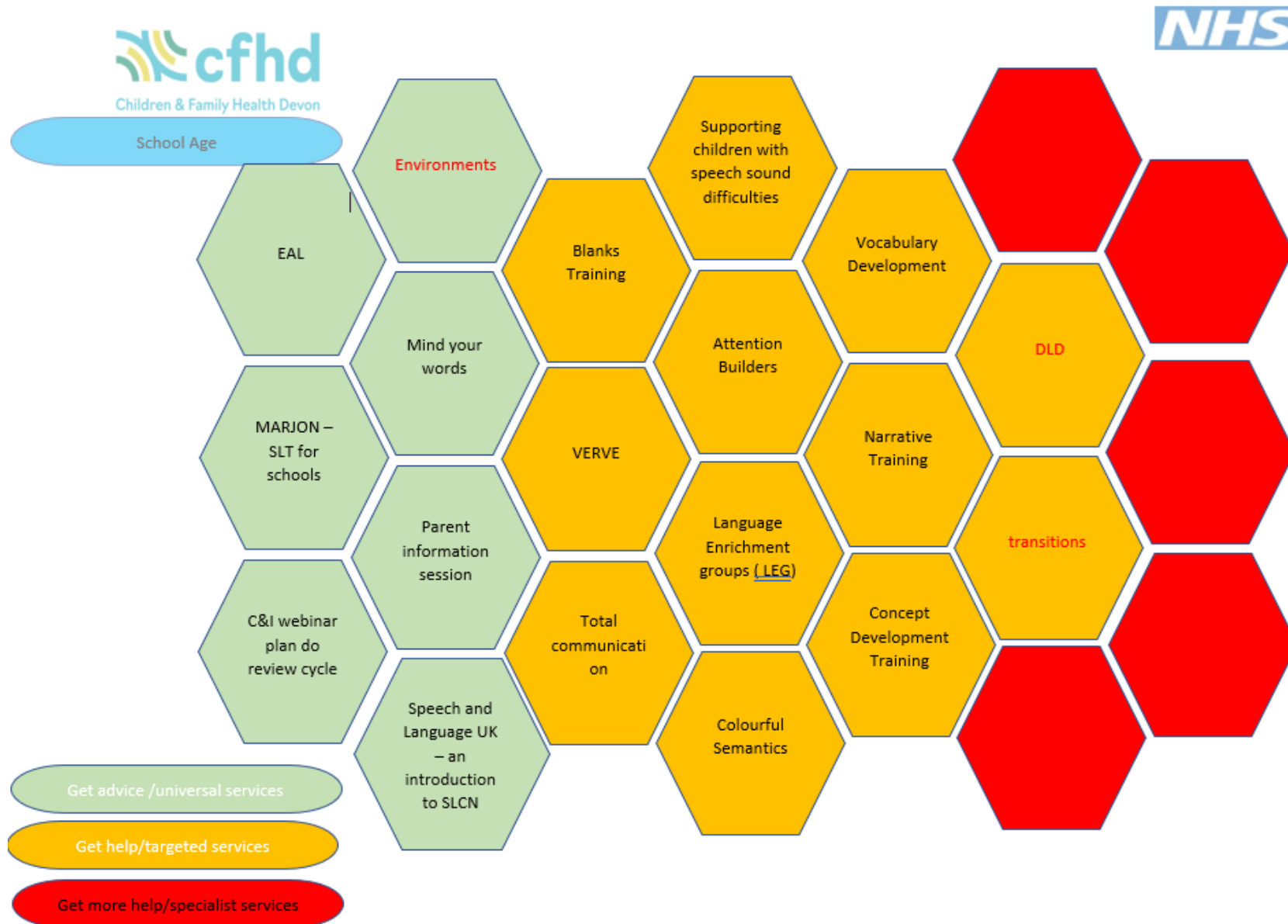


Implement a high-quality communication strategy



Signpost parents to places and services that will support communication development.

# Identification - Training offer



# Identification- SEMH/SLCN

High rates of undiagnosed SLCD in the following groups:

Looked After Children (adopted)

Children at risk of school exclusion

Children in contact with the criminal justice system (Devon YIT/YOT)

Children failing literacy assessments

Children with emotional difficulties

And any child with behaviour that challenges

If you are seeing certain behaviours in the classroom, consider language. When communication is impaired, behaviour may be one of the first outward signs people notice. Disruption draws in more attention than the pupil that quietly gets on with their work.

