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1 Mission Statement

The Speech and Language Therapy Department of the Brothers of Charity (Southern Services, Cork and Kerry) acknowledge the importance of communication skills in the facilitation of a service user’s full potential. We recognise that communication is an integral part of the overall objective of developing relationships and fostering independence. We endorse the Brothers of Charity Services Ethos Document – “Going Forward Together” (2001).

“We encourage the development of the five accomplishments that further the inclusion of people with a disability – community presence, relationships, choice, competence, and respect.” (ibid 1.2).

“We value the expertise of families and what they contribute to our services (ibid 2.11).

We aim to provide the service users, families/caregivers and the support staff with a service, which will help to achieve this.
2 Introduction

The purpose of this document is to provide information on service delivery to:

- Service users
- Family/Carers
- Team members
- Other relevant professionals
- Community.

Henceforth:

**Department** refers to the Department of Speech and Language Therapy Services, Brothers of Charity Southern Services.

**Therapist/SLT** refers to Speech and Language Therapist.

**I.A.S.L.T.** refers to the Irish Association of Speech and Language Therapists.

**R.C.S.L.T and College** refer to the Royal College of Speech and Language Therapy.

**Family/Caregiver** refers to all those working with or living with the service user.

This document was compiled by the Department of Speech and Language Therapy, Brothers of Charity, Southern Services.
3 Role of the Speech and Language Therapist.

The role of the SLT is multifaceted and is best illustrated by Figure 3.1

**THE SERVICE USERS’ NEEDS AND CURRENT AVAILABILITY OF SERVICE PROVISION DETERMINES WHICH ELEMENTS OF THIS DIAGRAM ARE REQUIRED AND THE PROPORTIONS THEREOF. THEREFORE THIS DIAGRAM IS NOT PROPORTIONALLY REPRESENTATIVE**

Fig. 3.1: Overview of Speech and Language Therapy Service.
An expansion of figure 3.1 follows:

**SERVICE OVERVIEW**

3.1 **Referral:** Referrals accepted from multi-disciplinary staff, school principals and school teams, sector managers, sectoral teams and families of service users

3.2 **SLT Delivery:**

![Service User Diagram]

- **Initial Assessment, Diagnosis, Therapeutic intervention, Review and Management.**

3.3 **Assessment/diagnosis:**
   - To assess the service user’s communication strengths and needs.
   - To assess the service user’s oral skills pertaining to speech, eating, drinking and feeding skills.

3.4 **Caseload management:**
   - The role of the SLT in Intellectual Disability service provision is:
     - 3.4.1 To work as part of a multidisciplinary team providing a well coordinated intervention programme
     - 3.4.2 To carry out a full communication needs assessment of service users.
     - 3.4.3 To provide specific training to families/caregivers, existing and new staff and students.
     - 3.4.4 Onward referral and discharge.

3.5 **Therapy:**
   - To implement therapy intervention programmes.

3.6 **Administration:**
   - 3.6.1 To plan therapy intervention programmes.
   - 3.6.2 To maintain accurate treatment notes.
   - 3.6.3 To provide relevant letters and reports.
   - 3.6.4 To attend meetings.
   - 3.6.5 To update clinical equipment.
3.6.6 To provide statistical information.
3.6.7 To contribute to service planning.

3.7 **Programme Provision:**
To plan, resource, produce and deliver therapy intervention programmes.

3.8 **Professional Development/Research:**
3.8.1 To update clinical skills of S.L.T.s by attending courses, researching and liaising with colleagues
3.8.2 To be involved in individual and collaborative research.

3.9 **Training:**
To provide training to families/caregivers and staff in relation to communication.

3.10 **Consultative/Resource:**
To provide consultation and act as a resource for Brothers of Charity teams and outside agencies.

3.11 **Service organisational issues:**
To participate in service organisational issues as requested by the Director of Services through line management.

3.11 **Liaison:**
To liaise with:
- Family/caregivers.
- Multidisciplinary team.
- Care staff.
- School staff.
- Specialist services within the Brothers of Charity.
- Specialist services from outside agencies.
- Departments of Health & Children and Education & Science personnel.
- Community.
4 Early Intervention
When working in early intervention, liaison between all primary people involved with the service user should be maintained. The SLT assessment is an integral part of the overall multidisciplinary team assessment.

Fig. 4.1: Model of Speech and Language Therapy input to Early Intervention:

SERVICE USER & FAMILY

Following referral: Assessment, Diagnosis and Review of: a) Communication and b) Eating, Drinking & Swallowing

SLT THERAPY PROVISION

Transfer of skills to family/caregiver, S.L.T. support workers, frontline staff (specialist preschool staff, generic preschool staff). Training courses. Staff training.
- Liaison with other professionals as part of a team.
- Working as part of multidisciplinary team.

