Updated April 2025

West Suffolk NHS Foundation Trust

Integrated Community Paediatric Services
Speech and Language Therapy Service

PAEDIATRIC SPEECH AND LANGUAGE THERAPY SERVICE
SPECIFIC GUIDELINES FOR REFERRERS

- We operate an open referral policy and children/young people are offered an appointment within 18 weeks of receipt of the referral.

- We see children/ young people up to the age of 19 years who:
  - live in Suffolk with a GP within East or West Suffolk or
  - who attend a Suffolk school full-time but do not have a Suffolk GP

How to Make a Referral

- Parent/legal caregiver consent for the referral must be obtained.
- All referrals must be made on the ICPS Referral Form and directed to the Care Co-ordination Centre. You can find the form here:

  https://www.wsh.nhs.uk/Services-A-Z/Childrens-services/Childrens-community-services/Information-for-professionals.aspx

- Referrals can be sent in three ways:

  - By sending a secure email by clicking here
  - By post: The Care Co-ordination Centre, Eighty-Six, Sandy Hill Lane, Ipswich, IP3 0NA
  - By phone: 0300 123 2425

- When referrals are received they will be screened by a Senior Speech and Language Therapist. A referral will only be accepted when all necessary information is received (e.g. bilingual form, Early Social Communication Checklist (ESCC), any relevant reports from paediatrician, school, audiology, EAL service, Educational Psychologist). Please provide a detailed description of difficulties with examples, whenever possible. If unsure, please phone to speak to a therapist.

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Specific Guidelines for Referrers

WHEN TO REFER FOR UNCLEAR SPEECH

If a child has unclear speech, and this is the main communication concern, then you can refer directly to speech and language therapy by completing a speech screen (see Appendix C for the pictures and form you need to complete). Once completed, return the record form with your referral form and they will be triaged together. Please do include any other examples of the child's speech you have recorded. If the referral is for a school aged child, you could instead use the Speech Link screen if the school has this available to them.

WHEN TO REFER FOR LANGUAGE DIFFICULTIES

For preschool children

In order for a referral to be accepted there **MUST** be evidence of three months of active intervention from universal services *(unless the presentation fits the exceptions listed below).* If this has not been completed, please refer to the child's health visiting team or preschool (if applicable) and request this before a referral is made.

- Complete a Wellcomm assessment, followed by 3 months of visits/follow up support from a practitioner to develop the child's attention, play and listening skills, while also supporting the family to continue these activities at home. After three months and a reassessment, please use the outcome of the second WellComm to determine whether a referral to Speech and Language therapy is required. After three months and a reassessment, if progress has been made, continue with your intervention. If little or no progress is seen make a referral.

- When writing referrals please clearly note the dates of assessment sessions carried out, what intervention has been offered and the progress made. Please give a summary description of the child's current skills alongside any letters/ numbers that describe sections from flowcharts/assessments and add in the age range alongside the section number when giving information from the WellComm

- The triage clinician will look at the child's overall profile (age, type of difficulties, any additional needs, and rate of progress) to determine whether the child requires specialist SLT input at this stage. The clinician may suggest specific support activities are continued for a particular time period, before offering specialist assessment.

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For school-aged children

Complete a screening tool (e.g. Language Link/NELI/Wellcomm Primary) and follow the advice given. School will then need to carry out interventions for two school terms. If following two terms of intervention the child makes limited or no progress, they can be referred to the speech and language therapy service.

Exceptions to screening/intervention for language:

- children working on early (pre-verbal or minimally verbal) communication who would not be able to access these assessments.
- children who have recently moved into the county with an EHCP and 'part F' provision for speech and language therapy – please attach the EHCP to the referral.
- children who have recently moved into the county who were receiving therapy from their previous NHS trust – please attach the most recent NHS speech and language therapy report to the referral.
- children learning English as an Additional Language (EAL) where there are also concerns with the development of the home language – please complete the questionnaire below (Appendix A Additional Language(s) Information Form)
- concerns with stammering, voice or feeding difficulties (see below).

WHEN TO REFER FOR THE EXPERIENCE OF STAMMERING

Age	When to refer
2 – 18;11 years	Any/all of: • Child or young person is aware/ worried about their experience of stammering • Parent is increasingly worried about their child's experience of stammering • When sounds being repeated, stretched or blocked becomes a problem for the child or young person • When the experience of stammering is leading to the Child or Young Person withdrawing from daily activities

WHEN TO REFER FOR VOICE DIFFICULTIES

Age	When to refer
At any age	**Referral to, and assessment by, Ear, Nose and Throat (ENT) is a prerequisite to SLT referral.** If you have concerns about persistent changes in the way a child/young person's voice sounds e.g. frequent loss of voice or hoarseness request a referral to ENT. ENT will refer on to SLT if needed.

WHEN TO REFER FOR SOCIAL COMMUNICATION CONCERNS IN PRESCHOOL CHILDREN

If there are significant social communication concerns with a preschool child, please complete the Early Social Communication Checklist (ESCC) (Appendix B).

