# Children’s Health Services

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Children’s Community Nursing Service (CCNS)
Including Kaleidoscope Palliative Care Service and Home Care Support Team

What does this service do?
The Children’s Community Nursing Service (CCNS) is a service for children and young people with high health needs resulting from chronic or complex health conditions. This might include conditions such as chronic lung disease, short gut syndrome, spinal muscular atrophy, severe epilepsy, cancer and leukaemia, and complex and severe disabilities. The service provides nursing support including wound care, home oxygen therapy, oncology, administration of intravenous medications and tube feeding and also undertakes continuing healthcare assessments.

The service works to:
• Prevent admissions to hospital (when appropriate),
• Promote early discharge from hospital,
• Prevent re-attendances at hospital
• Enable children to be cared for within their own environment (school, home etc), through the provision of support, education and care, flexibly provided following nursing assessment.
• Provide symptom management and end of life care for children
• Provide play specialist support for children going through medical treatments, or experiencing a bereavement
• Provide trained care workers to support children to be cared for at home, and to give parents and carers a break

Who is this service available to?
The service is available to children and young people aged 0-18 who have a GP in the tri-borough area.

Children will be able to access and receive a service if they:
• have a long term condition or acute condition that requires community nursing input
• have a life-limiting or life-threatening condition which may require end of life support
• require nursing management of complex disorders and/or nursing interventions
• require support for their family in caring for them at home
• have experienced the bereavement of a sibling

How do you access this service?
This service is a specialist service, which means that it is available to children who have specific and additional health needs and it is only available to children who have been individually referred to the service.

Health, education and social care professionals can refer a child to the service - usually a family GP, a hospital member of staff or social worker will make the referral. There is no wait list for the service. Referrals are usually responded to within 24 hours or immediately after a weekend. 24/7 support is available for children requiring end of life support.
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How do we ensure the quality of this service?

The service reports quarterly on its performance and commissioners address any issues at quarterly meetings. This includes feedback from children and their families on their experience and outcomes.

For more information, please contact:
Children’s Community Nursing Service
Central London Community Healthcare NHS Trust
The Medical Centre, 7E Woodfield Road, London, W9 3XZ
T 020 7266 8840
W www.clch.nhs.uk

Cheyne Child Development Service

What does this service do?

The work of the Cheyne Child Development Service consists of the identification, assessment, investigation and support of children with long term neurodevelopmental disorders and neurodisabilities, working within a multidisciplinary team, liaising with primary and acute health care, networked with a range of tertiary care, and other agencies as appropriate. Many children and young people within this group have complex medical conditions. In addition to their primary neurological condition, many have a variety of secondary associated problems requiring medical management, e.g. gastro-oesophageal reflux, seizures, constipation.

The core team consists of Paediatricians, Clinical Psychology, a Clinical Nurse Specialist, Physiotherapists, Occupational Therapists, Music Therapists and Speech and Language Therapists.

The service aims to ensure that an individual child or young person’s neurodevelopmental needs are established and addressed, that appropriate programmes of intervention are made and that their needs are clearly communicated to families, carers and the multiagency services.

The Cheyne Child Development service is part of the Community Paediatric service based at Chelsea and Westminster Hospital. It provides to a specific geographic area from resource bases at Doughty House Chelsea and Westminster Hospital, at South Westminster Clinic in SW1 and at Parkview Health Centre in W12 and at Jack Tizard special school.

Other services provided by community pediatrics include those for:
- Child public health services
- Audiology

Services for vulnerable children and families including: safeguarding, child protection, ‘looked after’ children, adoption & fostering

Who is this service available to?

The service is available to children and young people aged 0-18 who have a GP in the Hammersmith and Fulham, Kensington and Chelsea or Westminster area.

Children with a wide range of conditions are included within this service area:
- physical disability - e.g. cerebral palsy, muscular dystrophy;
- intellectual disability – learning difficulties (mild, moderate, severe and complex), in relation to investigation of aetiology (the cause or origin of a condition) and support of co-morbidities (other co-existing conditions);
- neurodevelopmental disorders e.g. Attention Deficit Hyperactivity Disorder, Autism Spectrum Disorder, Developmental Coordination Disorder, language and communication disorders.
- impairments of special senses – hearing and vision impairment;
- acquired disorders
How do you access this service?