Creating a Communication Environment through:
- Creating and using communication opportunities.
- Communicating with child using: Reduced language, Lámh (signing), Gestures, Visual systems e.g. pictures/objects, PECS, Technological Aids.
- Language development techniques e.g. Hanen, labelling, prompting, modelling, commenting etc.
- Creating structured environment, e.g. TEACCH principles.

Individual and/or group therapy, (block or ongoing) and carryover and generalisation of teaching targets in the following areas:
- Language: receptive, expressive and social use of language
- Phonology (speech sound system)
- Augmentative communications systems e.g. Lámh, picture systems
- Voice
- Fluency
- Eating, Drinking & Swallowing.
4.1 **Referral:**
Referrals of children between birth and six years will be discussed at the multidisciplinary team meeting and the appropriate professionals will be identified for involvement in the child’s initial assessment.

4.2 **Assessment:**
4.2.1 Assessment may take place in conjunction with other team members. Assessment may be formal and/or informal according to the child’s individual needs, and may need to take place in a range of locations, e.g. clinic, school, home.
4.2.2 Family/caregiver involvement is essential to enable a full case history to be taken. This will normally include a full assessment of the child’s communication skills and needs.
4.2.3 The assessment may include an evaluation of the child’s eating and drinking skills.
4.2.4 The therapist will liaise with other team members and discuss their findings before making recommendations.
4.2.5 The therapist will discuss the assessment results with family/caregivers.
4.2.6 A written report will be compiled detailing the assessment findings.

4.3 **Intervention:**
4.3.1 Intervention may be carried out directly by the SLT or indirectly through programmes drawn up in conjunction with the other team members including family/caregivers. These programmes will have clearly defined goals and objectives for treatment.
4.3.2 Family/caregivers will be informed of the plans for intervention, and guided in the implementation thereof.
4.3.3 Treatment may be provided individually and/or in groups. These groups may involve other members of the multi-disciplinary team.
4.3.4 Family/caregivers will be informed of the plans for intervention, and guided in the implementation thereof.
4.3.5 Early intervention for those at risk of developmental disorders.
4.3.6 Treatment may be provided individually and/or in groups. These groups may involve other members of the multi-disciplinary team, who have been trained in language development techniques.
4.3.7 Regardless of the form of intervention, the SLT remains responsible for the child’s communication needs, for reviewing goals and revising programmes.
4.3.8 Liaison with other professionals should be maintained.
4.3.9 Close contact must be maintained when a non-SLT is carrying out a programme of therapy with the child.
4.3.10 For effective generalisation of communication/feeding goals, the active support of staff and family is essential.

4.3.11 N.B. therapists require post-graduate training to assess and treat eating drinking, and swallowing. Not all therapists are trained in this area.

4.4 Discharge:
When discharging to a second SLT or from the service, a full written report will be provided. This report will also make recommendations as to the need for future S.L.T. follow-up.

If the pupil’s family/caregivers requests a discharge then they will be required to complete a form stating that request.
5 Schools under the Patronage of the Brothers of Charity (Southern Services).

When working in schools liaison between all primary people involved with the pupil should be maintained.

Fig. 5.1: Model of Speech and Language Therapy input to Schools as part of a Multidisciplinary Team.

Service User and Family

Following referral: Assessment, Diagnosis and Review of: a) Communication and b) eating drinking, and swallowing.

SLT THERAPY PROVISION

- Transfer of skills to family/caregiver, S.L.T. support workers, frontline staff (teachers, Special Needs Assistants).
- Training courses.
- Staff training.

Creating a Communication environment through:
- Creating and using communication opportunities
- Communicating with child using:
  - Reduced language,
  - Lamh (signing), Gestures,
  - Visual systems e.g. pictures/objects, PECS
  - Technological Aids
  - Language development techniques e.g. Labelling, prompting, modelling, commenting etc.
  - Creating structured environment, e.g. TEACCH principles.

Individual and/or group therapy, (block or ongoing) and carryover and generalisation of teaching targets in the following areas.
- language
- phonology (speech sound system)
- augmentative communications systems e.g. Lámh, picture systems
- voice
- fluency
- Eating, Drinking & Swallowing.
5.1 **Referral:**
A service user is screened by the SLT to determine their communication needs.

5.2 **Assessment:**
May take place in conjunction with other team members, in the child’s environment and could be formal and/or informal in nature. Assessments may be reviewed on several occasions during the child’s time in school.

5.3 **Prioritisation:**
Whilst we recognise that pupils who require Speech and Language Therapy should have access to a specialist service based on needs, there are certain factors that influence this delivery. A prioritisation policy exists. The factors considered in this prioritisation are applicable to all aspects of the service.

