

Speech and language therapy services in England supporting vulnerable children and young people during the COVID-19 pandemic

Royal College of Speech and Language Therapists (RCSLT) submission to NHS England

Context

- On 16 March the Government advised that people should work from home if they possibly can.
- On 19 March NHS England wrote to commissioners and providers of community health services advising that community paediatric speech and language therapy services should undertake segmentation to prioritise urgent care needs, with medium and lower priority work stopped.
- From 23 March all schools and early years settings in England were closed to the majority of pupils. While pupils with Education, Health and Care plans (EHCPs) are permitted to attend school, many parents are choosing to keep their children at home.

1. How have community paediatric speech and language therapy services responded?*

➤ **Immediate response**

Feedback from our members indicates that the immediate response of services included reviewing their caseloads to prioritise which work was essential and should continue, and which work would have to be paused. High priority work may include:

- Providing a dysphagia service – sessions are conducted by phone or video conferencing where possible, and only providing face-to-face appointments where essential, and appropriately risk assessed – in line with RCSLT guidance around personal protective equipment (see below).
- Providing an advice service to families of high risk children and young people with communication needs, delivered remotely – these may include those with safeguarding concerns, or where there is thought to be a significant risk to the child's mental health if they are unable to communicate with their families.

Some managers have been asked to consider which staff could be redeployed to other roles and made plans for service continuity should that be the case.

Speech and language therapists working from home were commonly asked to contact families on their caseloads to inform them of the changes to the service, and ensure all records and reports were up to date.

➤ **Ongoing response**

While uncertainty remains as to how and when paediatric speech and language therapists may be redeployed to other roles, services have started to develop new ways of working to enable them to support vulnerable children and young people whilst maintaining social distancing during the lockdown period.

Activities currently being undertaken by services include:

- Direct therapy sessions with children and young people via videoconferencing technology
- Telephone contact with parents - some services are having regular reviews with parents, offering advice by phone and offering to send intervention plans electronically or by post.
- Telephone contact offering advice and CPD for school staff and the wider workforce including social care and the justice sector
- Developing skills and guidance around telehealth
- Public health messaging and activities shared online and via social media
- Referrals continue to be accepted and triaged by phone
- Gathering information from families and schools on how they would like to be supported

Examples of activities which speech and language therapists have reported are included in Appendix A.

* While there will be variation in the way that services have responded, this submission provides an overview of the common responses based on intelligence from RCSLT members.

Case study: Getting Through COVID-19

In Worcestershire, some of the speech and language therapy team have been redeployed to provide support to vulnerable children, young people and families, who would normally receive support through services and settings which are currently closed. The project, Getting Through COVID-19, launched on 7 April and will be providing advice and support to families via email, telephone and online. For more information visit <https://www.hacw.nhs.uk/sltcovid19>

Are you a parent or a carer in Worcestershire?

Do you have children with additional needs or communication difficulties?

It is a difficult time for everyone. As adults it is difficult for us to take in all of the information and change that Covid-19 has caused in our lives.

It is even harder to help children and young people cope with all the uncertainties and disruption. Children who are feeling anxious and unsettled often show this in many different ways, including through their behaviour or communication.

We are here to help you.

You can email us for support - one of our team will call you back.

You can find resources related to Covid-19 on our website below. We are adding new resources every week.



Follow us on Facebook : Worcestershire Speech and Language Therapy

Find us on Twitter @SLT_Worcs

Website: <http://www.hacw.nhs.uk/sltcovid19>

Email: WHCNHS.sltcovid19@nhs.net

Getting through COVID-19



2. How has the RCSLT responded?

The RCSLT is enabling its members to continue supporting vulnerable children and young people by:

➤ **Publishing guidance on personal protective equipment (PPE)**

The RCSLT has published guidance for its members on PPE which is regularly reviewed. The guidance includes information on risk assessment, clinical judgement and new ways of working which are applicable to services for children and young people – see Appendix 2.

