

Paediatric Speech & Language Therapy Service Requesting Professional Advice and Support Toolkit for Schools



Introduction

Dorset HealthCare Paediatric Speech and Language Therapy Service is a health provider commissioned by NHS Dorset CCG to deliver specialist assessment, advice and support to children and young people up to and including 18 years of age who are **registered with a Dorset GP** and experiencing difficulties with speech, language, communication or swallowing.

This toolkit provides guidance and information for schools to be able to identify children with Speech, Language and Communication Needs (SLCN), and when it may be appropriate to request a specialist assessment from our NHS service.

We accept requests directly from schools where the need for qualified Speech and Language Therapist support is indicated in accordance with the graduated approach of support for children with SEN. It is therefore expected that schools will have already provided some additional support, and implemented strategies appropriate to universal and early stage targeted level. This would include inclusive quality first teaching for all pupils and additional targeted or personalised interventions to enable children to work at age-related expectations or above.

These school managed interventions should be carefully planned and implemented for all children with Speech, Language and Communication Needs (SLCN) **as soon as a need is identified**.

Using the information in this toolkit you will be able to:

- Understand the role of Speech and Language Therapists
- Understand the principals of the graduated approach
- Understand the different areas of SLCN
- Identify children with SLCN
- Plan interventions to address their needs from suggested resources
- Know when to request the specialist support of Speech and Language Therapy Services

As a Speech and Language Therapy service this will enable us to:

- Accept appropriate cases for specialist assessment
- Use good quality evidence and information from schools to support our assessment
- Evaluate progress with the additional support and interventions put in place by the school in order to identify future needs.

After using this toolkit, should you have any questions or queries regarding suitability of a potential request for specialist assessment, please contact our Cluster Lead for your area:

Bournemouth Cluster Lead:

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Poole Cluster Lead:

Erica Davies 07786028754 erica.davies2@nhs.net

Dorset East Cluster Lead (Wimborne, Ferndown, Christchurch):

Sheena Turner 07786335536 sheena.turner2@nhs.net

Dorset North Cluster Lead (Blandford, Shaftesbury, Gillingham, Sherborne, Sturminster Newton):

Fleur Parker 07766 497386 Fleur.parker1@nhs.net

Dorset West Cluster Lead (Dorchester, Weymouth & Portland, Bridport, Lyme Regis, Swanage, Wareham):

Jo Bryson 07785 998866 jo.bryson1@nhs.net

Service email for administration team / general queries: dhc.slt.queries@nhs.net

Who are Speech and Language Therapists (SLTs)?
<p>SLTs are Allied Health Professionals (AHP). They work closely with parents, carers and other professionals, such as teachers, nurses, occupational therapists and doctors. The Royal College of Speech and Language Therapists (RCSLT) is the professional body for speech and language therapists in the UK, providing leadership and setting professional standards. Every speech and language therapist is required to be registered with the Health and Care Professions Council. You can find more information about speech and language therapy and SLTs at www.rcslt.org.uk</p>
The role of the Speech and Language Therapist in Schools
<p>The Speech and Language Therapy Service is a key partner to schools within a 'Whole System' approach of support for children and young people with Speech, Language and Communication Needs (SLCN). This also includes implementation of The Graduated Response for Special Educational Needs (SEN) through the 3 levels: Universal, Targeted and Specialist.</p> <p>Speech and language therapists are key partners for schools at all levels of the Graduated Response.</p> <p>Universal Level: Speech and Language Therapists provide training, advice and signposting to senior leaders and others to ensure communication-supportive practice throughout their school or setting and identification and long-term planning for children with SLCN. (N.B. This is a Traded Service – costs available on request).</p> <p>Targeted Level (School Action and School Action Plus): Speech and language therapists play a distinct and important role in the diagnosis of children with different speech, language and communication needs. They also provide professional support to help schools meet the needs of children with a range of SLCN including;</p> <ul style="list-style-type: none"> • assessing, planning, delivering and evaluating support for these children and young people. • Coaching and modelling support to school staff to assist in the delivery of programmes and targeted interventions for specific groups or individuals. • Supporting educational target setting and evaluation. • Working directly with the children with SLCN where a higher level of specialist support is indicated. • Input to formal assessment processes for children who have long-term SLCN and who may need an Education, Health and Care Plan (EHCP). <p>Specialist Level (Statutory): Provision of specialist SLT input identified in an EHC Plan where this is commissioned by the Local Authority.</p>
Areas of Speech, Language and Communication Need Supported by our SLT Team
Speech
<ul style="list-style-type: none"> • Speech which is difficult to understand, which might include difficulty in making different sounds, using sounds in words (phonology) and/or motor programming to produce the sounds or words (dyspraxia). • Problems discriminating between speech sounds, so 'catch' and 'cat' or 'conscious' and 'conscience' might sound the same <p>When to request professional SLT support: When difficulties persist despite universal level support and where the child cannot be understood by familiar adults.</p> <p>For further information and guidance refer to Universally Speaking booklets on ages and stages of development available online : www.thecommunicationtrust.org.uk/universallyspeaking</p>