5.4 **Intervention:**
5.4.1 Intervention may be carried out directly by the SLT or indirectly via programmes drawn up in conjunction with the other team members including family/caregivers. These programmes will have clearly defined goals and objectives for treatment.
5.4.2 Family/caregivers will be informed of the plans for intervention and the therapist will be available to families for consultation.
5.4.3 Treatment may be provided individually and/or in groups.
5.4.4 Regardless of the form of intervention, the SLT remains responsible for the child’s communication needs, for reviewing goals and revising programmes.
5.4.5 Liaison with other professionals should be maintained.
5.4.6 Close contact must be maintained when a non-SLT is carrying out a programme of therapy with the child.
5.4.7 For effective generalisation of communication goals, the active support of staff and family is essential.

5.5 **Review and Discharge:**
If the discharge is to another SLT, or service, a full report will accompany the pupil with permission from the family/caregiver. This report will also make recommendations as to the need for future S.L.T. follow-up.

If the pupil’s family/caregivers requests a discharge then they will be required to complete a form stating that request.
6 Special Classes attached to Mainstream Schools not under the Patronage of the Brothers of Charity.
When working in schools liaison between all primary people involved with the pupil should be maintained.

Fig. 6.1: Model of Speech and Language Therapy input to Schools as part of a Multidisciplinary Team.

**Service User and Family**

- Transfer of skills to family/caregiver, S.L.T. support workers, frontline staff (teachers, Special Needs Assistants).
- Training courses.
- Staff training.
- Liaison with other professionals.

**SLT THERAPY PROVISION**

- Following referral: Assessment, Diagnosis and Review of:
  - a) Communication and b) Eating, Drinking & Swallowing

- Creating a Communication environment through:
  - Creating and using communication opportunities.
  - Communicating with child using:
    - Reduced language,
    - Lamh (signing), Gestures,
    - Visual systems e.g. pictures/objects, PECS
    - Technological Aids.
  - Language development techniques e.g. Labelling, prompting, modelling, commenting etc.
  - Facilitating integration with peers in mainstream

- Individual and/or group therapy, (block or ongoing) and carryover and generalisation of teaching targets in the following areas:
  - language,
  - phonology (speech sound system),
  - augmentative communications systems e.g. Lámh, picture systems,
  - voice,
  - fluency
  - eating, drinking & swallowing
6.1 **Referral:**
A child is screened by the SLT to determine their communication needs.

6.2 **Assessment:**
May take place in conjunction with other team members, in the child’s environment and could be formal and/or informal in nature. Assessments may be reviewed on several occasions during the child’s time in school.

6.3 **Prioritisation:**
Whilst we recognise that pupils who require Speech and Language Therapy should have access to a Specialist service based on needs, there are certain factors that influence this delivery. A prioritisation policy exists. The factors considered in this prioritisation are applicable to all aspects of the service.

6.4 **Intervention:**
6.4.1 Intervention may be carried out directly by the SLT or indirectly via programmes drawn up in conjunction with the other team members including family/caregivers. These programmes will have clearly defined goals and objectives for treatment.

6.4.2 Family/caregivers will be informed of the plans for intervention and will be available to families for consultation.

6.4.3 Treatment may be provided individually and/or in groups.

6.4.4 Regardless of the form of intervention, the SLT remains responsible for the child’s communication needs, for reviewing goals and revising programmes.

6.4.5 Liaison with other professionals should be maintained.

6.4.6 Close contact must be maintained if a non-SLT is carrying out a programme of therapy with the child.

6.4.7 For effective generalisation of communication goals, the active support of staff and family is essential.

6.4.8 N.B. therapists require post-graduate training to assess and treat feeding and swallowing. Not all therapists are trained in this area.

6.5 **Review and Discharge:**
If the discharge is to another SLT, or service, a full written report will accompany the pupil with permission from the family/caregiver. This report will also make recommendations as to the need for future S.L.T. follow-up.

If the pupil’s family/caregivers requests a discharge then they will be required to complete a form stating that request.
7 Speech and Language Therapy Service for Adults.

At the present time there are no Speech and Language Therapy posts providing services to adults with intellectual disabilities within the Brothers of Charity (Southern Services). However, it is recognised by our Department and our profession that Speech and Language Therapists have an essential role with this population.

8 Conclusions.

All staff, present and future will strive to adhere to the policies and procedures outlined in this document. We recognise that changes in service delivery and therapeutic approaches will necessitate reviews of these policies in the future. We will endeavour to “ensure policies and procedures support the delivery of services through reviewing current practice against recognised best practice benchmarks.” (Quality and Fairness Theme 3 Action 3.3. Pub.2001).
9 References.

Going Forward Together – The Brothers of Charity Services Ethos (2001)


R.C.S.L.T.

National Health Strategy “Quality and Fairness – A Health System for You” (November 2001)

10 Bibliography.