➤ **Providing guidance on how to respond to school closures**

The RCSLT has published information for members who usually work in education settings as follows:

The RCSLT would encourage speech and language therapy services and, where appropriate, individual members to make contact with the local authorities and schools they work in, and the families of the children they support, to discuss how information, advice and support can continue to be provided to staff, children and families. This may include considering the use of telephone, video conferencing and home visits where necessary. Risk assessments should be undertaken to protect the safety of children, families, school staff and speech and language therapists as far as possible.

➤ **Supporting capacity in the profession around telehealth**

The RCSLT are developing focused telehealth guidance to support our members in service redesign, information governance (GDPR/copyright), supporting families and selecting an appropriate platform.

3. What are the challenges for services going forward?

- **Planning:** Managers have been asked to prepare for possible redeployment of staff, but are unsure when the request will come and how many staff will be affected.
- **New ways of working:** Many services are new to teletherapy so are on a steep learning curve, and may be working in Trusts that don't have existing policies on the use of telehealth.
- **Home visits:** A small number of children with dysphagia may require face-to-face sessions. These will need to be delivered in line with government guidance on infection prevention and control for COVID-19 – including [Table 4: Additional considerations for COVID-19](#)
- **Closure of settings:** Services which are usually embedded in schools are having to rethink the way their service operates. Where settings are open, they are themselves busy adapting to new ways of working

4. What are the risks for children and young people?

Speech and language therapists report particular concerns about the impact of reduced service on:

- Pre-school children for whom there may be a significant delay in receiving a full assessment, with resulting impact on their development. There are specific concerns about the impact of the changes to the health visitor checks and the newborn hearing screening test
- Children whose parents have literacy or language barriers, as much of the support available will depend upon the ability of parents to engage with advice and programmes.
- Children and young people with dysphagia and complex health conditions – there are some children who could benefit from a face-to-face session but who are not receiving them due to parental concerns about the child being at increased risk from coronavirus.
- Children and young people who are due to transition between settings over the summer
- Children and young people with safeguarding needs
- Children and young people with social, emotional and mental health needs, or behaviour that challenges which may be exacerbated if they are not supported to communicate – including those with autism and / or learning disabilities.

4.1 Concerns about children and young people with hidden disabilities and police

The RCSLT is concerned by reports that children and young people with hidden disabilities such as autism or learning disabilities are being stopped by police when they are outside.

We understand that service user organisations have also raised these concerns with NHS England, and we support the recommendations that:

- There should be clear guidance to officers – including encouragement to consult colleagues with greater knowledge of autism and learning disability to get advice.
- There is a need to ensure that every child or young person that needs an autism alert card or sunflower lanyard can be provided with one without delay.

The RCSLT would be happy to work with our members to explore whether speech and language therapy services could play a role in providing advice to police officers and facilitating swift access to alert cards or lanyards.

Appendix 1: Examples of speech and language therapists using innovative solutions to ensure vulnerable children, children with SEND and their families continue to be supported

The following examples have been shared by speech and language therapists on Twitter since schools and early years settings closed on 23 March.

Providing advice to families

“Advised and supported single mum, 5 kids, one aged 3 undiagnosed ASD, non verbal re Intensive Interaction , another 5 year old , undiagnosed ASD/ADHD. Staying at home in challenging circumstances.”