UNDER TWOS: Once completed, if the child scores 4 or more and is under 2 years of age, there **MUST** be evidence of three months of active intervention from universal services to develop early communication skills prior to a speech and language referral. Please also refer to other available services to support social communication development e.g. Opportunity Groups, Little Stars, Children's Centre/Family Hubs. Following this period re-screen with the ESCC and if the child continues to score 4 or more re-refer and include both checklists with evidence of intervention completed including dates and what was done. Without this the referral will be returned.

OVER TWOS: Once completed, if the child scores 4 or more AND is over two years of age a referral can be completed to speech and language therapy. These children **may** be accepted without the requirement of 3 months active intervention by universal services. However, it is still helpful if a practitioner can give the family advice and demonstrate early communication strategies.

WHEN TO REFER FOR FEEDING DIFFICULTIES

When to refer	Example
Feeding difficulties at birth as a result of specific medical problems	Prematurity, Syndromes, Cerebral Palsy, Genetic conditions known to place a child at risk for feeding difficulties
Children with oral and/or pharyngeal phase feeding difficulties	Repeated coughing / gagging / choking on food or drink; Excessive amount of food or drink spilling from mouth; Needing an excessive amount of time to complete meals; Fatiguing with eating
Concerns about safety of swallow	Repeated coughing and/or choking on food or drink; Respiratory distress during or after feeds; Recurrent chest infections
Persistent difficulties with transitioning from smooth to textured food in children aged 9 months and over	Repeated coughing / gagging with food; Not chewing food; using hands to help move food around mouth in order to swallow
Difficulty re-establishing oral feeding in children on enteral feeds	Child or young person with a history of limited or no oral feeds for a period of time who is showing signs of aversion

	to re-introduction of oral feeds and/or shows signs of difficulty managing oral feeds as described above. (a medical professional must have assessed the child as appropriate for oral feeds; if you are requesting SLT assess safety for re-introduction of oral feeds please clearly state this in the referral)
Feeding difficulties associated with complicated gastroesophageal reflux disease	Repeated coughing / gagging; signs of feeding aversion
Children/young people with persistent dribbling after developmental age of 5 years	Child / young person (after the age of 5 years) with a persistent wet top and/or requiring dribble bibs across the day

Referral for the following concerns will be accepted with reports from the stated medical professionals.

- Failure to thrive in babies/children with feeding difficulties **after** paediatric and dietetic reviews.
- Behavioural feeding difficulties in children with underlying organic disease **after** dietetic review.

Referral for the following concerns will only be accepted with a relevant photograph.

- Clarification of identification of Restricted Lingual Frenulum - RLF ("tongue tie"). Please include photo of suspected RLF. If RLF is obvious, please refer to appropriate hospital services.

Please note, children with a sensory feeding difficulty with no organic cause may be seen for an initial assessment and given advice only, in order to rule out eating and drinking difficulties e.g. children with sensory issues, including children with an Autistic Spectrum Disorder.

OTHER PRESENTATIONS

English as an Additional Language (EAL)

If a child/young person is acquiring English as an additional language (EAL) and their skills in their first language are age appropriate, then there is no need to refer. (use your EAL school/pre-school team for advice). If their FIRST language is delayed/disordered, please fill in our additional form (Appendix A Additional Language(s) Information Form) and attach to the referral. For pre-school children, if using a Wellcomm assessment, you should complete this in the child's first language, using an interpreter where required to gather this information.

Selective Mutism

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If a child/young person has selective mutism with **no** evidence of other speech and language difficulties, please do not refer to speech and language therapy. Support can be requested from psychology services for these children. If the child is school-aged, school can contact the SENDCO advice line to ask the local authority for support.

Integrated Community Paediatric Services
Speech & Language Therapy Service

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Appendix A – Bilingual Form

Speech & Language Therapy: English as an Additional Language (additional information) please attach to your referral or send in if asked by the SLT service.

Child's Name: **DoB:**
NHS number: **Date of completion:**

Please fill in the following information about languages used at home:

What languages (including dialect) are spoken in the home? **Please** ask the family to be **specific** about any **dialects** (e.g. Bengali; Sylheti; Punjabi-Indian; Punjabi-Pakistan; Urdu; Mirpuri; Roma; Romanian)	Mother's language:
	Father's language:
	Siblings' language:
	Language used by any other family members who have regular contact with the child:
Is there a 'main' language/dialect in the home (the one that is spoken the most)?	
What is the **child's** 'main' language?	
At what age was the child first exposed to English? Where are they exposed to English? In which settings? During which activities? How often?	
What language/s do adults in the home speak to each other?	
What language/s do adults in the home speak to the child?	

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<table>
<tr><td>What language/s do the children in the home speak to each other?</td><td></td></tr>
<tr><td>What is your child typically saying in the home language (and English if they speak English)?</td><td>
<table>
<tr><th>Tick ✓</th><th>Home language</th><th>English (if using)</th></tr>
<tr><td>Single words</td><td></td><td></td></tr>
<tr><td>2-3 words joined</td><td></td><td></td></tr>
<tr><td>3-4 word short sentences</td><td></td><td></td></tr>
<tr><td>Longer sentences</td><td></td><td></td></tr>
<tr><td>Having a full conversation</td><td></td><td></td></tr>
</table>
</td></tr>
<tr><td>We will be working with an interpreter in order to help assess the child’s communication even if the parents/carers have proficient English. Which language/dialect should be used when working with this family? If the family speaks three or more languages, please list them in order of main language to minor/less used.</td><td></td></tr>
<tr><td>Does the parent/carer consent to an interpreter working with us? (If no, this will need to be discussed with the family)</td><td>Yes / No</td></tr>
</table>

Thank you for completing this additional information.

