SPEECH AND LANGUAGE THERAPY REPORTS: HOW DO I INTERPRET THEM AND THEN WHAT DO I DO?





WRITTEN BY BECKY FREWIN SPECIALIST SPEECH AND LANGUAGE THERAPIST

PART 1—INTERPRETING THE REPORT AND DEVISING YOUR APPROACH

Speech and language therapy reports provide a wealth of information on a child's current speech and language levels and (hopefully!) a number of recommendations for how best to provide effective intervention. However, these can often feel onerous, particularly for newly qualified practitioners.

I am hoping to provide some solutions to help Early Years colleagues feel more informed and empowered when working with children with speech, language and communication needs (SLCN).



I'm Becky Frewin, and I've been a qualified speech and language therapist (SALT) since 2005. I've worked in a variety of settings and localities with children and adults. I currently own and run a successful independent practice in Cambridgeshire. In this blog, I hope to share some of my knowledge to help Early Years colleagues interpret and work towards speech and language therapy targets.

TERMINOLOGY-BUSTING

As communication experts, SALTs try to avoid jargon wherever possible. However, that isn't always possible, so to ensure that you can read a speech and language therapy report effectively, it's important that we clarify some of the basics:



RECEPTIVE LANGUAGE: what a child or adult understands

EXPRESSIVE LANGUAGE: what a child or adult says (this can be spoken, signed or communicated in another, alternative way such as picture exchange)

SPEECH: how we make and put sounds together, using the mouth, lips, tongue and teeth

COMMUNICATION: the exchange of information by speaking, writing, gesture, or any other means – 'getting our message across'

DELAY: when speech and/or language is being acquired in a typical pattern, but it is slower than expected

DISORDER: when speech and/or language is being acquired in an atypical pattern children can require intervention in any or all of the receptive language, expressive language or speech domains

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A JOINED UP APPROACH IS KEY

Where SLCN are concerned, the more the merrier! The most successful interventions happen when the parents, wider caregivers, Early Years practitioners and SALT work together to support the child.

"Interprofessional collaboration and practice (IPCP) is considered the cornerstone for effective service delivery for children with speech language and communication needs (SLCN)." (Language et al., 2023)

Upon receipt of the report, parents should share this with all professionals and family members involved in the child's care. A meeting should be arranged where possible to formulate a plan on how best to address the child's individual needs. The SALT should be invited to this meeting.



LITTLE AND OFTEN!

Where a report provides a number of recommendations, it can be tempting to try to address all of them in a 'megasession' whenever the child is in the setting.

In my practice, I have seen Early Years colleagues remove a child from an enjoyable activity into a separate room, away from their peers, where a series of unfamiliar (and often unenjoyable) activities were presented to them. Neither the child nor the practitioner enjoyed themselves, and invariably little progress was made.

Vygotsky and Piaget were both key researchers who established that children learn best through play. Practitioners will benefit from learning how to weave speech and language therapy targets into a child's play activities within the setting to maximise potential speech and language outcomes.



IN MY NEXT BLOG, I HOPE TO EXPLAIN A LITTLE MORE ABOUT THE PRACTICALITIES OF WEAVING THOSE TARGETS INTO YOUR EVERYDAY ACTIVITIES IN YOUR SETTING!

REFERENCES:

Langner, et al, (2023), "Interprofessional collaborative practices for speech, language and communication needs in early education and care: comparing Dutch and Norwegian perspectives" (European Journal of Special Needs Education)

Mathias, L. "Vygotskian theory of play – who is Vygotsky and what is his legacy?" https://www.teachearlyyears.com/nursery-management/view/pioneering-play



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