

What are  
**Speech and  
Language Therapists?**

COMMUNICATION,  
EATING AND  
DRINKING

LANGUAGE AND  
SPEECH THERAPY





What are

## **Speech and Language Therapists?**

**Speech and Language Therapists (SLT) work with parents/carers and others to assess if a child has speech and/or language difficulties, communication or eating and drinking difficulties. The therapist will consider the difficulties the child has and the impact these will have on his/her life. If appropriate the therapist will decide how the child can be helped to reach their full communication potential.**

Anyone including parents can refer to Speech and Language Therapy. If anyone other than the parent is referring the child, the referral must always be made with the parent's consent.

Speech and Language Therapy services across Scotland are delivered in line with national and local priorities. The service delivered may change to reflect current staffing levels and resource demands.

## **WHY DO SPEECH AND LANGUAGE THERAPISTS SEE CHILDREN?**

As communication skills are crucial for intellectual, educational, social and emotional development Speech and Language Therapists work with children and young people who have problems with understanding, expressing themselves and using communication to socialise appropriately. They also work with children and young people who have difficulty with eating, drinking and/or swallowing.

## **WHO DO SPEECH AND LANGUAGE THERAPISTS WORK WITH?**

Speech and Language Therapists work in close partnership with the child and their family, education, social work, other healthcare professionals and the voluntary sector. Together they have a shared responsibility for meeting children's needs.

## **WHERE DO SPEECH AND LANGUAGE THERAPISTS WORK?**

Speech and Language Therapists work in a variety of settings such as nurseries, schools, clinics and other locations in the community.

## **WHAT DO SPEECH AND LANGUAGE THERAPISTS DO?**

### **A) REFERRAL**

When a referral is received additional information may be gathered and a decision will be made as to the appropriateness and urgency of the referral. The parent and the referrer will be informed of the decision and given further advice as appropriate.

## B) ASSESSMENT

Assessment may include information gathering from parents, families and others involved in the child's life and building on what is already known about the child from other agencies such as education and social work.

Assessment will include:

- understanding of spoken language and body language
- expression through speaking and body language
- production and use of sounds
- ability to use language in a social context
- play skills
- eating, drinking and swallowing

This may include formal and informal assessment such as observation.

The decision whether to offer further support from Speech and Language Therapy is based on the outcome of assessment, the impact of the difficulty on the child's life and the likelihood of effecting change at this time.

## C) REPORTING

Following assessment the outcome will be discussed with the parent and a written report will be sent to the parent and the referrer. The therapist may need to share this information with other people for the child's benefit. This will be discussed with the parents and referrer.



## **D) INTERVENTIONS**

There is a range of possible ways of supporting a child. These will always involve working with and through parents and others such as classroom assistants, speech and language therapy support workers, class teachers, learning support teachers, nursery workers.

Possible ways of supporting the child may include one or more of the following:

- Training and advice for parents/carers and other service providers (health, social work, education)
- Provision of programmes of work and ways of supporting the child in different environments and by different people
- Assessment and provision of communication aids and resources
- Involvement with educational and transition planning
- Direct therapy with child individually or in a group

Following the agreed period of support the child's progress will be reviewed in partnership with parents/carers and others and further recommendations and actions will be adopted according to the child's changing needs.

## **E) DISCHARGE**

The child will be discharged from therapy for one or more of the following reasons,

- Communication potential achieved
- Child not benefiting from therapy at this time
- Child/young person or family do not want to continue with therapy

## FINDING OUT MORE ABOUT SPEECH AND LANGUAGE THERAPY

Further information on your local Speech and Language Therapy service can be obtained from your health centre, GP practice or school.

More general information about Speech and Language Therapy is available from the Royal College of Speech and Language Therapists, Tel: 020-7378-1200 or [www.rcslt.org](http://www.rcslt.org)

Talking Point is an information resource for parents and professionals, focusing on speech, language, and communication difficulties in children - [www.talkingpoint.org.uk](http://www.talkingpoint.org.uk)

Speech and Language Therapists are graduate health professionals who must be registered with the Health Professions Council which is the regulatory body for all Allied Health Professions. You can check registration of any Speech and Language Therapist via [www.hpc-uk.org](http://www.hpc-uk.org)



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