You might notice a pupil's attention wandering, distracting others, not following directions, disruptive behaviour during particular lessons - especially those that rely on listening, reading and writing and have less of a practical element.

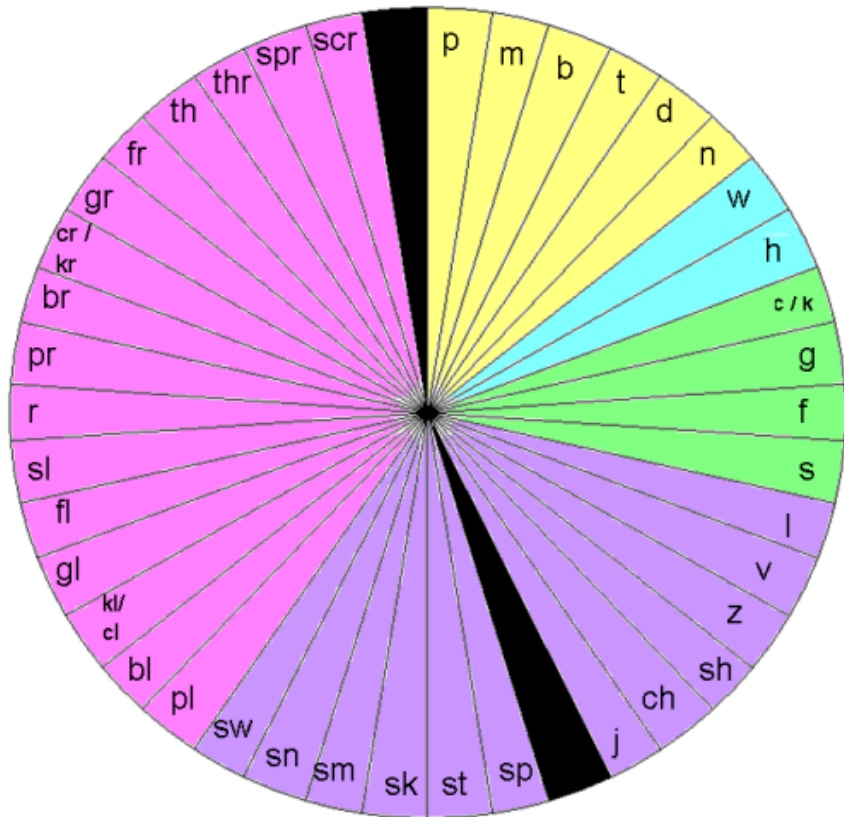
Pupils that are struggling may not want to alert their teacher to the fact they are having difficulty. If most of the other children can do the work, they don't want to stand out. They may prefer to be reprimanded for the behaviour than admit they do not understand the lesson.

If you would like to discuss concerns further we have an advice line and, you can do a language screen .

# Identification - Speech sounds.

## Speech Sound Development Wheel

The wheel below shows you which sounds develop when in children's speech.



### Key

|  |               |
|--|---------------|
|  | 1 ½ - 2 years |
|  | 2 ½ - 3 years |
|  | 3 - 4 years   |
|  | 4 - 5 years   |
|  | 5 - 7 years   |

Adapted from versions by Speech and Language Therapy department, Cambridgeshire Community Health Services

# Identification- Language

- Developmental Language Disorder-

## Do you know about....

### Developmental Language Disorder (DLD)?

DLD “captures the **exceptional problems** that some children have in learning and generalizing certain language skills“. These communication difficulties can impact on and create obstacles to making friends, learning, written language and emotional well-being.

*(Supporting Children with Developmental Language Disorder in Ireland, IASLT Position Paper and Guidance Document, 2017; 22)*

### DLD

- Can be lifelong, with continuing language difficulties
- Can have a functional impact on participation in many aspects of life
- Can be helped with specialist support
- Affects about 2 in every class of 30 primary school children

### Children with DLD may...

- Not be able to retell a story with all of the information included
- Have poor listening skills
- Not be able to contribute verbally in class
- Try to opt out of social situations
- Not follow instructions completely
- Make mistakes when pronouncing words and sounds
- Struggle to learn to read
- Avoid putting their hand up in class