Language

Receptive Language

- Not understanding concepts and/or vocabulary.
- Difficulty responding or unusual responses to questions.
- Not following longer instructions at an age appropriate level.
- Difficulty understanding complex sentences. For example, the structure, the length or inferred meaning.

Expressive Language

- Using sentence structures more appropriate for someone younger, for example, 'me got them' at four years of age and above
- Problems linking sentences with words such as 'and', 'but', 'so', 'then'
- Difficulty sequencing sentences to make a meaningful narrative such as explanations and stories
- Problems learning new words
- Difficulty finding the right words at the right time. This is also known as 'word finding' difficulties
- Limited vocabulary for emotions, thoughts or feelings.

When to request professional SLT support:

When difficulties persist despite universal and individualised targeted support by school. The functional impact of the difficulties is moderate or severe affecting ability to access the curriculum and in daily interactions with others.

For further information and guidance refer to Universally Speaking booklets on ages and stages of development available online : www.thecommunicationtrust.org.uk/universallyspeaking

Social Communication

- Limited eye contact
- Poor turn taking and difficulty with starting and ending conversations
- Problems getting the conversation back on track after two people have talked at once, or if there has been a misunderstanding between them
- Difficulty understanding or responding to feedback from the listener. For example, not noticing when someone is bored or doesn't understand something
- Difficulty staying on topic in conversation
- Problems using language to negotiate in discussions or arguments

When to request professional SLT support:

Where social communication is an isolated difficulty, it would not be appropriate to refer to the SLT service in the first instance and schools should seek alternative sources of support including specialist teacher or SENSS. A request for SLT support is appropriate when problems with social communication are present alongside a speech or a language difficulty.

For further information and guidance refer to Universally Speaking booklets on ages and stages of development available online : www.thecommunicationtrust.org.uk/universallyspeaking

Dysfluency/Stammer

- Stammering is "characterised by stoppages and disruptions in fluency which interrupt the smooth flow and timing of speech. These stoppages may take the form of repetitions of sounds, syllables or words, or of prolongations of sounds so that words seem to be stretched out, and can involve silent blocking of the airflow of speech when no sound is heard" (Enderby, 1996).
- Speech may sound forced, tense or jerky.
- People who stammer may avoid certain words or situations which they know will cause them difficulty.

When to request professional SLT support: Where difficulties have persisted for 3 – 6 months and are having a functional impact.

For further information and guidance refer to Universally Speaking booklets on ages and stages of development available online : www.thecommunicationtrust.org.uk/universallyspeaking

Selective Mutism

- Selective Mutism is an anxiety disorder which may lead to fear of talking to certain people and in certain situations. This is different to normal shyness or stubbornness.

When to request professional SLT support:

Where difficulty interferes with learning and in daily interactions with others, and has persisted for more than 2 months (professional support at an early stage is advised).

Selective mutism is also associated with mental health problems i.e. childhood anxiety disorder and frequently co-occurs with a social phobia. If there are significant concerns regarding other aspects of the child's development, referral to other appropriate agencies (including CAMHS) will also need to be made and a multi-agency approach will need to be taken in the intervention process.

For further information and guidance refer to www.nhs.uk/conditions/selective-mutism

Speech and Language Difficulties Associated with Hearing Impairment

- The hearing-impaired child may have long term difficulties with the development of speech, language and communication skills. Hearing impairment can affect the development of understanding, expression, vocabulary and grammar and reduce speech intelligibility.