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Appendix B - EARLY SOCIAL COMMUNICATION CHECKLIST

CHILD'S NAME_____ DOB_____

NHS NUMBER_____

ASSESSOR (PERSON COMPLETING CHECKLIST)_____ DATE CHECKLIST COMPLETED_____

Question	Yes	No	Please include examples/details
Does your child interact with you using eye contact, facial expressions, pointing?	0	1	
Does your child use social gestures – e.g. wave to say hello or bye?	0	1	
Does your child like to do their own thing and be in a world of their own?	1	0	
Does your child have a variable or poor response to the language you use including response to their name?	1	0	
Does your child engage with activities that you have chosen?	0	1	
Will your child engage for 3 seconds or longer in an activity with another person such as 'peekaboo'?	0	1	
Can your child make a choice between two objects when offered – by reaching or pointing?	0	1	

Is your child using 5 or more words, objects, pictures or signs to ask for things that they want/need?	0	1	
Is your child demonstrating **understanding** of 5 words, objects, signs or gestures? E.g. ➢ to find an object where there is a choice of objects available. ➢ to know what is going to happen next (e.g. bathtime/bed/trip to the park). ➢ or to understand words like 'no' or 'stop'?	0	1	
Total			

Any other observations/comments:

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APPENDIX C: Speech and Language Therapy- Speech Sound Screen to support Referrals

Many children will have speech sound immaturities. The table below gives a guide as to when we expect sounds to develop:

Ages	Speech sounds used
2 ½ - 3 years	p, b, t, d, n, m, w, h
3-3 ½ years	f, s (using end sounds on words by 3;3)
3 ½ - 4 years	k, g, z, v,
4-4 ½ years	ng, sh, l, y
4 ½ -5 years	's' blends e.g. sp, sn,sw Ch, j
Up to 7 years	th and r 'l' and 'r' blends e.g. 'gr', 'fl', 'pl'

N.B. Children whose only speech errors are with any of 'sh', 'ch', 'j', 'l', and consonant blends will now only have their referrals accepted after age 6;0. Children whose only errors are with 'r' and 'th' will now only have their referrals accepted after 8;0.

If your primary concern with a child's speech and language is how clear their speech is, please complete the speech screen below. Use this, with the chart above, to consider whether onward referral is needed. If you are unsure, or would like to discuss the screen with a speech and language therapist please contact us on: childrensslt.icps@wsh.nhs.uk

Things to Consider

- This screen is suitable for use with young children but if a child is finding it difficult to complete the screen consider other ways to gather the information (such as using objects or observing their speech as they play/converse). Make a list of what they have said and how they said it and then compare this to the chart above.
- You only need to complete the screen to the appropriate level for the child's age
- If the child doesn't know a word you can give them clues or say it for them to copy. If they copy it from an adult model please make a note that it was copied by adding a C next to the word.
- Make sure the environment is quiet and other distractions are minimised so the child can concentrate and you can hear what they are saying.
- It's ok to gather the information across more than one session

APPENDIX C: Speech Screen Recording Form: Write down what the child said for the target sound or use a dash if the sound was left off the word.

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TARGET SOUND	WORD	START	WORD	MIDDLE	WORD	END
These sounds typically develop by 2;6 -3;0						
p	**p**ig		a**pp**le		cu**p**	
b	**b**ike		bu**bb**les		cra**b**	
m	**m**ilk		ha**mm**er		Ice crea**m**	
n	**n**ose		mo**n**ey		pho**n**e	
t	**t**eddy		bu**tt**on		ha**t**	
d	**d**uck		la**dd**er		brea**d**	
w	**w**hale		fire**w**ork			
h	**h**at					
These sounds typically develop by 3;0-3;6						
f	**f**ire		ele**ph**ant		lea**f**	
s	**s**un		dino**s**aur		bu**s**	
These sounds typically develop by 3;6-4;0						
v	**v**an		se**v**en		fi**v**e	
z	**z**oo		sci**ss**ors		chee**s**e	
k	**c**arrot		ro**ck**et		du**ck**	
g	**g**host		su**g**ar		ba**g**	
These sounds typically develop by 4;0- 4;6						
sh	**sh**ell		cu**sh**ion		fi**sh**	

l	**l**ion		ba**ll**oon		ba**ll**	
y	**y**oghurt		yo**y**o			
These sounds typically develop by 4;6- 5;0						
ch	**ch**air		tea**ch**er		wit**ch**	
j	**j**am		Fire en**g**ine		oran**ge**	
's' blend words typically develop by 4;6- 5;0						

TARGET SOUNDS	WORD	PRODUCTION
sp	**sp**oon	
sm	**sm**ile	
sn	**sn**owman	
sw	**sw**ing	
st	**st**ar	
sk	**sc**arf	
sl	**sl**ide	

