

Speech and Language Therapy for Children and Young people

Referral guidance

Introduction

This guidance has been written to help you complete the new Speech and Language Therapy service referral form (in use from 1st December 2019). We have made a number of changes to our referral form to ensure that we have the most accurate and up-to-date information in order to process and triage referrals.

We will only be accepting referrals that are on this form and ask that professionals do not provide information only via email, SystemOne tasks, dictated letter or other formats to make referrals.

This document will guide you through each section of the referral form and explain the reasons why we require this information and also outline how you can complete the referral.

Section 1

- 1.1) This referral **must** be completed in conjunction with a parent/carer.
- 1.2) **Please complete all sections in black ink. Any forms which are illegible or incomplete will be returned to the sender.**

1.3 As)Speech and Language Therapy input is only effective if someone is available to carry out the recommendations, the referral will only be accepted when a key person is identified. Please provide the name of the person(s) who will support the SLT recommendations (e.g. family member, other carer, health professional, or member of staff in the educational setting).

Name _____ Relationship _____

- 1.4) **Is this referral in relation to the child's:**

Eating/drinking and swallowing **Communication** **Both**

- 1.1 All referrals to speech and language therapy **must** be discussed and completed with the parent/carer of the child/young person. By having this discussion you have not only gained explicit consent to refer but you have also gained their thoughts and feelings about their child's skills and needs.
- 1.2 If you feel that you do not have any information to add to one section of the form please indicate not applicable to show that this area has been considered.
- 1.3 As stated above, our input is only effective when we are able to work alongside a primary partner. This could be a family member, a carer, a health professional or a member of staff who works in an educational setting. Once you have identified who this would be, you **must** record this information in the section illustrated above.
- 1.4 Please indicate what your concerns relate to in terms of, eating, drinking, swallowing skills and/or communication. This again allows us to ensure that the child / young person's needs are managed by the most suitable team.

Section 2

Forename:	Surname:
Gender: M/F	Date of birth:
Address: Postcode: Land line: Mobile(s): GP Practice:	Protected address: yes/no
	Name of school/nursery/pre-school:
	Sessions attended (days/times):
	Year/Stage:
	Permission to contact via text: yes/no
Name of parent(s)/carer(s):	Relationship to child/young person:
2.1 Who holds parental responsibility?	Contact details of person with parental responsibility (if different):
2.2 Safeguarding information (if applicable):	
Is this a looked after child /young person? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is there a child protection plan? Yes <input type="checkbox"/> No <input type="checkbox"/> Category:	
Named Social Worker:	Contact Details:

This section must be completed with the most up-to-date information as this will allow us to contact the parents/carers and schedule appointments at appropriate times.

2.1 What does 'parental responsibility' mean?

Parental responsibility is the person / people who have the legal rights, duties, powers, responsibilities and authority a parent has for a child and the child's property. A person who has parental responsibility for a child has the right to make decisions about their care and upbringing.

Who has parental responsibility?

- Mothers automatically have Parental Responsibility and will not lose it if divorced.
- Married fathers automatically have Parental Responsibility and will not lose it if divorced.
- Unmarried fathers **do not automatically** have Parental Responsibility.
- Step-fathers and Step-mothers **do not automatically** have Parental Responsibility.
- Grandparents **do not automatically** have Parental Responsibility.
- For Looked after Children and Young People the Local Authority may hold the parental responsibility.

See www.gov.uk/parental-rights-responsibilities for guidance.

2.2 Please indicate for **all** children/young people whether there are any safeguarding concerns. If the child / young person has a Child Protection Plan please indicate the category of the concerns e.g. neglect, physical abuse etc.

Social Worker details, are necessary for children with safeguarding concerns, to ensure that we are sharing relevant information with the appropriate people e.g. appointment letters and reports.

Section 3

3.1) What languages are spoken at home?	What is the child's first language?	
3.2) Is an interpreter required for the child / young person?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is an interpreter required for the parent / carer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.3) Are the child/young person's language skills the same in all languages?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

3.1 Please tell us about all of the languages that are spoken at home and list who speaks which language.

- *First language:* Please tell us which language you feel is the child/young person's main language; which language is spoken most at home and school?
- Which language does he/she prefer?

3.2 Please tell us if an interpreter will be needed and in which language. This will help us in providing written information and during assessment.

For the purpose of speech and language assessment, an independent interpreter is required and it is not appropriate to use a family member. If any patient insists on using a friend or family member as an interpreter, it is essential to be sure this is their choice and explain to him/her the importance of using professional interpreters. This is linked to the ability of the other person to understand and interpret health information, over-protectiveness, bias or conflicting interests and may not be conducive to the sharing of confidential information. This can only be assured if a professional interpreter is used to discuss this with the patient. A telephone interpreter could be used to confirm this and it should be recorded in the patient's healthcare record. (Policy and Guidance for Interpreting and Translation, 2017).

