Oxfordshire Protocol for Collaborative Working Between Speech and Language Therapists and Teachers of the Deaf

2010

Model protocol for joint working

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Joint Working Protocol

Aim:

The aim of this document is to promote joint working between Specialist Speech and Language Therapists (SLT) and Teachers of the Deaf. This will support and inform family centred working.

This joint working protocol should be shared with all new team members as part of their induction programme. It will be reviewed within teams on an annual basis.

The principals to promote joint working are:

- Mutual respect for the knowledge, experience and viewpoint of each professional.
- Mutual respect for the time constraints, work commitments and priorities of each professional.

Joint working practice will incorporate:

1. Roles and responsibilities
2. Referrals
3. Transparent information sharing
4. Practice
5. Multi-agency working – integrating statutory and voluntary/private sectors
6. Joint training – formal and informal

1. Defined roles and responsibilities

It is important to acknowledge that there are a number of areas of overlap in the roles of ToDs and SLTs. Joint working will help to lessen the workload for professionals and provide a joined-up approach for families.

It is noted that training received by ToD's includes areas also found within S&LT training (and vice versa) so the items listed below are to indicate a primary role.

Identifying roles:

SATOD Role	**Joint Roles**	**Speech and Language Therapy Roles**
	Overall knowledge of the child, child development and developmental delay. Knowledge of principles and practice of Early Support Programme including use of Monitoring Protocol	
	Knowledge of the family	
Audiological Management – knowledge of audiological technology and equipment in an educational setting and within the home	Assessment of language development, setting targets and discussing an appropriate intervention plan in different settings.	Assessment of whether linguistic development is delayed or disordered and appropriate therapy through consultation with ToD.
	Assess, monitor and facilitate language acquisition in various settings	Knowledge of phonological development and assessment and rehabilitation.
	Assess functional use of aided hearing including auditory perception Knowledge of auditory processing and functional hearing, assessment and rehabilitation	
	Review of functioning of CI in home and educational setting	Assessment and review monitoring for cochlear implant, bilateral assessment and BAHA and post –op rehabilitation
	Knowledge and assessment of linguistic development: oral, signed and augmentative	

	communication	
Knowledge of education settings and curriculum; impact of language on learning and how to differentiate to ensure access to learning	Awareness about deafness and its impact on social development and pragmatics	Assess, monitor and rehabilitation of voice and prosody
Provide advice and guidance and educational assessments to support access for examinations	Informal and formal assessment and therapy for language delay/disorder including video analysis	Specialist communication assessments: *refer to Appendix 2*
	Knowledge of attention and listening skills in a range of environments	Assess, monitor and facilitate feeding development
	Family "counselling" including NHSP and early diagnosis	
	Knowledge of Informed Choice, eg. communication options and education settings	
	Assessing and monitoring speech intelligibility	Therapy to develop speech intelligibility
	Understanding and appreciation of the role of the multi-agency team and roles within it	
	Joint INSET and transition planning	
	Joint input and target setting to IEPs and Annual Reviews	

It is important for professionals to be aware of the wider multi-agency team supporting the child and their roles so that information can be shared.

2. Referrals

The Speech Therapist of the HI area team will attend at least three local HSS Team Meetings to discuss referrals and collaborative practice.

- Early years
  - All newborns have Newborn Hearing Screening (NHSP) generally within a few hours of birth. Babies who do not pass the screen are referred for further diagnostic testing at the Paediatric Audiology department [Ref. to NHSP Protocol document – Appendix 1]
  - Once a positive confirmation of deafness has been made the HSS will be notified. The family key worker will provide written information on Speech and Language therapy and will involve the therapy team when the family are ready. This reflects family focussed working as promoted by Early Support materials. The HSS EY lead will notify AG of new referrals.
    The Area Speech and Language Therapist will discuss the referrals at HSS meetings
  - Oxfordshire Children's SLT Services have an open referral system; referrals are also be made by ENT, Audiology, Health Visitors or parents. SLT will then share this information with the relevant area specialist team, copied to Specialist Team Manager.
- School age children
  - Generally, children have been identified in the Early Years, if the hearing loss is significant, and support is provided as appropriate when the child transfers to a school
  - For children coming in to the County, Services will liaise to share information to ensure that an appropriate package is provided for the C/YP&F.
  - A first visit from SLT will be facilitated by the ToDs and will be made jointly, where possible.
  - Generally, children with profound and severe hearing losses will be seen by a Specialist Speech and Language Therapist; those with moderate and mild losses will usually be seen by the local School Therapist who can contact the Specialist Therapist for support.