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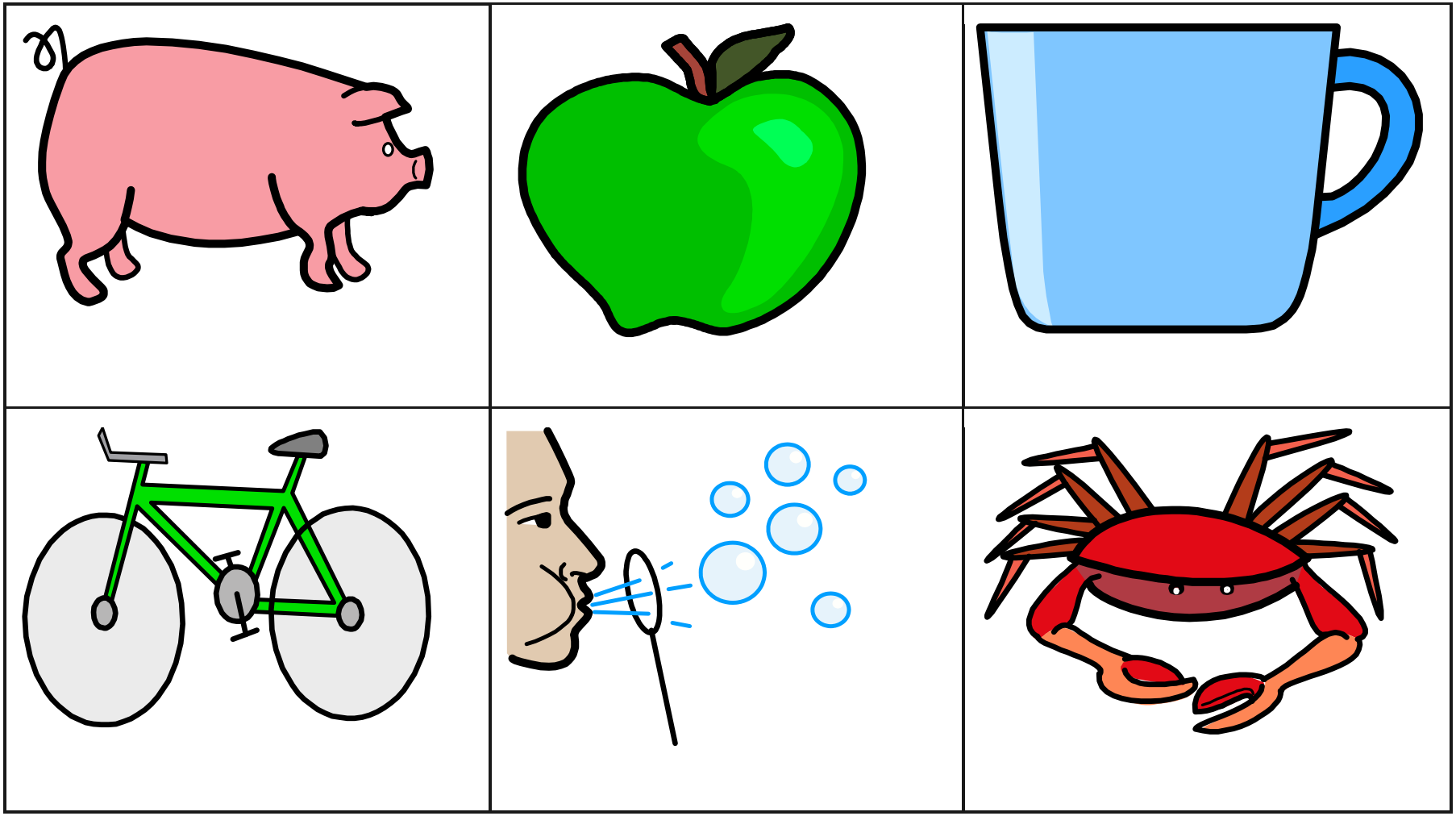
APPENDIX C: Speech Screen Pictures



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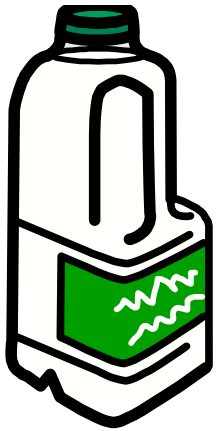	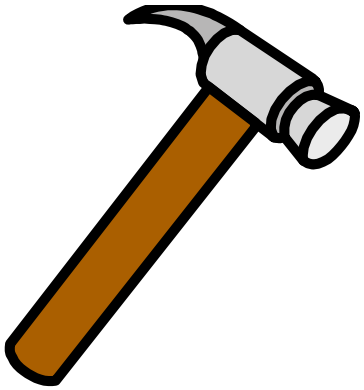	
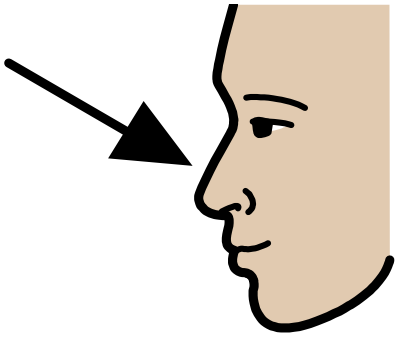		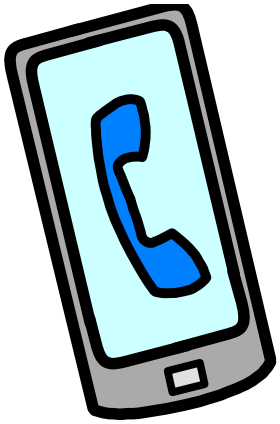

