

Speech and Language Therapy

Referral Criteria – Children’s Team

Please use the appropriate referral form - pre-school, school age or feeding. You can download these from the department website:

[http://www.wyevalley.nhs.uk/visitors-and-patients/county-hospital-\(acute\)/a-z-departments/speech-and-language-therapy.aspx](http://www.wyevalley.nhs.uk/visitors-and-patients/county-hospital-(acute)/a-z-departments/speech-and-language-therapy.aspx)

You can also refer to our **referral guidelines information pack** that contains:

- Age-norm related guidelines
- Details of organisations/websites offering additional advice and support
- Resources for use with children who do not meet the referral criteria.

Pre-school and Primary School Age Children

Referrals will be accepted when there is evidence of:

- A 12 month delay – please evidence this on your referral form. Your referral form will be returned if you have not included sufficient evidence.
- Stammering
- Voice difficulties e.g. hoarseness.

Please note: A referral to ENT is required before a referral is accepted. This can be made via the GP or other hospital consultant

Therapy for **lisps/lateral S*** is not generally undertaken until the child is at an age where they have good awareness, generalisation and self-monitoring skills and the motivation to want to change their speech themselves. This can be around the ages of 7 – 10 years.

*(A **lisp** is production of “s” as “th”. A **lateral s** is an “s” that sounds wet or slushy)

Secondary School Age Children

We **do not** accept referrals for secondary school age children unless there is evidence of the following:

- Stammering
- Voice difficulties e.g. hoarseness

Please note: A referral to ENT is required before a referral is accepted. This can be made via the GP or other hospital consultant

- Severe or profound hearing loss e.g. 60 – 80dB or more

- Children with severe and complex communication difficulties, associated with severe learning difficulties
- The child requires augmentative and/or alternative communication

Stammering

If any of the following are noted, please refer to Speech and Language Therapy:

- There is parental concern
- The child is showing signs of frustration
- There is a family history of stammering or speech and language difficulties
- The child has had any other difficulties with speech and language
- The child's general behaviour is causing concern

Please Note:

- Do not wait to see if the child 'grows out' of it
- Stammering is episodic and may not be evident during the child's appointment
- Stammering therapy is more effective before the age of five.

Advice leaflets are available from www.stammering.org

The Speech and Language Therapy team recommend:



Feeding and swallowing

The feeding and swallowing team accepts referrals for:

- Children from 0-18 years with suspected feeding /swallowing difficulties **and** other physical/developmental/learning needs in more than one area of development.
- Children from 0-18 years with suspected feeding/swallowing difficulties and *suspected or emerging* physical/developmental/learning needs in more than one area of development.
- Children from 0-18 years without other physical/developmental/learning needs will not be assessed unless there is evidence of concern regarding aspiration risk made clear on referral.
- Health Visitor and Community Nursery Nurse referrals must be accompanied by a screening form. *Please note: Health Visitors and Community Nursery Nurse referrals will only be accepted where the referrer has attended training by Speech and Language Therapy in how to use the screening form appropriately.*

Glen Burley, Chief Executive

Russell Hardy, Chairman

The feeding and swallowing team will **not** see:

- Children with feeding difficulties in the absence of wider physical/developmental/learning needs. There is an expectation that these children are managed by their Health Visiting team at preschool level. Support and training is available to Health Visitors to develop and maintain skills in this area. Where Consultant or GP referrals are received for this group of children, they will be advised to seek the support of the Health Visiting teams in the first instance.
- Where feeding difficulties occur in children with broadly typical development but where children show wider Speech and Language problems, these children should be referred for general assessment of their Speech and Language in the first instance. Specialist feeding therapists will become involved to offer second opinions, with support to assess and treat to other parts of the Speech and Language Therapy team. Regular access to Specialist feeding therapy for children also being seen by other Speech and Language Therapists will be considered on a case-by-case basis based on clinical need.
- In school-aged children with sudden onset feeding aversion/restriction (e.g. following illness), but with a previous history of successful eating, Speech and Language Therapy will not assess unless there are indications of aspiration. These children are more appropriately supported through the Mental Health service.

Re-referrals to the Speech and Language Therapy service

For a re-referral to be accepted, the referrer must be able to demonstrate:

- A significant change in the child/young person's speech/language/communication
- A change in readiness/commitment to therapy (child/family/school)

For further information, please contact the Speech and Language Therapy team – 01432 363975

Glen Burley, Chief Executive

Russell Hardy, Chairman