When to request professional SLT support:

It is likely a child with a hearing impairment is already known to our service, and the SLT will have regular liaison with other team members, particularly local ToDs, (Teacher of the Deaf) and Audiologists to coordinate intervention. Please discuss concerns with the Advisory Teacher of the Deaf in the first instance.

Language Disorder Associated with Autism Spectrum Disorder (ASD)

- Children with ASD will have characteristic speech, language and communication profiles where difficulties will include higher level language (e.g. understanding idioms or inference); use of language (pragmatics) and non-verbal skills (e.g. eye contact, use of gesture).

When to request professional SLT support:

If there is no indication of a speech and language difficulty a referral will not be accepted by the service. Where there are speech and/or language difficulties **in addition** to those explained by a diagnosis of ASD, a referral can be made, but it is important that the pupil is motivated to access support for our intervention to be beneficial.

Pupils where ASD is suspected but with no current diagnosis:

Children who present with behavioural and developmental difficulties may need to be considered for referral to the multi-agency service in line with the Pan Dorset Development and Behaviour Pathway guidelines. Specialist speech and language therapists are an integral part of the local multi-agency diagnostic teams for ASD. Requests for a SLT assessment as part of this diagnostic pathway are only accepted directly from Paediatricians or CAMHS.

If you are considering referring to the Paediatricians with concerns about possible ASD, we will accept requests from schools for an assessment **if there is a speech or language difficulty alongside**

the behaviour and development concerns. Our report may then also be used as part of the school's referral to the Paediatrician or CAMHs to help inform the diagnosis decision. Please indicate on the request form whether you are also considering referring to the Paediatricians with concerns about possible ASD.

For further information and guidance refer to:

<https://www.nhs.uk/conditions/autism/treatment/>

<https://www.autism.org.uk/professionals/teachers/classroom.aspx>

Speech Disorder Associated with Cleft Palate

- Cleft Lip and/or Palate is the most common congenital abnormality of the craniofacial complex. Children born with cleft lip and/or palate vary enormously in their speech development. The severity of the cleft presentation does not always correlate with the level of difficulty a child will have in developing speech.
- The majority of the children with cleft palate do develop normal speech although some will need specialist speech and language therapy

When to request SLT Professional Support:

Requests from educational settings will be accepted where the pupil is already known to a Regional Cleft Lip and Palate Service as liaison will need to take place before any intervention by the SALT Service can commence.

For further information and guidance: www.nhs.uk/conditions/cleft-lip-and-palate

Other

Requests for assessment for Dysphagia (swallowing difficulties) and Dysphonia (voice disorder) are restricted to medical professionals only. Parents/Carers should discuss their concerns with the child's GP or Paediatrician.

Exclusions

Please be aware requests for professional SLT support may not be accepted in the following circumstances:

- A child or young person registered with a GP outside of Dorset
- Where the child or young person is already known to the service and is on an active managed caseload.
- A child or young person whose needs can be met by universal and targeted education support through implementation of a graduated response for pupils with SEND.
- Individuals whose communication difficulties are as a direct result of an existing mental health condition.
- Where difficulties are only related to learning English as a second language.
- Where there is insufficient evidence or adequate information about a child / young person's difficulty and its impact, including progress with general and targeted interventions already tried

by others supporting the child / young person.

- Where speech and language provision or specialist advice and support is the statutory responsibility of the Local Authority and commissioned by them i.e. special educational provision (SEN) within an Education Health and Care Plan.
- Where intervention would duplicate assessments, therapy intervention and support being delivered by another SaLT service provider, including independent therapists engaged by others. Where such provision is intended to support the child/young person's management plan and care pathway as recommended by us, parental agreement for liaison and sharing of information between both parties must be sought and mutually agreed areas of responsibility and intervention for each provider clearly defined in the management plan.

Principles of The Graduated Approach

The Graduated Approach is described as a model of action and intervention (assess, plan, do, review) in early education settings, schools and colleges to help children and young people who have special educational needs. The approach recognises that there is a continuum of special educational needs and that, where necessary, increasing specialist expertise should be brought to bear on the difficulties that a child or young person may be experiencing.

Applying a graduated approach is about providing the right level of support at the right time. If more or different support is needed, it builds onto the support already in place and from the understanding of what has worked/not worked in the past. Our service seeks to work in partnership with schools to provide a specialist level of expertise to support children and young people whose needs indicated a higher targeted level of intervention as part of their overall SEN support.