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	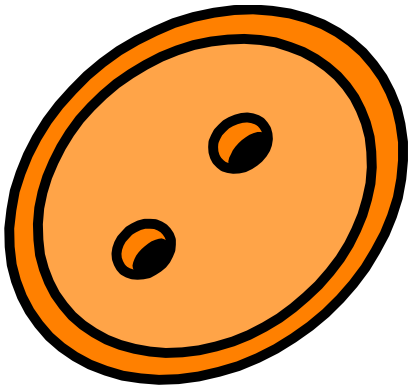	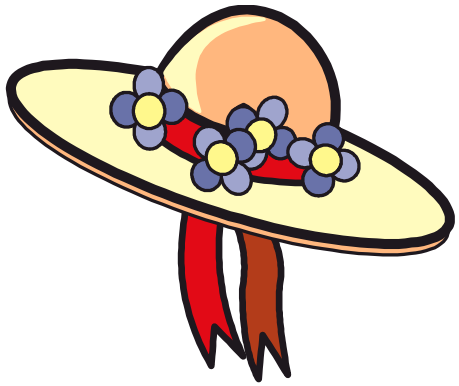
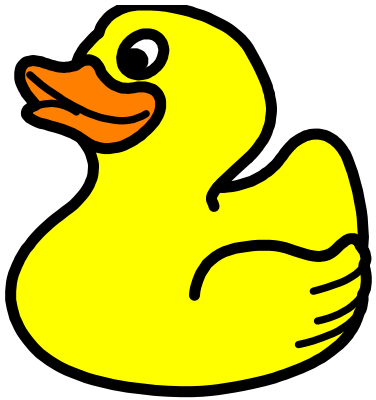	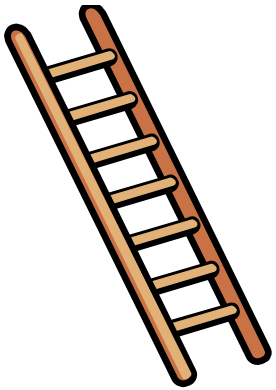	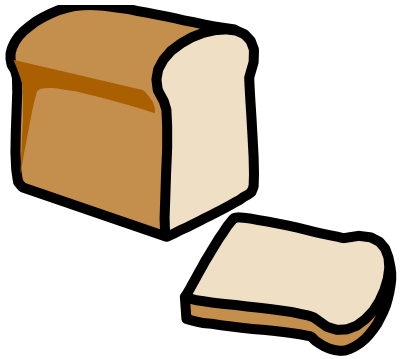

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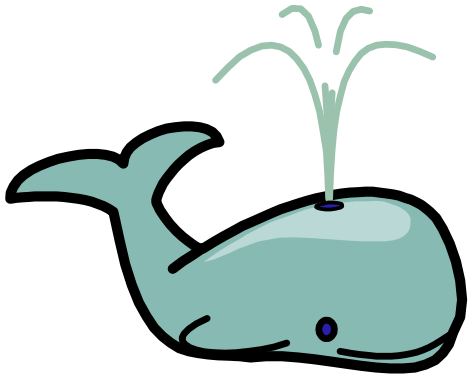	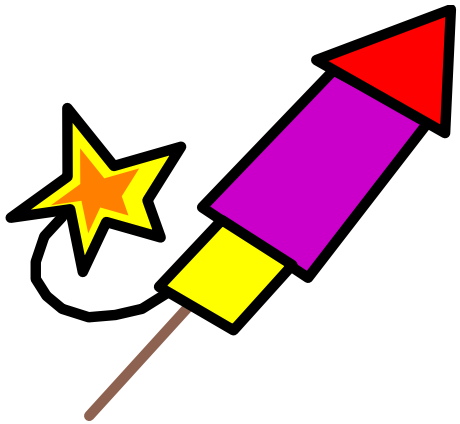	
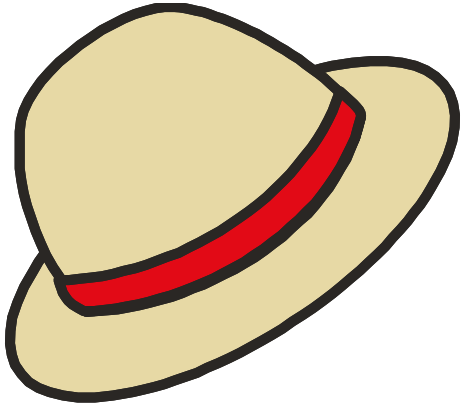		