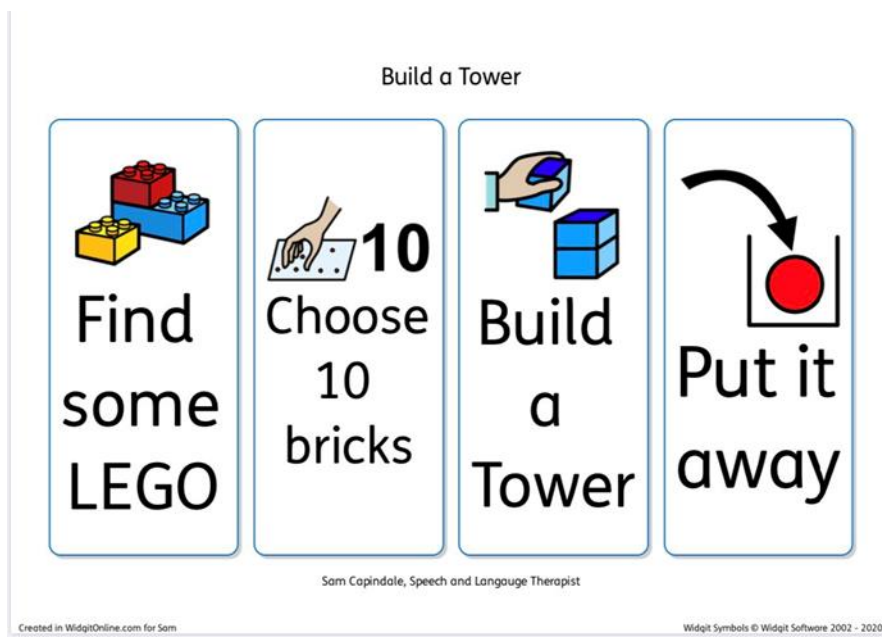
“Learning to three-way call between family and interpreter to provide early language advice!”

“Continuing to contact families I work with to offer visuals, advice and social stories to help with these crazy times. It's difficult for most of us at the moment, but I really feel for children with SEN and difficulties with changes in routine”

Providing activities to families

“Another batch of home therapy support packs done! Great job team. We're sending texts to families to let you know that your child's pack is on its way”

“A little something I've made to help children do independent activities and build sequencing skills at home! You can find some more on the Talk Speech and Language Therapy Facebook Page! “



“Great fun this afternoon filming short videos with hints and tips for our parents, carers and team members, appreciate my team and all their hard work so much right now!”

“Over the next few weeks, we are going to be tweeting different Speech and language therapy activities you can try at home with your child/children”

Delivering teletherapy

“We have been working hard to develop online therapy to continue supporting your little stars the best we can. Come and join us from the safety of your home”

“First children's speech & language teletherapy session completed today....It was a success!! Changing the way we deliver services to ensure we support our children & families”

"Today I did a therapy session via zoom, phoned families to discuss therapy plans, joined a zoom meeting with SLTs from across the U.K. to discuss telepractice and had supervision."

"Having parent feedback that our 40 minute telephone consultation has felt just like they've come in for a session and they now have loads of activities and strategies to go away midweek motivation I needed!! Glad we can continue to support families at this uncertain time."

"The children's speech and language therapy team are continuing to work hard to provide a service in different ways including by video. Here's just some attending a meeting today"

Statutory assessments

"All ready for an online Expert Witness assessment this morning for a client requesting evidence for Section B E and F of the current Education Health Care Plan"

CPD for the wider workforce

"First day back in after a week off...feel like I've been away for 10 years! Spending time emailing accessible resources to colleagues in education, social care and the police."

CPD in teletherapy

"Tonight I 'attended' my first webinar! Feeling much more confident about starting teletherapy in the coming weeks!"

"Thinking about how to support children with SLCN when high-tech/zoom/laptops etc. are not available"

"Impressed even if I do say so myself, figuring out animations on Powerpoint ready for teletherapy activities with my students next term"

Appendix 2 – Extract from RCSLT guidance on PPE and COVID-19 (3 April 2020)

RISK ASSESSMENT, CLINICAL JUDGEMENT AND NEW WAYS OF WORKING

The uncertain times that COVID-19 has brought have resulted in the need for new ways of working for SLTs.