Please advise us if the family have used an interpreter before? Also let us know if school have got access to an interpreter service.

3.3 Let us know if the difficulties the child/young person is experiencing in each of the languages that they speak.

- Inform us if you feel the child's language difficulties more significant in one language over another.
- Please discuss with parents how they feel the child/young person is managing with their language skills in the other languages spoken at home.
- Tell us if they have any involvement with EAL services

Section 4

4.1) Medical information:

Does the child/young person have any specific diagnoses?

Are there any developmental concerns about this child / young person?

4.2) Which other professionals / services are involved?

4.3) Are there any hearing or vision concerns?

4.1 Please detail any input from medical professionals; this may include hospitalisations, appointments, medical investigations, medication. Please include any information about a child/young person's diagnoses if known. This is important as it can help us to triage the child/young person to the most appropriate clinical team.

4.2 In this section, please add any other professionals / services who are supporting the child/young person and their family i.e. community support services (e.g. Early Help), Occupational Therapist, Physiotherapist, CAMHS, Paediatrician, Family Worker, Ophthalmology, Drug & Alcohol services.

Where known please add the names of the professionals involved and describe the nature of the support that they are providing.

4.3 Has the child / young person's hearing and vision been tested and what were the outcomes of these tests.

A referral to audiology is not essential prior to making a referral to SLT, however if you have any concerns about the child's hearing (e.g. frequent ear infections, asking for TV to be turned up, congestion, not responding to their name or environmental sounds) please refer to audiology and await an outcome before making a referral to speech and language therapy.

Section 5

Area of concern	No concern	Some concern	Significant concern	Describe the difficulties and what problems are they causing?
Attention and Listening				
Understanding Spoken Language				
Using Spoken Language				
Use of speech sounds				
Social Interaction and Play				
Stammering				
Voice/vocal quality				
Behaviour and Emotional Well Being				
Eating, Drinking and swallowing				

This section asks you to consider the child/young person's communication and eating, drinking and swallowing skills. You must rate your level of concern; describe the difficulties that you feel they are presenting with and how they affect their academic, social, emotional and behavioural functioning on a day to day basis.

The following ages and stages documents can assist you in making an appropriate referral.

Under 5 years

https://www.thecommunicationtrust.org.uk/media/363847/tct_univspeak_0-5.pdf

Ages 5 to 11 years

https://www.thecommunicationtrust.org.uk/media/363850/tct_univspeak_5-11.pdf

Ages 11 to 18 years

https://www.thecommunicationtrust.org.uk/media/363856/tct_univspeak_11-18.pdf

Please find below some specific factors that will help you consider the impacts of the difficulties that the child/young person is experiencing. These are just examples and there may be other factors that you wish to inform us of.

Attention & Listening

Is the child easily distracted?
Is the child able to attend and complete a task, without help to keep focused?
Is the child able to attend to the speaker in a 1:1 and group situation?
Is the child able to listen to new information and remember it?

Understanding of spoken language

Is the child able to follow instructions or a story without pictures?
Does the child respond to questions or follow a conversation appropriately?
Do they find it hard to learn new words?
Does the child understand humour and inferred meaning ('reading between the lines')
Does their level of understanding affect their behaviour and emotional well being?

Using spoken language

Is the child able to make needs, wishes, feelings and thoughts known?
Is the child able to communicate information effectively?
Do they rarely participate in group discussions, or volunteer information?
Are their sentences immature e.g. word order may not be correct?
Do they sometimes speak about things that are not appropriate to the conversation?
Is the child using other non verbal means of getting their message across e.g. gesture, pointing?

Use of speech sounds

Does the child have difficulty in being understood by others?
Is the child demonstrating any signs of frustration at not being understood?
Are the family able to understand what the child is saying?
Is the child missing out or using wrong sounds in words? Provide examples where possible.
Is there a nasal quality to the child's speech?

Social interaction and play

Is the child aware of and engaged with carer/other children during their play?
Is the child able to take turns and understand the rules in simple play activities?
Does the child have difficulty understanding another's point of view or taking turns when talking?
Does the child have difficulty in understanding body language and facial expressions?
Is the child able to play imaginatively?
Does the child start communication? e.g. by asking, pointing or showing what they want?

Stammering

Are you or the parents concerned that the child might be stammering?
When did anyone first notice that the child was stammering?
Have nursery or school staff noticed the child stammering?
Does the child show any awareness? e.g. giving up, becoming upset or frustrated, putting their hands over their mouth, not wanting to talk
Is the stammering impacting on the child's participation in social or school activities?
Does the child have a family history of stammering, speech and/or language problems?
If more than one language is spoken, is the child stammering in both languages?