This service is categorised as a specialist service. Children and young people (CYP) are referred into the service by health service professionals including GPs, health visitors, therapy teams and Paediatric hospital professionals and by multiagency professionals particularly by SENCOs, educational psychology and social workers.

New referrals are considered by the team at a weekly meeting. Multi-disciplinary assessments, single discipline assessments and interventions are arranged as appropriate.

How do we ensure the quality of this service?

The service reports quarterly on its performance and commissioners address any issues at quarterly meetings.

In addition the service carries out regular clinical audits of the service using national standards e.g. the NICE guidelines for individual conditions such as Autism, ADHD, Spasticity and other standards such as the Down Syndrome medical interest group (DSMIG).

FOR MORE INFORMATION, PLEASE CONTACT:
Children’s Services manger
Cheyne Child Development Service
Chelsea and Westminster Hospital
369 Fulham Rd,
London SW10 9NH
Switchboard: 020 3315 8000

You might also be interested in:
Prospectus for CHILDREN’S HEALTH SERVICES
http://www.bacch.org.uk/publications
The Family Friendly Framework
http://www.bacch.org.uk/publications
British Academy for Childhood Disability Guidelines
www.bacdis.org.uk/policy
Child Development and Neurodisability Service at St Mary’s Hospital

What does this service do?

The Child development and neurodisability Service offer comprehensive multi-disciplinary and multi-agency services for children with neurodisability, communication disorders, and behavioural problems.

Where relevant, the team provides health input for statutory areas of responsibility for education, looked after children, adoption and fostering. The team is also involved in the local implementation of immunisation policy and advice.

The service works in partnership with community and acute service providers and the team includes medical, physiotherapy, occupational therapy, speech and language therapy, clinical psychology and clinical nurse specialists. They also provide a local service for pupils attending Westminster Special Schools.

The team work alongside other agencies on pathways for children and their families with disabilities, in keeping with current national guidance such as ‘national service framework for children’, ‘Every Child Matters’, and NICE guidelines.

Services provided by the team include:
- assessment and management of children with developmental delays
- neurodisability services including spasticity management and botulinum toxin injection clinic to relieve muscle spasms
- social communication disorder clinics (autistic spectrum disorder)
- behavioural disorder clinic including ADHD
- looked after children/adoption
- complex feeding clinic
- statutory medical examinations and reports
- support of local special needs schools
- immunisation advice

Who is this service available to?

The Child development and neurodisability Service offer comprehensive multi-disciplinary and multi-agency services for children with neurodisability, communication disorders, and behavioural problems.

How do you access this service?

This service is categorised as a specialist service. Children and young people (CYP) are referred into the service by health service professionals including GPs, health visitors, therapy teams and Paediatric hospital professionals and by multiagency professionals particularly by SENCOs, educational psychology and social workers.

FOR MORE INFORMATION, PLEASE CONTACT:

The child development service and community child health clinics take place either at St Mary’s Hospital or the Medical Centre on Woodfield Road in Westbourne Park:

Full clinic addresses:
Children’s Outpatient Department
6th Floor Queen Elizabeth the Queen Mother Wing
St Mary’s Hospital
Praed Street
London W2 1NY

Community Child Health
First floor
The Medical Centre
7E Woodfield Road
London W9 3XZ
Music Therapy for Children and Young People

What does this service do?

Music Therapy uses shared music-making to help children have freedom of communication when verbal language is a challenge, this can be due to social, developmental, communication or emotional difficulties. Music therapy sessions offer a child or young person an experience of shared play, interaction, learning and understanding.

Children are seen initially for assessment to determine how music therapy can support their specific needs.

In treatment sessions the therapist and the child make music together that is shared and spontaneous. The therapist and child establish a musical relationship in which emotions can be expressed, explored and worked through within a safe environment.