The three levels of graduated approach are as follows:

- **Universal:** High Quality teaching and personalised, differentiated approaches that all children and young people with recognised needs will access and benefit from. This is delivered by school staff.
- **Targeted (School Action and School Action Plus):** Where Universal approaches have not been sufficient to meet the child/young person's needs and they now require more focused support. This may also be the time to consider a request for support from the Speech and Language Therapy Service
- **Specialist (Statutory):** The highest level of support where more specialist approaches are sought, despite implementing Universal and Targeted interventions/support. If outcomes over time at this level are not reached and/or the pupil's difficulties are complex and likely to be long term, consideration should be given to applying for an EHC plan.

The Role of Schools in Supporting Pupils with SCLN at a Universal Level

Commitment to make communication a priority

For children and young people, good communication skills are essential for learning and making friends, with strong language and communication skills linked to better outcomes in school and beyond. Communication skills impact widely across all areas of development, on learning, behaviour, and social and emotional development. Communication is one of the key sets of skills highlighted in Ofsted's School Inspection Handbook, which should be embedded across the curriculum. By ensuring a focus on communication throughout school, you'll be helping all your pupils to communicate more effectively, including those who may struggle with speech, language and communication needs (SLCN).

Ensuring a Communication Friendly Environment

- Adults supporting children's communication needs (both in small group and 1:1 situations) using appropriate levels of language for all children according to their stage of development.
- Non-verbal communication such as gesture, signing, facial expression and eye contact are used to reinforce spoken language.
- Adults responding positively and valuing all attempts at communication, which may include non-verbal communication as well as spoken language.
- Ensuring the physical environment reflects the culture and ethnicity of the children.
- Using a range of multi-sensory approaches to support spoken language, such as symbols, photos and real objects.
- Organising the physical environment to encourage good attention and listening.
- Adults simplifying and repeating verbal information and instructions as appropriate and seeking clarification from children that they have understood.
- Adults providing plenty of time for children to respond.
- Provision of some quieter area where children can talk to one another and form relationships.
- Opportunities for staff to share information and knowledge about SLCN.

Develop Skills and Knowledge to Support Children with SCLN

We highly recommend the resources and advice available via The Communication Trust which is a coalition of over 50 not-for-profit organisations providing support for everyone working with children and young people to support their speech, language and communication.

www.thecommunicationtrust.org.uk

What to expect from the Speech and Language Therapy Service:

Training is a Traded Service offered by the Dorset HealthCare Paediatric Speech and Language Therapy service. This could be in the form of a bespoke session for your school, or specific programmes (e.g. Elklan, Signalong). For further information please contact us:

dhc.slt.queries@nhs.net

The Role of Schools in Supporting Pupils with SCLN at a Targeted Level (School Action)

Where quality first teaching and universal approaches have not been sufficient to meet the child/young person's needs the school will then need to undertake a holistic assessment with inclusion of parents/carers and the child/young person in accordance with the graduated approach cycle of assess-plan-do-review. This would lead to the next step of individualised, targeted support for the child/young person who will be identified as having SEND.

If, despite the school's universal and individualised targeted SEN support there are persistent difficulties and outcomes are not as expected, consider seeking outside specialist advice and assessment (School Action Plus) by requesting specialist support from the Speech and Language Therapy Service, using the form in this pack. The service will require details of the SEN support in place and the outcomes of this.

What to expect from the Speech and Language Therapy Service:

Following acceptance of the school's request, the service will arrange to complete an assessment of the child/young person's difficulties and areas of strengths and needs. This may take place in a health clinic location or the school and parents/carers are expected to attend.

If the child's assessed needs can be met by targeted support at school level (School Action), the SLT will provide a report including recommendations and either signposting or provision of resources i.e. an individualised programme for the school and parents/carers to implement. The speech and

language therapy service operates a 'Review on Request' policy for support at this level which means that children will be seen again in school only when specifically requested to do so. The therapist's report and care plan will indicate where contact by the school is required to request further support and an expected timeframe. It is important to be aware that, if the service is not contacted by the school within the set timeframe, this may lead to an assumption that the support of the Speech and Language Therapy service is no longer required and the therapist will end the episode of care and discharge the pupil from their caseload.