NB:
For settings with Academy status and Independent Schools different rules apply so always check with your line manager before any visits are arranged.

- Post 16
  Students can make an informed choice and can self refer for therapy

3. Transparent information sharing

All aspects of management, (for babies, children or young people), including assessment, target setting, implementation and evaluation should be integrated. When professionals can work side by side, even occasionally, this will support the development of joint strategies.

Families will be consulted regarding the necessity for information sharing if multi-agency working is to be effective. All professionals involved should ensure working is family focused, reflecting their wishes and supporting the development of their understanding. Families should feel supported by transparent joint working.

Key areas to be considered:

1. Background information
2. Assessments
3. Report sharing and target setting (including Family Plans)
4. Transition
5. Resources and materials

<u>Background information</u>

These may be

- Specific family issues, concerns and anxieties
- Health and Safety issues for professionals in terms of home visiting eg mental health issues of family members, pets.
- Details of hearing loss and implications

<u>Assessments</u>

Details of:

- Findings from formal and informal assessment (results of assessments, video analysis etc) [Ref. Appendix 2. Collaborative Assessment list]
- Discussion about re-assessment and tracking (at least on an annual basis)

<u>Report sharing and target setting (including IEPs and Annual Reviews)</u>

- Targets should be set following discussion with professionals involved

- Setting targets collaboratively can avoid mixed messages being given to parents, young people or other professionals concerning practice. It is important

that targets are relevant and appropriate to the needs of the child.

- Reports need to be written following discussion so that they support each other
- There will be an identified 'working file' for SLT and ToD and other agencies to leave records of visits and support materials. This will be held at the educational setting.

Transition

- At points of transition, careful consideration should be given to individual need. This should be based on and reflect shared discussions informed by informal and formal assessments of progress.

Resources and materials

- Sharing and developing materials together can ensure the best use of sometimes very scarce resources

4. Practice

Support provision is based on the child's assessed (informal and formal) functioning.
Support is not a fixed level of input and will reflect a child's needs.

Criteria for involvement are set out below for each agency.

Hearing Support Service

These are based on the SESIP (South East Sensory Impairment Providers) Eligibility criteria which are currently being reviewed and therefore may be amended.

Eligibility	Support Allocation
Active caseload and/or Resource Base - very high level of support/probably includes pupils seen twice or more each week/may include HI Early Years children who have one visit but high level of multi-agency liaison required/reports required.	2 or more visits per week
Active caseload/Specialist HI Teachers decide on frequency and timing of visits/flexibility required/may include pupils seen for blocks of time/must let school know time and date of next visit/reports required.	Weekly, fortnightly or monthly
Active caseload/one or two visits annually/ troubleshooting for radio aids, hearing aids etc/may generate additional visit/single report giving advice specific to pupil/report on request from ST/TL for specific reason.	Twice termly (3 term year), termly (3 term year) or twice yearly visit
Unilateral hearing loss. Advice and reports sent to schools following visit at beginning of year	Annual
Pupil has no sensory impairment, conductive loss is resolved, child has moved away from LA, has left school, or is deceased.	Off caseload

Speech & Language Criteria
These are based on local prioritisation scales and on BCIG 'Guidelines'. The BCIG Guidelines are exactly this - guidelines for best practice. If someone with a cochlear implant is functioning exceptionally well there can be flexibility in post implant care recommended contacts.

Clinical Need	Clinical Group
High (Specialist HIMP SLT)	1. Speech intelligibility significantly affected 2. Language delayed by -1.5 to –2 standard deviations, below 6th percentile 3. Lack of progress and concern from other professionals for example Teacher of the Deaf 4. First year post implant 5. Severe or profound bilateral sensori-neural hearing loss 6. Under 5 years old 7. HI students with significant Speech and Language delay
Moderate (Specialist HIMP SLT)	1. Language is within normal range and speech is developing along typical developmental patterns, but is difficult to understand due to immature phonology and articulation
Mild (Locality based SLT with support / monitoring from specialist HIMP SLT)	1. Speech is intelligible but affected by some immaturities; speech development is following typical developmental patterns. 2. Language is –1 standard deviation below the norm, 7 – 16th percentile. 3. Following cochlear implant, speech and language is appropriate on assessment or in functional terms.