Music therapy takes place individually and in groups and consideration of parents/carers needs are a key part of how sessions work. The service provides advice and training to parents and professionals to increase awareness of the benefits of music within child health and education settings, and ways music can be used to support communication in everyday situations.

Music Therapists are part of the multi-disciplinary team and work closely with other child professionals to support the child’s specific needs.

The service is known nationally for its research and development work.

Who is this service available to?

This service is available to children who live with the boroughs of Hammersmith and Fulham, Westminster or Kensington & Chelsea and are aged between 0 – 18.

The service is offered to:

Children who are known to the child development services and present with:

- Autism/social interaction difficulties
- Mild, moderate or severe learning difficulties/disability
- Physical disabilities
- Speech and language difficulties
- Autism/social interaction difficulties
- Profound and Multiple Learning Disability/Complex needs

The waiting time to assessment is 4 weeks and to intervention approximately 4-5 months.

How do you access this service?

Music therapy service in Child Development Centres – is categorised as a specialist service which means it is only available to children who have been individually referred to the service. Direct referrals are accepted from a range of professionals including GP’s and Consultants; Therapists; Health visitors; Social workers; educational psychologist or SENCO; or through the child development service.

Children are eligible if they live in Westminster, Kensington and Chelsea or Hammersmith and Fulham or have a GP in these boroughs, and are known to the child development service.

Music therapists offer group and individual therapy programmes and are based at child development centres – at Parkview Centre for Health and Wellbeing (White City), Chelsea and Westminster Hospital and Woodfield Road Health Centre.

Early Intervention Music Therapy in Children’s Centres - is categorised as a targeted service for children within children’s centres who have specific additional needs.
Children are eligible if they live in North Westminster or Kensington and Chelsea.

Parents can request advice and support and assessment in all early years’ settings (children’s centres, nurseries etc) and Early years practitioners can make referrals to the music therapy service if they feel a child has needs requiring support, (communication, emotional, physical)

This service is group based and includes joint work with speech and language therapists, early years practitioners and other professionals. It targets the needs of young children and babies and their parents, and aims to support bonding, communication skills, parenting.

How do we ensure the quality of this service?

The service is commissioned to deliver music therapy that conforms with national standards including those from the National Institute of Clinical and Health Excellence (NICE).

The service reports on performance through submission of a quarterly report and through discussion at quarterly meetings with commissioners.

The service and any service issues (such as capacity, any emerging areas of need or specific trends) are also discussed at a tri-borough commissioning group.

All Music Therapists who work in the service are registered with the Health and Care Professions Council (HCPC).

For more information, please contact:

Music Therapy
Chelsea and Westminster Hospital
369 Fulham Rd, SW10 9NH
T 020 3315 6472
Stephen Sandford, Clinical Lead Music therapist
Deryn Watts, Paediatric Therapy Lead

Children and Young People’s Occupational Therapy

What does this service do?

Children and Young People’s Occupational Therapy (CYPOT) is a service responsible for the health care needs of children and young people.

The service aims to assist children and young people to achieve their own potential to function effectively doing everyday tasks (activities of everyday living), in their home, school and leisure/playtime.

OT’s consider the developmental, physical, social, psychological, sensory and emotional aspects of home and school impacting upon how children carry out their activities of daily living.

CYPOT works closely with parents, carers and education services to support children in the places they need to carry out activities e.g. home, school/ nursery, play spaces. This may involve coming into 1-1 or group sessions in clinic with parents involved, or receiving support from parents or education staff- trained or supported by CYPOT, to provide this at home or in their education setting.

CYPOT works with parents, carers and educators to set goals and be empowered to support their children to achieve these. Goals may be achieved for example, through adaptation of the environment, regular practice, use of adaptive equipment, retraining, following a developmental pathway to support achievement for children with short and long term conditions.

Who is this service available to?

CYPOT is available to children aged 0-18 in mainstream school with a GP within the tri-borough or as seen under an external contract. Children are seen through Cheyne Child Development Service in the south of the
borough, CLCH Child Development Service in the north of the borough and children in the community across the borough not known to the child development services. We also provide Occupational Therapy services in Special Schools QE2 and College Park.