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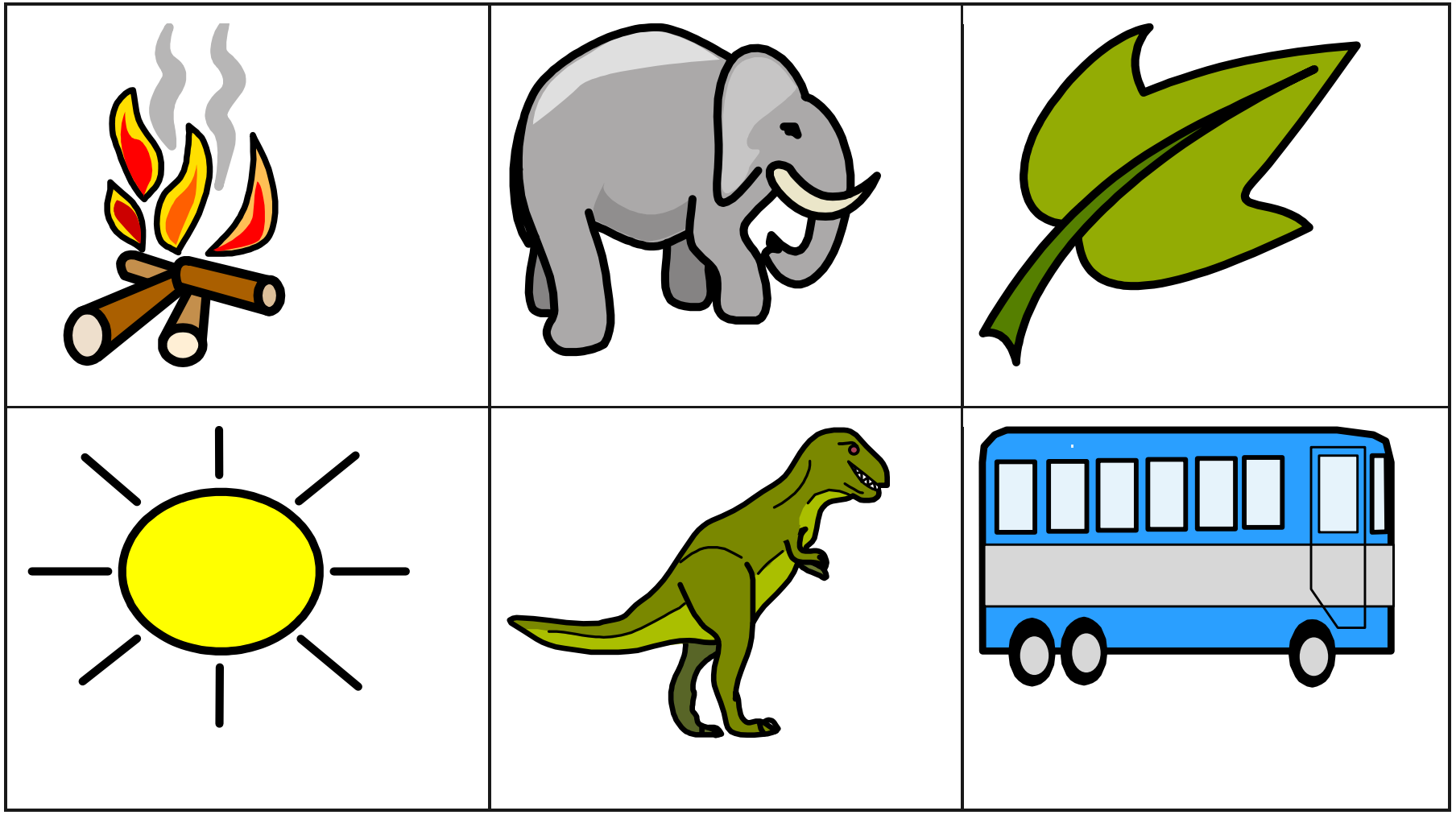
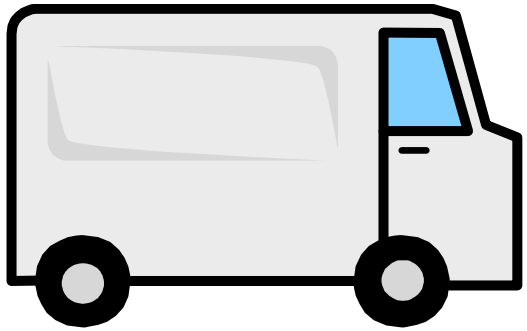
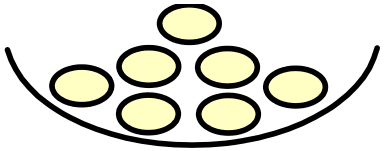
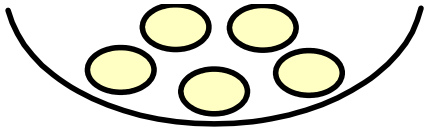
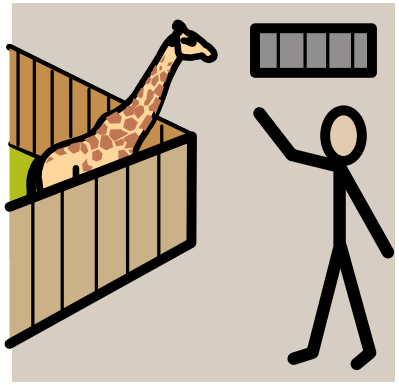
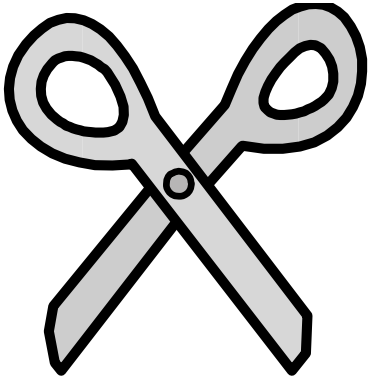
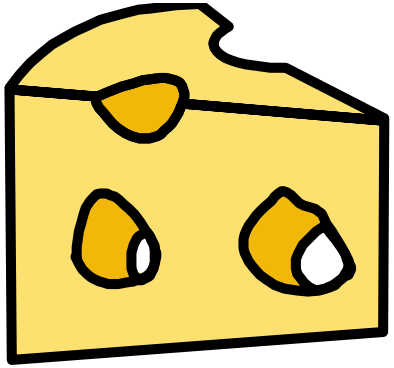


