Making a request for assistance from Paediatric Speech and Language Therapy (SLT)

The following information is to assist individuals who may need to make a request for assistance from the Speech and Language Therapy (SLT) team who work with children and young people. The information includes who and why a request for assistance should be made but also outlines how SLTs might work. This guidance is part of a nationally agreed framework and will be in use across Scotland to minimise variation and ensure equity of access.

Purpose of SLT services

• To support children, young people and their families to self manage their concern/need regarding speech, language and communication.
• To support the other individuals involved with the child to promote wellbeing in relation to speech, language and communication (SLC).

SLT will receive requests for assistance (referrals) from other healthcare professionals, education, local authority and social care services as well as parents.

Standards of request for assistance

• Anybody is able to make a request for assistance; the request should be clearly discussed with parents/carers child or young person as appropriate first.
• The response to the request should be timeous and prioritised as to urgency dependent on the SLT unique contribution to reduce the impact on the child or young person in line with SHANARRI wellbeing indicators.

When assistance should be given

A request for assistance should be to address a specific concern/need identified where an SLT has a unique contribution to offer.

Assistance should be given where there is an identified impact on the child or young person’s wellbeing.
This will include impact on function, quality of life, participation, learning and also any growth or developmental concerns.

Core information for requests for assistance

Requests for assistance should be made electronically, where possible, and all mandatory information completed prior to forwarding to the following clinical mailboxes:

East Ayrshire -
AA-UHB.ClinicalPaediatricSandLTherapyEAST@nhs.net

North Ayrshire -
AA-UHB.ClinicalPaediatricSandLTherapyNorth@nhs.net

South Ayrshire -
AA-UHB.ClinicalPaediatricSandLTherapySOUTH@nhs.net

Individuals making a request will be notified of receipt of request and outcome.

To enable clinicians to make appropriate clinical decisions (triage) to determine what the response to the request and therefore next step will be, the following questions will be used. These questions may be used during a face to face appointment or by telephone. If it is a parent/carer making the request these questions may be send in advance of a telephone conversation.

1. What are the main concerns about your child at the moment?
2. What impact is this having on your child and family?
3. Is anyone else concerned? (Including extended family, education…)
4. Is your child receiving any additional support, including any other services involved or have they in the past?
5. What things have you already tried to help your child manage better?
6. What did you find was beneficial?
7. What do you want/expect?

Responses to request for assistance

The response to a request for assistance will be one or more of the following:
- Reassurance
- Signposting
- Advice
- Assessment
### Definitions

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<tr>
<th>Response to request for assistance</th>
<th>Outcome</th>
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<tr>
<td>• <strong>Reassurance</strong>: to relevant individual(s)</td>
<td>• Individual who makes the request for assistance is reassured.</td>
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<td>• <strong>Advice/education</strong>: provision of advice or education to a targeted population where recognised that without this assistance would not reach expected potential</td>
<td>• The individual seeking assistance is informed, confident and enabled to manage their concern/need.</td>
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<td>• Signposting</td>
<td>• Individual directed to appropriate resources.</td>
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<tr>
<td>• Assessment</td>
<td>• Assessment by SLT to enable a decision to be made as to the next step. This may or may not include intervention by SLT.</td>
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<td>• Intervention when required may be delivered in a number of different ways including individual, group, through education of parents/carers/education staff.</td>
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