For children in HF, Westminster and South KC children are seen under 5 years old with or without an EHCP/Statement; over 5 years old children are only seen if they do not have an EHCP/Statement or have an EHCP/statement that does not specify Education OT.

North KC children are seen with or without an EHCP or Statement. CYPOT focuses on difficulties that children are experiencing with everyday tasks (activities of everyday living) within their home, school and leisure. Examples of functional difficulty for referral:

- Positioning for posture to support access to everyday activities and play
- Reaching all body parts for bathing or play
- Difficulty with independence in toothbrushing, personal care, toileting, dressing
- Managing fastenings for dressing
- Personal organisation and managing transitions between activities
- Writing
- Use of tools for school activities e.g. scissors / ruler
- Use of utensils for meal times
- Access to play/leisure resources

Any child that is experiencing difficulty with the above or other identified functional, everyday tasks which may be as a result of:

- Neurological impairment e.g. cerebral palsy
- Progressive conditions e.g. muscular dystrophy
- Musculoskeletal/orthopaedic issues e.g. juvenile idiopathic arthritis and benign joint hyper mobility syndrome
- Genetic Disorders e.g. downs syndrome
- Idiopathic Conditions e.g. JIA
- Sensory processing issues (touch, sensation, regulation of sensory behaviours e.g. fidgeting, over/under responsiveness)
- Pervasive Developmental Disorders e.g. Autistic Spectrum, Attention Deficit Disorder, aspergers.
- Co-ordination disorders

How do you access this service?

This service is categorised as a specialist service, which means that it is only available to children who have been individually referred to the service.

Referrals in the first instance should be made by a professional involved with your child. They can refer by completing a CYPOT referral form forwarded to Children & Young People’s Occupational Therapy, Referrals, Room 2.10, Parsons Green Walk In Centre, 5-7 Parsons Green, London, SW6 4UL, or email: Referrals.Cypot@clch.nhs.uk

We would also be contacted to discuss referrals on 020 3311 6836.

If your child has been seen and discharged from CYPOT, they can be re-referred after a 3 month consolidation period, if you have new goals or your child has not reached the goals set.

We would also discuss your child’s goals in relation to their condition as well as their potential.

How do we ensure the quality of this service?

The service is commissioned (contracted and funded) to deliver CYPOT with all staff registered with the HCPC, adhering to their Standards of Practice. The majority of children’s occupational therapists are members of the British Association of Occupational Therapists which outlines national standards of practice.

The service reports to funders on performance through submission of a quarterly report and through discussion at quarterly meetings.

The service and any service issues (such as capacity, any emerging areas of need or specific trends) are also discussed.

All children assessed will be provided with a report and advice. They should have up to 3
goals which should be discussed to be the most practical for the child’s current difficulties in up to 3 specific areas.

Occupational Therapy is provided to support children’s ability to carry out their everyday activities as independently as possible in line with their own ability and any medical condition. It is essential for parents, carers and education to understand how to support the child and enable them to achieve. CYPOT provide training and support to enable this as standalone sessions as well as with other professional groups.

For more information, please contact:
Sheena Lorusso Team Lead
T 020 8 846 7836
Sally Ledgister Team Administrator
T 020 8846 1641

Additional Paediatric Occupational Therapy services in Hammersmith and Fulham, Westminster and RBKC with a specific responsibility for home equipment and adaptations are provided by

Westminster Children with Disabilities team.
T: 020 7266 7112
RBKC Children with Disabilities team.
T: 020 7598 4928
Hammersmith and Fulham Children with Disabilities team.
T: 020 8753 5382
Who is this service available to?

The service is available to children and young people aged 0 to their 18th Birthday and their families/carers who are registered with GPs within Central London and West London CCG areas (Kensington and Chelsea and Westminster).

Services are offered to support children, young people with mild to moderate (Tier 2), moderate to severe (Tier 3) mental health needs, Looked after children (LAC) and children with learning disabilities in the Behaviour Family Support Team (BFST), and youth offending.

