

HERTFORDSHIRE CHILDREN AND YOUNG PEOPLE'S SPEECH & LANGUAGE THERAPY SERVICE

REFERRAL GUIDELINES

In the first instance, parents, carers and professionals are advised to access the video resources and activity sheets on our website <https://www.hct.nhs.uk/our-services/childrens-speech-and-language-therapy>. You can check the progress of a child's communication development via these progress checkers: [5-11 years](#) and [11-18 years](#). This tool has been produced by Speech and Language Therapists based on typical developmental milestones. It provides a guide for children aged 6 months to 11 years and signposts you to further information and resources. Schools are also advised to review the advice and strategies within the [Hertfordshire SEND Toolkit](#).

Under 2;06 years			
Children under 2;06 years will be starting to use more words and their understanding of words will be growing quickly. They may get frustrated when they can't get their message across.			
Should you have concerns regarding your child's speech and language development, please speak to your Health Visitor or local Family Centre about activities and groups that you can attend. They will often be able to provide you with advice on ways to support your child at home. If your child is aged over two years six months, they may advise you to book on to one of our virtual screening clinics. Virtual screening clinics are available for children aged 2;06 years until school aged. Children under 2;06 years can be referred directly to the Children's SLT service by a health professional if they have additional needs and there is a clearly identified language, communication, and/or eating/drinking need.			
By 3;0 years			
Children aged 2;06 – 3;0 years will be starting to link their words together and ask questions to help them learn. They often enjoy chatting with adults they know well.			
	LISTENING	TALKING	INTERACTING
Refer to speech and language therapy service if....	Limited reaction to spoken language when heard e.g. not following requests in routine instructions e.g. 'arms up' when putting a jumper on	Not yet using single words. Struggles to be fluent when they talk (i.e. sounds like a stammer) Sounds or words may appear to get stuck or they may repeat sounds and words as they speak.	Often spends time alone and does not tend to seek out others. Not yet attempting to use language or non-verbal skills to interact with others e.g. to greet, request, show.
	Language development appears to have regressed or progress hasn't been made over a period of a few months.		

Between 3;0 to 4;0 years			
Children of this age now have a number of words and sentences. They use language to make new friends and work out problems. They talk to find out information and ask lots of questions.			
Refer to speech and language therapy service if....	<p>Does not understand simple commands such as</p> <ul style="list-style-type: none"> • finding objects or pointing to pictures in a book on request • following instructions like 'put that in the bin' or 'go and get your shoes' when you are only using language and not gesturing 	<p>Using single words or 2 word utterances only.</p> <p>Close relatives understand very little speech.</p> <p>Struggles to be fluent when they talk. Sounds or words may appear to get stuck or they may repeat sounds and words as they speak.</p>	<p>Finds it difficult to join in games and play with others.</p> <p>Struggles to join in appropriately with a to and fro conversation.</p>
School Age			
School aged children will be learning how to listen, understand more and share their ideas in bigger groups and with new people. They will have conversations to share information, make friends and explain how they're feeling.			
Refer to speech and language therapy service if....	<p>Language difficulties are present in two or more of the following areas, and are impacting on learning and everyday communication:</p> <ul style="list-style-type: none"> • Understanding of questions, such as 'who, what, where' • Following instructions • Learning and remembering vocabulary • Use of appropriate sentence structure when talking • Use of grammatical markers when talking e.g. plurals, past tense, pronouns • Ability to recount a story or sequence of events <p>Speech sound difficulties i.e. the child is unable to produce some sounds accurately and this impacts on their ability to make themselves understood.</p> <p>Social communication/interaction difficulties – please discuss any concerns with your link therapist.</p> <p>Fluency difficulties i.e. the child struggles to be fluent when they talk and may repeat sounds/words or appear to get</p>		

	<p>stuck on them.</p> <p>For any of the above areas, please ensure that in the first instance relevant advice and strategies from the ‘Useful Information’ section of the website have been put in place for the child. These should be implemented over a period of one term and progress monitored. If progress has not been made following on from this, and the presenting difficulties are impacting on the child’s learning, social interaction or behaviour, then please contact the advice line to discuss completing a referral (01992 823093) Please keep a record of support provided to include with your referral.</p> <p><i>Please note that children should only be referred if the child is presenting with difficulties learning all languages and not difficulties acquiring English (EAL)</i></p>
<p style="text-align: center;">Voice Difficulties</p> <p style="text-align: center;">Referrals for voice difficulties will only be accepted once a child has been seen by ENT Please speak to your GP for further advice</p>	
<p style="text-align: center;">Hearing Difficulties</p> <p>Children with diagnosed hearing loss should be referred directly to the service. Often this is completed by their Audiologist or a Specialist Advisory Teacher for Hearing Impairment/Teacher of the Deaf. For families who use British Sign Language (or another sign language) signing interpreters are available.</p>	
<p style="text-align: center;">Feeding Difficulties</p> <p>If you are worried about your child’s eating and drinking skills, please speak to your Health Visitor in the first instance. Referrals for eating and drinking difficulties will only be accepted from a Health professional, e.g. GP, Health Visitor, Paediatrician, Dietician.</p> <p style="text-align: center;">We do not carry out assessments of eating and drinking at our Drop In clinics.</p>	
<p>Guidance for Health professionals only; refer to speech and language therapy service if....</p>	<ul style="list-style-type: none"> • Feeding difficulties at birth as a result of specific medical problems, e.g. Prematurity, Syndromes, Cerebral Palsy (over 34 weeks gestation at point of referral) • Suspected aspiration (food/fluids entering airway), observed through coughing / choking / eyes watering / colour change / respiratory distress / gurgly voice quality. Click here for clear identification of choking versus gagging. • History of frequent chest infections and / or upper respiratory illness e.g. bronchiolitis • Faltering growth in association with any of the above • Significant oral motor difficulties that has an impact on their ability to eat and drink safely. Significant oral motor difficulties that has an impact on their ability to eat and drink safely. Click here for more information regarding oral motor skills and feeding and review development stages in Infant and Toddler Feedings here. • A sudden change or deterioration in feeding skills with associated concerns regarding swallow safety. • A high risk of aspiration and whose texture / consistency modification plan requires review.

<p>Speech and Language Therapists do not provide feeding and swallowing assessments to children or young people who:</p>	<ul style="list-style-type: none">• Display difficulties associated with weaning e.g. refusing solids, spitting out / refusing lumps, where there is no associated medical or neurological condition• Display difficulties which are behavioural and / or sensory e.g. food refusal / fussy eaters / restricted diet• Have a poor appetite, in isolation of any other difficulties• Have a Reduced level of alertness and / or are medically unstable• Are known to aspirate on oral secretions (saliva) therefore are unsafe for any oral intake• Have (Primary) unmanaged gastroesophageal reflux• Are less than 34 weeks gestation at point of referral, as not appropriate to commence oral feeding. <p><i>If you have concerns regarding any of the above please access support from your health visitor or GP who can direct you to the most appropriate service required.</i></p>
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