Voice

Has the child or young person experienced persistent or recurrent episodes of complete or partial voice loss?
Is the child or young person unable to use a soft and loud voice when they need to?
Have they experienced a persistently hoarse voice quality (lasting longer than two weeks) which affects their ability to communicate?
Have they had a persistently 'breathy' or 'weak' voice quality (lasting more than two weeks) which affects their ability to communicate?
Have they described any persistent discomfort in their throat alongside difficulties producing voice e.g. burning, tickling, soreness or aching.
Has the child or young person had a noticeable sudden and on-going change to their normal voice quality (unrelated to maturing adolescent voice) which impacts on their ability to communicate?

Eating and drinking

Does the child have difficulties with eating a range of textures, as expected for age?
Is the child reluctant to try new tastes or textures?
Do they have difficulties in swallowing food or drink?
Do they have recurrent chest infections?
Has the child experienced reflux?
Does any food or drink come down their nose when feeding?
Are there concerns about weight gain/ failure to thrive?

Section 6

6.1) Describe what you have already tried to help the child/young person.. Has this been helpful? If so in what way?	
6.2) What specific outcomes are you hoping for from this episode of care?	

6.1 Please provide information about strategies, approaches or interventions have already been delivered and give us feedback on how successful they have been. Interventions could include;

- Early language development advice and visits from EYP
- Targeted interventions e.g. Early Talkboost, Talkboost, WellComm, BLAST, Speech Link or Language Link
- Support from Teaching assistant within class to differentiate the curriculum
- Parent support

6.2 Please be specific about what outcomes you are hoping for from the referral, for example:

- **Reassurance** to the relevant people involved with the child / young person
- **Advice / education**; e.g. for a target group of people where you feel that without this support the child/young person would not fulfil their expected potential. The outcome may be that the person seeking support is more informed and confident in managing the concern / need without on-going SLT input.
- **Signposting**; to direct you to appropriate resources. Please contact our service for discussion as we may be able to give you this information without the need for a referral at this time.
- **Assessment**; to enable decision making around the child / young person's needs. This may or may not lead to on-going intervention by the SLT service.

Section 7

Has the child been referred to Speech and Language Therapy before?

Yes

No

What has changed since the child/young person was last known to Speech and Language Therapy?

Describe how the previous recommendations have been put in place?

This section requires you to provide information about the nature of any previous speech and language therapy referrals. Please indicate:

- if the child / young person has previously been seen by the SLT service.
- If the child / young person has been seen we ask that you describe how their presentation has changed since they were previously known to the service.
- Re-referrals to speech and language therapy are often due to a change in the impact of the child's needs e.g. transition from school, increase in child's awareness.

Section 8

Learning/developmental progress

How is the child / young person making progress against expected levels?

Ahead of expected

Within expected

Below expected

Significantly below

Does the child / young person access any additional support?

Yes

No

Have you sought any professional advice to support this child's learning? e.g. Educational Psychology, Advisory Teacher

Yes

No

Please add details below. Please gain consent and attach reports.

Does the child / young person have an EHCP?

Yes

No

Does the child / young person have a support plan?

Yes

No

We have added this section as it is helpful to capture as much information about the child / young person's speech, language and communication in the wider context of their general learning.

Please tell us about the progress the child / young person is making and also provide any information about **any** additional support that they are receiving to manage either their learning or speech, language and communication needs.

If other education professionals have been involved with the child / young person, please list these and provided copies of any reports that you have (with appropriate consent for sharing).

It is also helpful to indicate if there is an EHCP or a support plan in place. This again guides clinical decision making and signposting the referral to the most appropriate staff.

Section 9

	None				Significant			
Level of parental concern	0	1	2	3	4	5	6	7
Level of referrer's concern	0	1	2	3	4	5	6	7
Level of child/young person's concern (if appropriate)	0	1	2	3	4	5	6	7

It is very helpful to identify the level of concern around a child / young person's difficulties. When completing this section please provide accurate and honest information. This will enable us to identify who has the greatest concerns and may guide our decision making around primary partners, readiness to work with our service and venue for assessment e.g. clinic, school, home visit.

Section 10

Referred by (please print):	
Full name:	Job title:
Contact address:	Postcode:
Telephone number:	
Signature of referrer:	
Date:	
If you are an education professional, please tick to confirm that this referral has been discussed with your SENDCo <input type="checkbox"/>	
Signature of Parent/Guardian:	Date:

Please ensure that all referrals are signed and dated by both yourself and parent / carer. For educational professionals we ask that you have discussed and shared all information within this referral with your SEND Coordinator.

Thank you for taking the time to read this advice. We hope that it has assisted you in making your referral to the children's speech and language therapy service. If you have any questions please do not hesitate to contact the service on: **(01429) 522471** or via email at nth-tr.sltadmin@nhs.net.