We aim to offer an initial assessment to for all new referrals within 4 weeks. There may be a an addition wait of up to 4 weeks for treatment to commence if this treatment is necessary.

CAMHS offers talking therapies such as Cognitive Behaviour Therapy (CBT), Family Therapy, Psychotherapy and Medication. We offer a consultation service to other professionals, and specialist mental health input to other partner agencies including YOT and BFST.

How do you access this service?

CAMHS services are categorised as targeted and specialist services, which means they are available to children who have specific additional needs and who have been individually referred to the service.

Any professional working with children, young people and families can refer a child to the services. This is usually a GP, a member of schools staff or a social worker. If they are unsure whether they should make a referral or a concerned about a child or young person they can contact the service Mon-Fri between 9am and 5pm and speak to the duty CAMHS professional who can provide information and guidance. The duty CAMHS professional can arrange an urgent appointment where necessary.

Emergency CAMHS services can be accessed 24/7 by visiting the A&E department of Chelsea and Westminster or St Mary’s hospitals.

How do we ensure the quality of this service?

The Children and Young People’s Improving Access to Psychological Therapies Programme (CYP IAPT) works with existing CAMHS including the voluntary sector and local authorities to transform delivery at Tiers 2 and 3 across the country.

KCW CAMHS is involved in the CYP IAPT programme and is committed to listening to the views of children, young people, parents and carers and, crucially, acting on them to make improvements in their services and share good practice.

CAMHS use ‘session by session’ and ‘Routine Outcome Monitoring’ (ROM) which means we ask children and young people using services, and where appropriate their parents or carers, to feed back about sessions they take part in and their symptoms. This helps guide the therapy in the right direction, making it as effective as it can be.

It is important for there to be choice about what therapies are available to children, young people and their families. CAMHS offers a range of interventions from ‘talking therapies’ to medication.

Quarterly monitoring reports are sent to commissioners and our service data is discussed at service team meetings and our Senior Management Meetings and any quality concerns are addressed at CAMHS Quality Meetings. We also have a quarterly internal review of all our CAMHS services with CNWL directors and operations managers.

FOR MORE INFORMATION, PLEASE CONTACT:
Westminster CAMHS
Paddington Green Clinic: 020 7723 1081
Marlborough Place Clinic: 020 7624 8605

You might also be interested in:

• CNWL CAMHS and Me Website
  http://camhs.cnwl.nhs.uk
• CAMHS on Twitter
  @CNWLCAMHS
Paediatric Physiotherapy

What does this service do?

The Children’s Physiotherapy Service at Chelsea and Westminster Hospital provides physiotherapy to babies, children and young people in the hospital and also in the community.

The Acute team offer a service for children who are In-patients, and also an Out-patient musculoskeletal service.

Physiotherapists see children on the wards who require physical rehabilitation due to orthopaedic or respiratory difficulties, or neurological or rheumatology disorders.

Children are seen in Children’s Out-patient Department within the hospital.

The Community team offers a service in healthcare, community or educational settings or at home, depending on specific need.

The Service works closely with the wider multidisciplinary team including doctors, therapists, health visitors, social workers and school staff, and as part of the Cheyne Child development team they take part in Multidisciplinary assessments and reviews.

The Children’s Physiotherapy Service offers assessment and intervention for children referred with movement concerns and children are seen in clinic for assessment, and identification of individual need. Assessment findings are discussed with the parent/carer and child and a plan agreed.

The outcome of assessment may be advice only, an individual programme, access to group therapy or blocks of individual therapy depending on level of need.

Further intervention and assessment for specialist equipment may be needed and onward referral to other services may be required; eg for orthotic provision of splints.

Group or individual hydrotherapy sessions are available and allocated on need eg post-surgical intervention rehabilitation.

The Children’s Physiotherapy Service aims to:
- Help restore function through rehabilitation following trauma or surgery
- Support and develop motor skills, manage postural risk for children with more complex and long term needs
- Work closely with other partners in the health, social care and education to integrate care offered including contribute to the child’s health care plan
- Support families and carers to integrate programmes into daily activities to maximise movement potential and independence
- Promote healthy living and enable / facilitate access to activities within the community

Who is this service available to?