5. Multi-agency working - integrating statutory and voluntary/private sectors

- We welcome involvement with other agencies
- Assessments, targets set and reports should be shared with all relevant agencies
- If permission for liaison is denied by parent / carer, they will be made aware of implications of duplicate assessments being made and the limitations of collaborative work and progress for the individual child.

❖ Liaison and communication should occur regularly. It is recommended a minimum of 6 times per academic year in order to:
- Facilitate the therapeutic process

- Resolve potential conflicting professional issues
- Provide appropriate knowledge of local and national speech & language therapy service provision
- Develop mutual trust.

(RCSLT 'Working in Harmony' document available at: www.rcslt.org/resources/professional_standards/documents)

6. Joint training – formal and informal

- It is useful for SLTs and ToDs to attend the same training (both internal and external) where relevant, in order to discuss the implications for joint practice. Information following training should be shared eg via Team meetings.
- It would be useful, where appropriate, to consider ongoing involvement in each other's meetings.
- Provision of joint INSET should be planned and, where possible, delivered collaboratively.
- The Speech and LanguageTherapist attached to the HI Area will attend at least three local HSS Team Meetings a year, to discuss referrals and collaborative practice

Newborn Hearing Screening Programme (NHSP) Multi Agency Protocol

PRINCIPLES

- **Family Friendly**
- **Parent Partnership – involvement in strategic management of services through NHSP working / steering group and Deaf Interagency Group.**
- **Multi-agency working**

Report sharing with parental consent

Agreed referral protocols
Joint visits and joint working across services

- **Access to balanced and accessible information.**
- **Provision of information about voluntary sector services.**
- **Regular Interagency Monitoring and Assessment (Development of Communication and Language, Verification of aid fitting etc.)**
- **Audiology**
  Professionals work to nationally agreed paediatric hearing aid provision protocols and paediatric ear mould guidelines.
  Parent held records.
- **Lead Professional principle with access to other services (parent / carer led).**
- **Family Service Plans that are parent / carer led.**
- **Regular Audit**

Family Friendly Hearing Services

- In Oxfordshire all Service Providers are aware of the principle of Family Friendly Hearing Services and work together to develop interagency protocols.

- Staff are sensitive to the need to provide information in the family's preferred language where possible. This is usually through the provision of interpreters.

- There is on going audit of the Newborn Hearing Screening Programme through:

    - NHSP coverage rates
    - Referral rates
    - Age of confirmation
    - Gathering of the views and the experience of parents.

- The aim of all Services is to work in a child and family-centered way, respecting the right of the family to an informed choice about decisions affecting their baby.

Parent Partnership

Parents are actively involved in the strategic management of services through the NHSP Team Meeting, Deaf Interagency Meeting and 'Sign Up' each held at regular intervals throughout the year. Parents are represented at these meetings and bring forward the views of a wider group of families and carers.

Multi-agency Working

Through the NHSP Team and Deaf Interagency Meetings joint protocols have been established for referral and joint working between the Consultant Paediatrician, Paediatric Audiology team, NHSP team, Teachers of the Deaf, Specialist workers (Sensory Impairment Team) and Speech and Language Therapists There is close involvement with the Sensory Impairment team (Social and Community Services) Parents are given contact information for the Specialist worker with Deaf Children and their Families and are introduced to members of the team through the Pre-School Family Support Group. The interagency protocol between SENSS and the Sensory Impairment team details the arrangements. Multi-agency training between services takes place regularly.

Monitoring and Assessments

The Monitoring Protocol for Deaf Babies and Children developed through Early Support, the Department for Education programme for support in the Early Years, is available to all families. Guidance to complete this family held

record can be given by a range of professionals who are trained in its use and involved in working with a particular family. Professionals are sensitive to the needs of the family in determining when the Monitoring Protocol is introduced. Reports are shared with all professionals involved with the consent of the family.

Hearing Assessment

- All positive cases from NHSP screening will be followed up within one month unless deliberately delayed for diagnostic reasons or the follow up is refused by the family.
- Education Services will be informed of all true cases within 1 working day of confirmation. Parents will receive sensitive counselling and guidance about test results. At the time of diagnosis parents will be offered a follow up appointment to discuss the implications of their child's deafness arranged at a mutually convenient time. Parents will be given copies of audiological assessments including audiograms with a full explanation.
- If the child obtains clear responses on the hearing assessment an explanation of test results and a written record will be provided.
- Parents of confirmed cases will be given written contact details for the Advanced Practitioner from the Hearing Support Service (Special Educational Needs Support Services).
- Parents will also be given a yellow folder with contact details (e-mail and phone number) for the audiologist, the Hearing Support Service and support groups including the local NDCS group, the Oxfordshire Deaf Children's Society.
- Parents will be given a copy of the Early Support parent handbook on 'Deafness'
- Parents will be given clear information about planned follow up and management options. A written report detailing this will follow within two days.
- Parents will be offered a referral to a paediatrician, if not already under one, for assessment and aetiological investigations.
- The support offered will follow the principles of Early Support and parents' wishes with regards to intervention will be fully respected.