**Hidden but common**

RADLD Campaign Raising Awareness of DLD



# Identification – Typical Language



## Checklist

For ages 5-11

Use this checklist if there is a child in your care who you think may have speech, language and communication needs. Read each statement and then tick the 'R' (red) column if the child strongly matches the statement, 'A' (amber) column if they occasionally match the statement and 'G' (green) if they do not match the statement.

| Talking difficulties – what you might see and hear   | R | A | G |
|--|---|---|---|
| <b>1. Do they have a limited vocabulary? Do they...</b>  |   |   |   |
| a. Use less words than other children their age  |   |   |   |
| b. Over-use general words – 'thingy', 'that', 'put', 'get'   |   |   |   |
| c. Use the wrong words for things – 'shark' instead of 'whale', or make up their own words like 'cuttergrasser' (lawnmower)  |   |   |   |
| d. Use lots of fillers or hesitates a lot – 'um', 'er', 'y'know... like'   |   |   |   |
| <b>2. What are their sentences like? Do they...</b>  |   |   |   |
| a. Miss out the small words in sentences that carry less meaning – 'a', 'the', 'is/was', 'and'   |   |   |   |
| b. Miss off the endings of words – 'ing', 'ed', 's'  |   |   |   |
| c. Sound muddled or disorganised when talking in longer sentences  |   |   |   |
| d. Recall and re-tell events in a way that makes them difficult to follow  |   |   |   |
| <b>3. Is their speech unclear? Do they...</b>  |   |   |   |
| a. Miss out sounds from the beginning, middle or end of words, or use only a limited range of different speech sounds in their talking                               |   |   |   |
| b. Substitute one sound for another – 'a tup of toffee' (a cup of coffee), 'lellow' (yellow)   |   |   |   |
| <b>4. Do they have a stammer or stutter? Do they...</b>  |   |   |   |
| a. Prolong or repeat some sounds or words, e.g. (b...all, or b-b-b-ball, or ball-ball-ball) or get 'stuck' on a word and no sound comes out                          |   |   |   |
| b. Try to hide their difficulties by avoiding speaking in certain situations, or change what they were going to say mid sentence to avoid a word they find difficult |   |   |   |
| <b>5. Do they have literacy difficulties? Do they...</b>   |   |   |   |
| a. Struggle to recognise initial sounds or sound out words   |   |   |   |
| b. Struggle with organising text in written work, with words missed out, and lots of grammar errors you wouldn't expect for their age                                |   |   |   |
| <b>6. Do they have behaviour difficulties? Do they...</b>  |   |   |   |
| a. Have low self-esteem, seem withdrawn, do not initiate speaking in class, or become frustrated   |   |   |   |
| <b>7. Do they have social interaction difficulties? Do...</b>  |   |   |   |
| a. Other children find it difficult to understand them or possibly tease them about their talking  |   |   |   |

| Listening difficulties – what you might see and hear   | R | A | G |
|--|---|---|---|
| <b>1. Do they find it difficult to listen or understand? Do they...</b>                        |   |   |   |
| a. Fidget or not engage with tasks   |   |   |   |
| b. Struggle to follow long or complex sentences  |   |   |   |
| c. Watch other children so they can work out what to do or are the last to follow instructions |   |   |   |
| d. Concentrate on non-verbal tasks for much longer than verbal ones                            |   |   |   |
| <b>2. Can they understand questions? Do they...</b>  |   |   |   |
| a. Answer with an irrelevant comment   |   |   |   |
| b. Repeat part of the question   |   |   |   |
| c. Answer a slightly different related question  |   |   |   |
| d. Not respond   |   |   |   |
| <b>3. Does new or less frequently used vocabulary take a long time to learn?</b>               |   |   |   |
| <b>4. Do they struggle to distinguish the difference between sounds in words? Do they...</b>   |   |   |   |
| a. Struggle to break up words in order to read or spell  |   |   |   |
| b. Struggle to count out syllables in words  |   |   |   |
| c. Struggle to match sounds and letters  |   |   |   |
| <b>5. Do they have literacy difficulties? Do they...</b>                                       |   |   |   |
| a. Have difficulty understanding what they've read and making inferences                       |   |   |   |
| <b>6. Do they have behaviour difficulties? Do they...</b>                                      |   |   |   |
| a. Have disruptive behavior or do they withdraw from activities/conversations                  |   |   |   |
| <b>7. Do they have social interaction difficulties? Do they...</b>                             |   |   |   |
| a. Have difficulties making friends or joining in with group activities                        |   |   |   |