The Children’s Physiotherapy Service is available for children and young people:
- 0-16 years for the Musculoskeletal Physiotherapy Service
- 0-19 years for the Community Physiotherapy Service (if in full time education)

Children can access the service if they live in Hammersmith and Fulham, South Westminster or South Kensington & Chelsea.

Musculoskeletal service for children is available to children with diverse difficulties including:
- conditions children are born with e.g. positional talipes
- acute soft tissue injuries e.g. muscle and ligament sprains
- rehabilitation following orthopaedic surgery e.g. fractures
- long term joint and muscle pain e.g. low back pain, anterior knee pain

The Community service is available to children who present with:
- delayed motor development, long term conditions with concerns about motor ability (neurological, congenital, degenerative or neuromuscular conditions) acquired injury or life threatening conditions (oncology)
If the child lives out of area but has a GP within area services can be accessed within borough, but home visits are not provided.

Children with identified special educational and physiotherapy needs, and attending schools in borough are offered assessment, advice and intervention in school as determined by the physiotherapist at assessment and review.

How do you access this service?

This is a specialist service, available to children who have been individually referred to the service.

Direct referrals to the Community team are accepted from a range of professionals including GP’s and Consultants; Therapists; Health visitors; Social workers; SENCO’s and through the Cheyne Child Development Service.

Referrals to the Acute team are accepted from GP’s and Consultants

If parents have concerns they can discuss with their GP and a referral can be made if appropriate

Most initial assessments are offered within 6 weeks following receipt of referral.

How do we ensure the quality of this service?

Physiotherapists are registered with the Chartered society of Physiotherapy and the Health and Care Professions Council, and have further training and experience of working with children.

The service reports quarterly to the commissioners on performance.

Standardised outcome measures are used and professional and national standards are followed

Questionnaires are undertaken at intervals to help monitor patient satisfaction and guide service development.

FOR MORE INFORMATION, PLEASE CONTACT:
Paediatric physiotherapy department Chelsea and Westminster Hospital
369 Fulham Road, SW10 9NH
T 020 3315 1615
Deryn Watts -Paediatric therapy lead

Paediatric Speech and Language Therapy Service (SALT)

What does this service do?

Speech and language therapy is concerned with the management of disorders of speech, language, communication and swallowing. Speech and language therapist are allied health professionals (AHPs) and locally all therapists are employed by the NHS.

Many children locally receive face to face speech and language therapy (SALT) in an individual or group approach. However many children will also benefit most from receiving speech, language and communication approaches from people who are with them on a day to day basis. This would include a class teacher, a teaching assistant, a parent, carer or grandparent, or an early year’s member of staff. There is a strong evidence base for this approach as we know that this how children learn to communicate and verbalise. Whatever approach and programme is appropriate for a child, parents and carers will play an absolutely critical role in developing their child’s speech, language and communication skills.

The service aims to ensure that children and young people reach their speech, language and communication potential, whatever their level of ability and preferred communication method (speaking, writing or using alternative or augmentative communication aids like PECS or electronic devices). The service also delivers any therapy approach specified in a statement of special educational needs (SEN) or in the new education, health and care (EHC) plans and supports children who have swallowing difficulties.
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Who is this service available to?

This service is available to children aged 0-18 who have:

- mild, moderate or severe learning difficulties
- physical disabilities
- language delay
- specific language impairment
- specific difficulties in producing sounds
- hearing impairment
- cleft palate
- stammering (dysfluency)
- autism/social interaction difficulties
- dyslexia
- voice disorders
- selective mutism
- swallowing difficulties

Children will receive an assessment by a speech and language therapist if they have a significant speech, language and communication need. The service will usually ask a parent or carer and the child’s school or nursery to complete a questionnaire which helps to identify a child’s needs. If a child is assessed as having a significant level of need then an appropriate therapeutic programme, based on the best available evidence of what will work, will be designed and then put into action.