Hearing Aid Provision and Management

- If hearing aids are chosen by the family as part of the management of their baby's hearing loss they will be fitted for all true cases within four weeks of confirmation, unless deliberately delayed for management reasons.
- Children with permanent bilateral hearing loss will be provided with two hearing aids unless there are justifiable contraindications.

- Hearing aid fitting and assessment will be reviewed six weeks post fitting and then again at seven months when the child is able to perform behavioural testing. Hearing aid reviews can be arranged between these times if requested by parents or other professionals, if there are any concerns or new developments. Results from follow up appointments will be given to parents and with parental consent forwarded to the Hearing Support Service.
- At the first hearing aid fitting appointment parents are given a hearing aid management kit and the NDCS booklet about hearing aids.
- Ear moulds will be replaced as required (for very young babies this could be between 2 and 4 weeks). The time between impression taking and fitting of new ear moulds will be minimised by ensuring that the impressions are marked 'urgent – baby moulds'. Expected turn round time should be no more than three working days.
- Spare hearing aids will be immediately available to families to replace aids needing to be sent off for repair.
- Replacement aids following loss or damage will be issued free of charge.
- The Hearing Support Service will be provided with information on hearing aid settings and this will be updated as settings change.
- Parents will be provided with a hearing aid management kit, including a stetoclip and puffer for daily maintenance.
- Close links between Teachers of the Deaf and Audiology will be maintained. Reports will be copied between both Services. Concerns or problems should be acted on quickly via email or telephone conversations between Services.
- Parents will be given information about a range of hearing aid options including cochlear implants.

Lead Professional principle with family-led access to other services

THE FAMILY WILL BE OFFERED A CONTACT TEACHER OF THE DEAF (USUALLY A SENIOR MANAGER WITHIN THE HEARING SUPPORT SERVICE) AT CONFIRMATION OF DIAGNOSIS. THE SENIOR MANAGER WILL ARRANGE FOR A LEAD PRE-SCHOOL TEACHER OF THE DEAF TO MEET THE FAMILY WHO WILL:

- Be responsible for co-ordinating the early years support services for the family.
- Act as an advocate, where requested by the family, in the interest of the health, well being and education of the child.
- Respect the family's knowledge and understanding of their child's needs.
- Support the family in finding out services that are available to them and the differing roles of the professionals involved.
- Provide unbiased and clearly accessible information on a range of topics, including approaches to communication to enhance the information provided in the Parents Handbook. The Early Support

'Helping you choose' guidance is given to parents and used as a focus for discussion at Pre-School Support Group when appropriate.

- Provide support and guidance to the family in their chosen communication approach. If a sign based communication approach is chosen support will be provided to the family to develop signing skills.
- Monitor and offer advice and guidance in relation to their child's listening, communication, play, social and emotional development.
- Facilitate the production of a Family Service Plan and the circulation of this to all agencies involved, given the family's permission.
- Give the family information about the Pre-School Family Support Group and will arrange contact with other parents and voluntary agencies at the family's request.
- Support hearing aid verification through the provision of regular feedback to the Paediatric Audiology Team at the John Radcliffe Hospital, Oxford.

THE LEAD PROFESSIONAL WILL IDEALLY HAVE:

- Training and experience in working with pre-school hearing impaired infants and children.
- Training in early child development, audiological management and working with families.
- Experience of delivering a family-centred approach.
- Knowledge and understanding of different communication methods.
- An ability to fully support a family in their chosen communication mode.
- Facility to provide regular home support to the family, at a level they request at any given time, commensurate with their need.
- Ability to take ear mould impressions

NB A team of Teachers of the Deaf with pre-school experience cover the main school holiday periods so that the Hearing Support Service is accessible to the family all year round.

Family Service Plans

FAMILY SERVICE PLAN: FOR ALL MAIN CASE-LOAD INFANTS WITH A PERMANENT HEARING LOSS, WITH PARENTAL / CARER AGREEMENT

The expectation is that the FSP will be the only document used to target set and monitor progress through the early stages of infancy prior to the introduction of the IEP. Although this is an HSS document other agencies involved with the infant will be encouraged to contribute to it.