The Role of Schools in Supporting Pupils with SCLN at Targeted Level (School Action Plus)

A child/young person's needs will be at this level when there is a demonstrable and significant effect on pupil progress over time despite appropriate SEN support being provided by the school and professional advice having been followed and implemented. Significant needs may also have been identified on assessment by the Speech and Language Therapist with the severity of their difficulties having a considerable impact on their ability to access the curriculum

As well as the continuing support at Universal and Universal Plus level, schools will need to be providing a high level of adult support including attendance at therapy sessions and review/monitoring visits offered by the speech and language therapy service.

If there is evidence of possible Autism Spectrum Disorder (ASD) the school should consider referring for further assessment in accordance with the Pan Dorset Behaviour and Development Pathway.

If outcomes are reached then support can be continued if indicated at school level universal and targeted approaches.

If difficulties persist despite targeted and specialist intervention and outcomes over a reasonable period are not reached, consideration should be made whether to request an Education, Health and Care Assessment.

What to expect from the Speech and Language Therapy Service:

A child/young person's needs at this level are likely to mean that, as well as a report and provision of programmes and strategies for school and parents to implement, the therapist may offer individual or group direct therapy interventions. This is usually followed by a review/monitoring visits at appropriate intervals with the management plan, programme, strategies and targets being updated in line with progress and the child/young person's needs. Please be aware that a review/monitoring visits may need to be requested by the school within a set timeframe. The therapist's report and care plan will indicate where contact by the school is required to request a review/monitoring visit and the expected timeframe. It is important to be aware that, if the service is not contacted by the school within the set timeframe, this may lead to an assumption that the support of the Speech and Language Therapy service is no longer required and the therapist will end the episode of care and discharge the pupil from their caseload.

If a decision is made to request an EHC plan, the therapist can provide advice and information to support the application.

The Role of Schools in Supporting Pupils with SCLN at Specialist (Statutory) Level

If, despite support and intervention through the graduated approach, the child/young person's progress is still very limited this may indicate that long term specialist input and /or additional resources are required to continue access to the full curriculum and to allow participation in Further Education or Training. Therefore a child with this level of need may have the detail of the support to be provided in the education setting set out in an EHC Plan. Their speech, language and communication difficulties may include:

- Severe DLD (Developmental Language Disorder) significant, on-going difficulties understanding and/or using spoken language in all the language a child uses causing

substantial barriers to learning and social relationships.

- Severe and/or complex speech disorders such as DVD (Developmental Verbal Dyspraxia) and phonological disorders
- Language and communication difficulties which may be the result of permanent sensory or physical impairment or associated with moderate, severe or profound and complex learning difficulties.
- ASD (Autistic Spectrum Disorder) severe, persistent and complex difficulties associated with ASD. These difficulties will include: difficulties with social interaction; social communication; limited expressive language, or spoken language that is repetitive and does not follow the social rules.

What to expect from the Speech and Language Therapy Service:

Since communication is so fundamental in education, addressing speech and language needs within an EHC Plan would normally be recorded as special educational provision (Section F). Therefore, in line with statutory requirements, the Local Authority would identify and specify the level of specialist Speech and Language Therapy input within the EHC plan and commission this accordingly. Our service may be the provider of choice for this provision but this decision lies with the Local Authority. Schools cannot request this provision directly with the service.

Working Together – Processes and Expectations

We would like to take the opportunity to explain what you can expect of our service and the cooperation we ask from schools to enable the school and the Speech and Language Therapy service to work together collaboratively and effectively.

Requests for our professional support and advice must be made using the Paediatric Speech and Language Therapy Request Form for schools (master copy at the end of this toolkit). Please ensure this has been discussed and agreed with the parent/carer as we need their consent before we can accept a request initiated by a school.

Following acceptance of your request for our professional support we will arrange an initial assessment appointment within 18 weeks of receipt of your request. The first appointment for initial assessment may be held at one of our community clinics with parent/carers also attending. Increasingly we are seeking to carry out the initial assessment in the school setting if you are able to provide a suitable space and environment. We will arrange this directly with you and would also require parents/carers to attend or have spoken to the therapist by telephone prior to the school visit. It is also beneficial for a member of school staff to be present if the parent/carer consents to this.