The service is delivered in the following teams:

Early Years SALT

This team supports children who are not yet at school (under 5) and their families. This service mostly takes place in children’s centres, nurseries and nursery classes attached to schools. Support provided includes groups and individual therapy for children and their parents. In addition therapists support early year’s practitioners to ensure that children’s centres and nurseries/schools can also help develop children’s speech, language and communication. This is achieved by training staff, sharing resources such as language focused games, and ensuring the child’s environment promotes language and communication. The focus in early years SALT is on the prevention of problems and on early identification of needs and a quick resolution to issues.

Waits

Current waiting times for early year’s SALT assessment are 12 weeks. If a child has an identified need for therapy then it will be a further 12 weeks until this starts. In the interim many programmes and much support is offered to help children continue to develop their speech, language and communication. Groups offered include getting ready for school, developing play between child and parent and using music to develop speech skills.

Access

Early year’s SALT is available to children resident in Hammersmith and Fulham, Westminster and Kensington and Chelsea or those attending early year’s settings in these boroughs.

Child Development SALT

Some children have higher and more complex levels of needs and disabilities such as Autism, Down’s Syndrome or Global Developmental Delay (GDD). These children will be supported, under 5, via group and individual therapy programmes. A multi-disciplinary team including paediatricians, SALT, physiotherapists, occupational therapists, music therapists and clinical psychologists will develop joined up programmes that support a child across many areas of need (physical, emotional, verbal etc). The SALT teams are based at child development centres – at White City, Chelsea and Westminster Hospital, South Westminster clinic, St Mary’s hospital and Woodfield Road health centre.

Waits

As this service supports children with some our highest levels of need waits times for assessment are the shortest at 6 weeks. Therapy programmes will commence in a further 6 weeks. Again much interim support such as parental advice and groups for families are available.
Access

Children are eligible for child development services including SALT if they live in the tri-borough or have a GP in these boroughs.

School SALT

Once children start school, whether a mainstream primary or a special school, speech and language therapy programmes will be developed appropriate to a child’s needs. This may be an individual or group therapy programme or it might be a programme designed by a therapist implemented by a class teacher or teaching assistant. All children with a statement of SEN or an EHC plan will have the therapy and other support specified within those documents, delivered by this service. For children who have been supported in the child development service, this transition to a new team of therapists might feel a bit difficult for a parent or the child. However all SALT teams work together to plan programmes and handovers and each team has different expertise which are most suitable for the children they work with.

Waits

Children in school who are new to the service will wait 12 weeks for an assessment and a further 12 weeks for a programme to start (unless they are part of child development services). Much work will have taken place before this by schools to try to develop a pupil’s speech, language and communication skills. Schools can also access funds (SEN budgets and pupil premium) that can buy additional SALT time or resources to help children with low level and moderate needs develop further as the schools service is only available to pupils with significant levels of need.

Access

Speech and language therapy in schools is available to children attending all local state schools, including free schools and academies, in the tri-borough.

Children attending schools outside the tri-borough will usually access therapy at their school. If funding is required for this therapy from a child’s home education or health authority this can be organised.

For children attending independent / private schools the service will assess children who are likely to have a significant need level of need, as happens in state schools. However no additional support and training is currently available from the service in these settings, unless the school purchases it. We would also expect the school to show evidence of how they have tried to develop a child’s speech, language and communication, as we do for pupils in state schools.

The above arrangements help to ensure we have a fair service for all children, whatever school they attend.

How do you access this service?

This service is categorised as a universal, targeted and specialist service, which means that elements of it, such as early year’s SALT programmes, are available to all children. However in order to receive an assessment and a therapy programme a child will usually need to have a significant level of speech, language and communication needs. All children who have a statement of SEN or EHC plan, with speech and language therapy and support specified within it, will have access to the service.