DRAWING UP THE FIRST FAMILY SERVICE PLAN

- The FSP should be completed with the family within the first three months following referral to HSS, the exact timing depending upon the readiness of each individual family.

REVIEW and SUBSEQUENT FAMILY SERVICE PLANS

- The first review should take place within three months of the first FSP being put into place.
- It should be completed with the parents at the review.
- In the first year following referral the FSP should be reviewed every three months.
- Following this the FSP should be reviewed at least every six months until the FSP is introduced at the first educational placement.

CIRCULATION

- Family
- HSS
- Paediatric Audiology
- SEN Casework Officer

Other professionals working in multi-agency support of the family, for example:

- Health Visitor
- Speech and Language Therapist
- Specialist Worker with Deaf Children and their Families (Sensory Impairment Service)
- Educational Psychologist
- Early Years SEN Inclusion Teacher
- Community Paediatrician
- Other Support Services

NB The family should be consulted about who will receive a copy of the FSP.

Monitoring and Assessment of:

Listening, Communication, Play and Social and Emotional Development

THE LEAD PROFESSIONAL WILL:

- Initiate use of the family-led Monitoring Protocol for Deaf Babies and Children. This will usually be within three months of confirmation of an infant's permanent bilateral hearing impairment, providing the family are supportive of this.
- Value and acknowledge the family's expertise in assessing their infant's progress.

- Monitor progress in the infant's development using the Monitoring Protocol and additional materials from HSS core assessments.
- With the family's permission keep an ongoing video / DVD record (initially six monthly) of the infant's developmental progress. The family will hold a copy that will be regularly updated.
- Work closely with the infant's caregivers to use the assessment formatively in the setting of short-term targets on the Family Service Plan.
- Summarise and circulate information to other professionals working with the infant. The family's consent will be obtained for this.

Audit

- 3 monthly reports are received from the National NHSP team on coverage rates, time to completion of screen, referral rates and outcome data. These are compared to the National Quality Standards. These are reviewed by the co-ordinator and team leader. Locally record are also kept of the:
  date first seen at audiology at ENT for diagnostic ABR
  date of confirmation of hearing loss
  date referred to teacher of the deaf for confirmed cases
- Referral rates for babies who have passed NHSP but have risk factors and are seen at 6 months at audiology at ENT are also recorded.
- Individual case review--at 6 monthly NHSP Team meetings all newly diagnosed cases are reviewed. This includes dates of screening, dates of audiological testing at ENT, date of confirmation of hearing loss (including older children with late diagnoses or progressive losses), date of fitting of hearing aid. This is done at a meeting with just professionals present, and the aim is to identify any causes of delay in confirmation of diagnosis or problems with pathway.
- Informal feedback from parent representatives of Oxfordshire Deaf Children's Society is gathered at the NHSP Team meeting. Also informal comments collected by professionals on their contact with parents of newly diagnosed babies.
- A survey of parents about NHSP and subsequent support is planned was done in 2007 and a further one is planned for 2010.
- The Service Audit Tool is used to audit the support provided by the agencies supporting families of newly diagnosed haring impaired infants.

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Appendix 2

Collaborative Language Assessments

Assessment	Early Years	Primary	Secondary
Monitoring protocol	C	(C)	
Schedule of growing skills	E	(E)	
Pre-school Language scales (SALT)(pub.Harcourt)	C	(E)	
Video record	C	C	E
Reynell (SALT)	E	(E)	
Schedule of Growing Skills II	E		
Pre-school CELF (SALT)	C		
CELF (SALT)		C	C
ACE		C	C
BPVS		C	C
Edinburgh and/or Suffolk Reading Test		C	C
WRAT		E	C
Renfrew Action Picture	E	E	E
Renfrew Bus Story	E	E	
Renfrew Word Finding	E	E	E
TROG			E
STAP	E	E	
STASS	E	E	
HARPA		E	E
KIDTRAX		E	
MALTBY and/or speech discrimination word/sentence lists		C	C
Cochlear implant assessments (SALT)	C	C	C

Integrated Scales of Development (SALT)	C		
TAP's (Test of Auditory Perception) (SALT)	C		
PETAL (SALT)		E	E
LASP (SALT)	E	E	E
Speech Intelligibility Rating (SALT)	C	C	C

Key
C CORE
E EXTENSION