The RCSLT recommends the following for SLTs:

a) Ensure risk assessments and redeployment opportunities are in place for pregnant staff and those with any underlying health conditions, in line with government guidelines, the Royal College of Obstetricians and Gynaecologists and local Trust policies.

b) Use your expertise and clinical judgement.

c) Have daily huddles with colleagues (regardless of setting) – this can be in person or remote; platforms include (check with local IT colleagues) Zoom, Microsoft Teams.

Key areas of focus may include, but are not limited to: changes to service, staff allocation, skill mix, activity plans and cohorting arrangements for 'clean' vs COVID-19 wards.

d) Receive training and/or support to ensure you are still able to practice safely and effectively if your employer asks you to move into a new area or role. The HCPC has guidance on this.

e) Use your professional judgement to assess what is safe and effective practice in the context in which you are working during the pandemic.

f) Engage and link in with others across the profession and multidisciplinary teams.

g) Consider using clinical incident reporting systems, e.g. Datix, to raise concerns about unsafe levels of PPE availability.

h) The RCSLT would also encourage members to link together via RCSLT networks, e.g. Clinical Excellence Networks (CENs).

i) Set up a buddy system.

j) Ensure that everyone is looking out for each other. This may be for personal support, co-working or supervision. It is important for services to be aware that some SLTs are working in small units so it is essential to use networks to reach out to staff across the system, e.g. daily catch ups.

The RCSLT is aware that there may be a requirement to cohort SLTs to fewer locations to reduce the spread of staff across a large number of wards in hospitals and other locations.

SLTs should work to avoid moving across multiple sites in a day.

All SLTs should follow procedures for the safe management of linen, including uniforms.

Where uniform is not worn and 'scrubs' unavailable, SLTs should change clothes and shoes on arrival into and before leaving work. Clothes should be taken home and washed immediately. Shoes worn for clinical work should remain at work. See section 3.3 below, as well as the government's guidance on Reducing the risk of transmission of COVID-19 in the hospital setting.

For SLTs working to support patients with communication needs, the RCSLT recommends referring to sections 2.1 and 2.2 in this guidance. The RCSLT also recommends that SLTs refer to government guidance on social distancing if risk assessment identifies that face-to-face contact is essential and where appropriate PPE is provided. Please refer to the following tables on the government's webpages on COVID-19: infection prevention and control:

- Table 1: Recommended PPE for healthcare workers by secondary care clinical context
- Table 2: Recommended PPE for primary, outpatient, and community care

- Table 4: Additional considerations for COVID-19

It is also important that there is a back-up plan for staff redeployment to other areas in case of the need for staff to self-isolate or where staff are re-deployed.

If staff are being re-deployed to perform other tasks it would be appropriate to consider those SLT tasks which could be carried out by another healthcare professional under speech and language therapy guidance. This is in line with HCPC guidance.

The RCSLT has developed and is constantly updating FAQs, guidance and training resources, which can be found here. There are also valuable specialty specific resources being shared through CENs through Basecamp.

2.1 Telehealth

Telehealth is the remote provision of healthcare services using technology. In some Trusts, preparations are being made to offer video consultations, using an NHS England approved web-based service, where possible.

This is being tested and piloted within some NHS Trusts and the RCSLT will be asking members to share examples so that other services can also develop new approaches.

Please see the RCSLT's guidance for telehealth.

2.2 Prioritisation of caseloads

The RCSLT recommends that, prior to face-to-face contact, SLTs confirm

- a) an individual's current COVID-19 status
- b) the PPE requirements
- c) the urgency of any assessment or intervention at each planned contact.

In light of this extraordinary situation, it may be necessary to use a risk assessment/red, amber, green (RAG) rating to prioritise the caseload.

RCSLT supports the need for local discussion on what is truly urgent patient need for any face-to-face contact.

Ideally, this should be done in partnership with colleagues in your multidisciplinary team, taking account of local policies and procedures, particularly related to infection control.

This may change the priorities of the overall caseload and the timing of interventions on an individual case-by-case basis.