| Difficulties taking part – what you might see and hear   | R | A | G |
|--|---|---|---|
| <b>1. Do they find it hard to understand the rules of conversation? Do they...</b>                 |   |   |   |
| a. Avoid eye contact or stare at people when they are talking                                      |   |   |   |
| b. Struggle to take turns, interrupt too much, take over conversations or struggle to get involved |   |   |   |
| c. Misunderstand other people's feelings and facial expressions                                    |   |   |   |
| <b>2. Do they struggle to talk and listen with other children? Do they...</b>                      |   |   |   |
| a. Have difficulties joining in with group conversations, games and activities                     |   |   |   |
| b. Fail to notice what others are doing or fail to pick up clues about how they are feeling        |   |   |   |
| c. Take over, get things wrong, or disrupt games   |   |   |   |
| d. Have situations when other children do not want to play or partner with them                    |   |   |   |
| <b>3. Do they take things literally? Do they...</b>  |   |   |   |
| a. Struggle to understand jokes, idioms, sarcasm or metaphors                                      |   |   |   |

On completing the checklist, if a child rates amber or red, this may be a cause for concern, so in the first instance you may find it useful to refer back to the Universally Speaking booklet to check their development in more detail and talk to their parents about your concerns. Universally Speaking may also be useful in supporting you to monitor progress. Where children have mainly red and amber ratings, it will be important to consider further assessment, so discussing this with your SENCo and the child's parents will be an important next step.

You could also consider other assessments (there is a range of assessments on Pearson Assessment's website: [www.psychcorp.co.uk](http://www.psychcorp.co.uk)) or use a Progression Tool to help identify where children are at in relation to their age and how they are progressing with developing these vital communication skills. The Progression Tools will give information to help you decide whether a child would benefit from a targeted intervention or whether they may need more specialist assessment and support and need referring to a speech and language therapist. More information about the Progression Tools can be found at [www.thecommunicationtrust.org.uk/resources/resources/resources-for-practitioners/progression-tools-primary/](http://www.thecommunicationtrust.org.uk/resources/resources/resources-for-practitioners/progression-tools-primary/)

Visit [www.talkingpoint.org.uk](http://www.talkingpoint.org.uk) for more information or use the more detailed checklist in the publication *Don't Get Me Wrong* available at [www.talkingpoint.org.uk/resources/dont-get-me-wrong](http://www.talkingpoint.org.uk/resources/dont-get-me-wrong)

## Universally Speaking Age 5-11



PEARSON



# Identification – Language Informal

- Class observations
- Observing interactions with peers
- Are they looking to others before carrying out an action?
- Non-specific language i.e. this , that, there
- Observing levels of play
- Behaviour – disruptive but also overly quiet or freeze / refusal ?
- Attention and listening skills
- Narrative from home

# Identification- Language Enrichment Groups (LEG)

The LEG package consists of:

- An initial 1.5 hour training session with the team to outline the offer.

Then you have access to:

- A screening tool to establish a child's language levels pre- and post-intervention
- A therapy pack to carry out group sessions to support language skills, complete with resources and activities for children up to end of Key Stage 2.

# How will LEG benefit you?

The package:

- Is designed to be used alongside and in addition to the current CFHD Service.
- Is a chance to upskill staff who are passionate about communication.
- Provides targeted support for identified children.
- Is time-saving for staff; as children can be grouped, working on the same target rather than working on individual programmes.
- Gives support for children before the gaps widen by providing early intervention to support children.
- Gives your school access to a huge amount of resources which can be used again and again.
- Allows staff to become familiar with a type of support that can be used across all the key stages.

# Referral

- Open referral system – request for services forms are all available on the website
- Any additional information that can be sent alongside the form will be beneficial e.g. Language Link, speech screener etc , reports from other professionals
- Parental consent is essential – if support is needed with the family to engage, please make it known on the form e.g. if you want a copy of the letters etc
- When referral received it is triaged with a decision
- Referral may or may not be progressed or more information requested
- If referral is not progressed further signposting will be provided and recommendations made.
- If the referral is progressed further information will be sought from the family such as case history and further specialist assessment will be arranged if required.