	 7	 5
		

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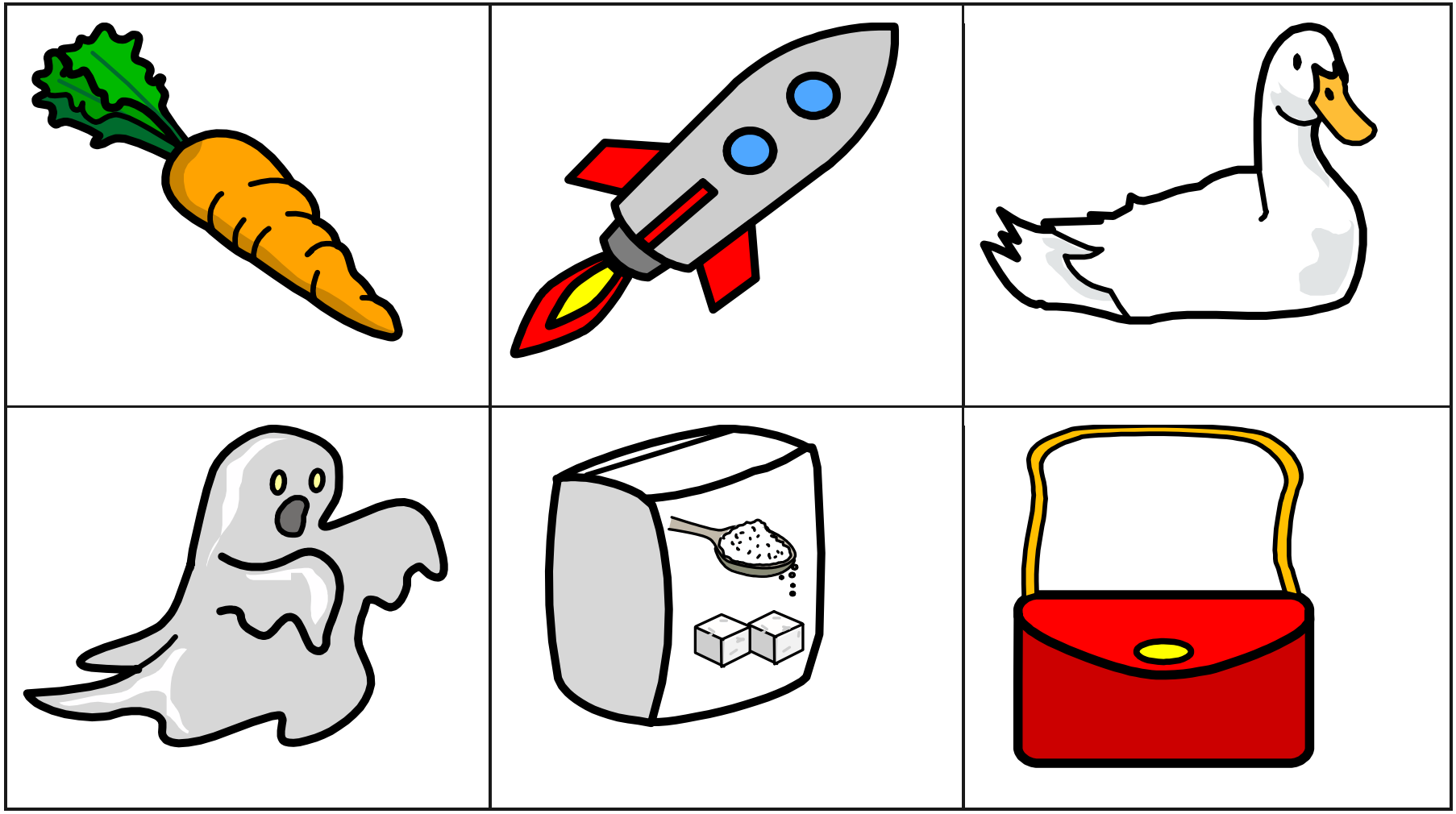