The service can be accessed in a variety of routes:

- In the early year’s parent can request advice and support and assessment in all early year’s settings (children’s centres, nurseries etc). Early years practitioners can also make referrals to the SALT service if they feel a child has needs requiring support, assessment and therapy.
- Children are usually referred to the child development service including the SALT team, via a hospital clinician, a health visitor or a GP. Referrals for this team do need to come from a professional such as those listed above, or from a school, educational psychologist or SENCO.
- Children requiring an assessment in school will usually be identified by a member of school staff and then referred to the school’s named therapist. Parents can also request a referral, and making this request to your child’s class teacher or the school SENCO is the easiest route. Parents can also ask their GP to make a referral.
How do we ensure the quality of this service?

The service is commissioned (contracted and funded) to deliver speech and language therapy that conforms with national standards including those from the Royal College of Speech and Language Therapy (RCSLT) and the National Institute of Clinical and Health Excellence (NICE).

The service reports to funders on performance through submission of a quarterly report and through discussion at quarterly meetings.

The service and any service issues (such as capacity, any emerging areas of need or specific trends) are also discussed at a tri-borough speech, language and communication commissioning group.

FOR MORE INFORMATION, PLEASE CONTACT:
Speech and Language Therapy Service
Central London Community Healthcare NHS Trust
Parsons Green Centre,
5-7 Parsons Green
London, SW6 4UL
T 020 8846 7987
W Web: www.clch.nhs.uk

Westminster Early Support Service

What does this service do?

Early Support is a way of working underpinned by 10 principles that aim to improve the delivery of services for disabled children, young people and their families. It enables services to coordinate their activity better and provide families with a single point of contact and continuity through Key Working.

Early Support ensures that service delivery is child and family centred. It focuses on enabling services and practitioners to work in partnership with children and their families.

The Early Support Service in Westminster offers key working support to families caring for a child aged 0 to 5 years who has a disability or complex health needs.

Key workers:

a) Work in collaboration with children and young people with disabilities and/or complex health needs and their families to ensure that all support is family-centred

b) Co-ordinate provision of and communication between services and ensure families are fully aware of who is involved, for what purpose and when.

c) Provide a single point of contact responsible for providing of information and facilitate access to services and support at the appropriate time.

d) Maximise early intervention, proactive practical and emotional support and provision of coherent packages of services.

e) Empower parents/carers to feel and become more involved in and in control of achieving positive outcomes for their child with a disability and/or complex needs, themselves and their family.

The aim of the Early Support Service is to ensure a consistent approach in working with parents to be and parents with children 0 – 5 years, according to shared set of key principles.

These are:

• co-ordinate, streamline and add value to existing services for children with disabilities
• involve parents, grandparents and other carers in ways that build on their existing strengths;
• ensure lasting support by linking activities to services for older children;
• be culturally appropriate and sensitive to particular needs.

Who is this service available to?

Early Support Service is available to families who have a child under age of 5 with complex disability (children identified by Child Development Service on Nurturing, Down Syndrome, Cerebral Palsy and Social Communication Pathways). Support is offered
How do we ensure the quality of this service?

The Early Support Service provides quarterly reports about service and if they meet Key Performance Indicators identified. This report is presented to Commissioners and comprises of statistical data about the number of families supported by us and a case study that demonstrates work we do with families. Families are asked to give consent for case studies (always presented anonymously).

Once a year, we ask all families that we supported during the year to fill in a yearly survey and give us their views about the service including any suggestions on how service could improve. At the same time, we send survey to professionals that work with us closely and ask for their views about services and suggestions of how we can provide service that is fit for purpose.

We continuously ask families that we support to give comments about their experience with a service and are willing to listen to the views expressed by families.

When we close an Early Support case, we ask family to tell us how we have supported them to move on, what we have achieved while working with them and if they feel better equipped to deal with complex family circumstance as a result of support they received.

Throughout the year, we collate informal feedback from families and professionals. These are used in addition to formal survey to help us improve service.

FOR MORE INFORMATION, PLEASE CONTACT:
For more information about the Early Support Service in Westminster, contact Nada Calovska or Azniv O’Driscoll at Rainbow Family Centre, The Westminster Society for People with Learning Disabilities
T 020 8968 2690
E ncalovska@wspld.org or aodriscoll@wspld.org