If further direct intervention or review is indicated, we normally then see children/young people in their educational setting. We will contact your school in order to agree a suitable date/time to visit. This avoids disruptive time out of school to attend appointments as well as facilitating discussion and liaison with school staff involved with the child.

For sessions that take place in the school it is essential that an appropriate room is made available. This should be a quiet and distraction free environment. Sometimes the SaLT /SaLTA will need to assess and observe the pupil within their classroom and they will let you know if this is the case.

The pupil needs to be present on the day we visit. In the event that a pupil is due to be seen by our therapist but is not at school or is unavailable for any school related reason please ring the office number **01202 443208** to inform us with as much notice as possible.

The school will need to inform parents/carers of our intended visit. With your agreement, we welcome parents attending these sessions and we ask that the school arrange this directly with the parent. Please ensure there is space for this and let us know if a parent/carer will also be there.

On the day of the SaLT visit. Our SaLT will report to the school reception and follow your sign in

procedures. We will give you the name, date of birth and address of the child/children we are expecting to see. We would appreciate the school ensuring that the child is brought promptly to the session and it is the correct child. If our therapist is required to make their own way around the school, it would be helpful if you could provide clear instructions or a map.

Mobile telephones. Our staff carry work mobile telephones with them at all times for their safety and security as lone workers in the community and we would appreciate your understanding in allowing this within your school.

Access to Wi-Fi

We use an electronic patient record system and laptops which enable our staff to access patient records and to manage their caseloads and therapy times more efficiently and effectively. Our staff may request access to the school's Wi-Fi if our usual mobile signal is out of range and we are most grateful for your understanding and agreement to this.

DBS Clearance. As our SaLTs are NHS employees, Dorset HealthCare will have carried out enhanced level DBS checks as part of recruitment processes. If you require further confirmation and information about this, please contact our Human Resources Department at dhc.hr.admin@nhs.net

Respecting our time. Our therapists have very busy appointment schedules that are planned 6 weeks in advance. It is likely that they will be visiting several schools in the course of their day. We are therefore unable to 'slot in' extra pupils that we haven't planned with you to see that day or engage in long discussions or 'a quick assessment' of other pupils.

If the SaLT / SaLTA is unwell or has to cancel the visit. We will let your school office know as soon as we are able. The SaLT / SaLTA will contact you to rearrange the visit on her return to work. If you have arranged for parents to attend the session, we will need to agree who will notify them.

Liaison time with Teachers and Teaching Assistants and other school staff. Many of the children seen in school will have a 'programme' of speech & language support and targets set by the SaLT and which school staff and families are encouraged to follow on a regular basis. It is very important that we know whether or not children are achieving their targets on these programmes and the visiting SaLT will wish to discuss this with the most appropriate member of school staff.

Modelling of activities and strategies. The best outcomes for children are achieved when TAs and/or Teachers have been able to observe SaLT sessions and then put into practice what they have seen. The visiting SaLT will wish to discuss with you how this will be arranged. This collaborative model is essential to maximise the impact of our advice, support and therapy interventions. Persistent lack of engagement by school staff may lead to a withdrawal of our offer of support.

Liaison time with SENCo. Planning meetings between SENCo and SaLT to discuss the pupils in your school receiving our support and to clarify targets and expectations have been found to be very useful. Please discuss with your visiting SaLT the need for this.

We will provide reports and programmes in a timely manner. It is helpful for us to send resources that support the SaLT programmes by e-mail. This has an added benefit for the school in that they can be printed off as many times as required. We may also signpost you to online resources that we recommend.

Distribution of reports/programmes to school staff. It is generally the SENCo who will receive copies of SaLT reports/programmes (usually by email) and we ask that you please ensure this information is disseminated to TA's/Class Teachers as required. The SaLT administration office will send copies to parents/carers.

Receiving emails from our service. Due to the confidential nature of our work and to ensure compliance with NHS standards of information governance, emails containing pupil/patient identifiable details will be encrypted. Your school will therefore need to follow the instructions to access the content securely via an Encryption Portal.

To request advice and support from the Dorset HealthCare Paediatric Speech and Language Therapy Service please use the request form specifically for schools. This is available in an electronic or manual version and can be submitted by email (preferred) or by post.

Copies of the both versions of the request form can be emailed to you by our administration team or downloaded from the Dorset HealthCare website.

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www.dorsethealthcare.nhs.uk/professionals