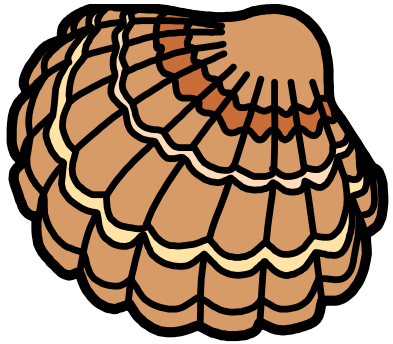		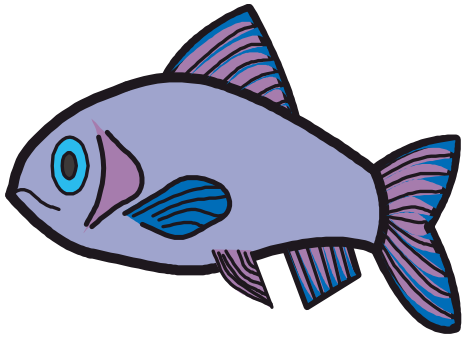
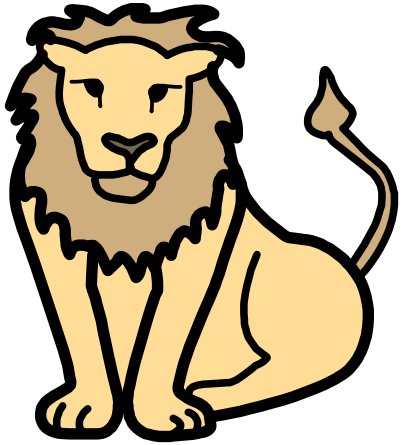	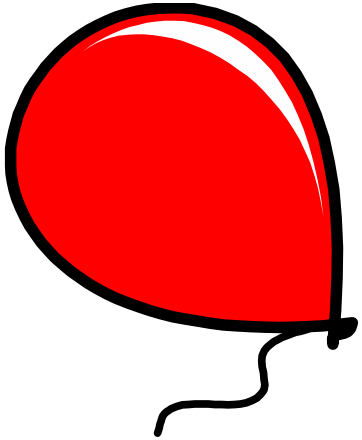	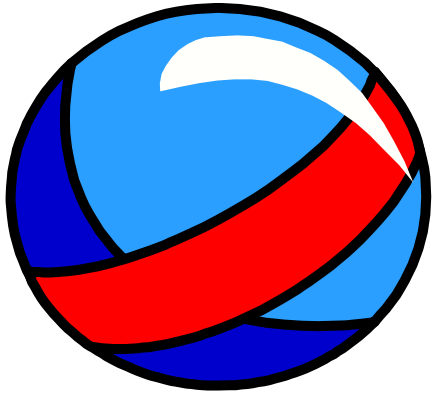

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	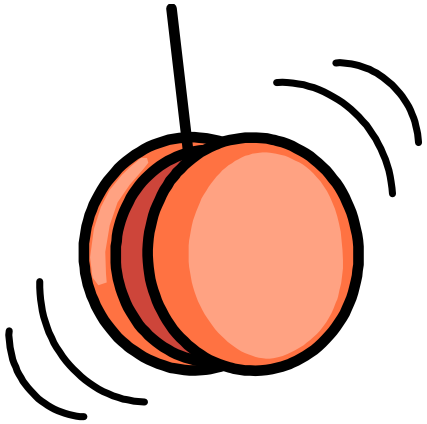	
	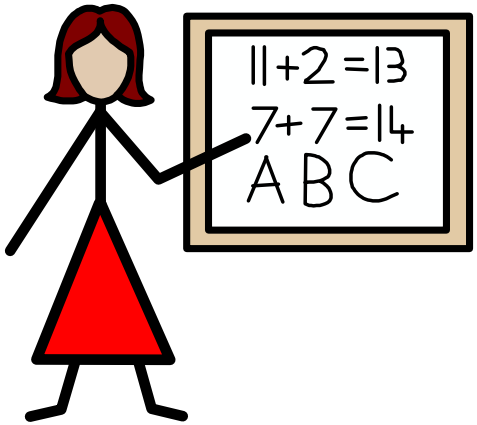	

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	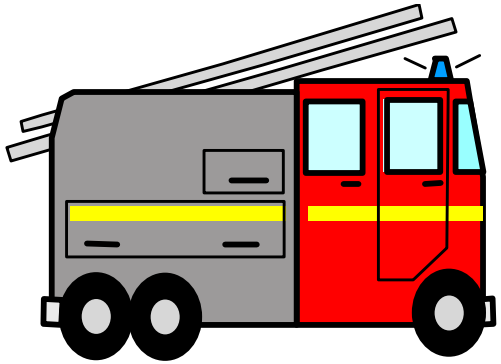	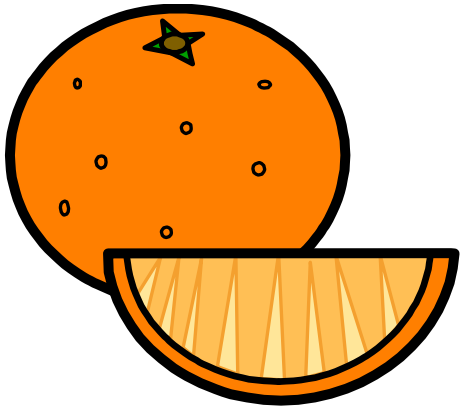

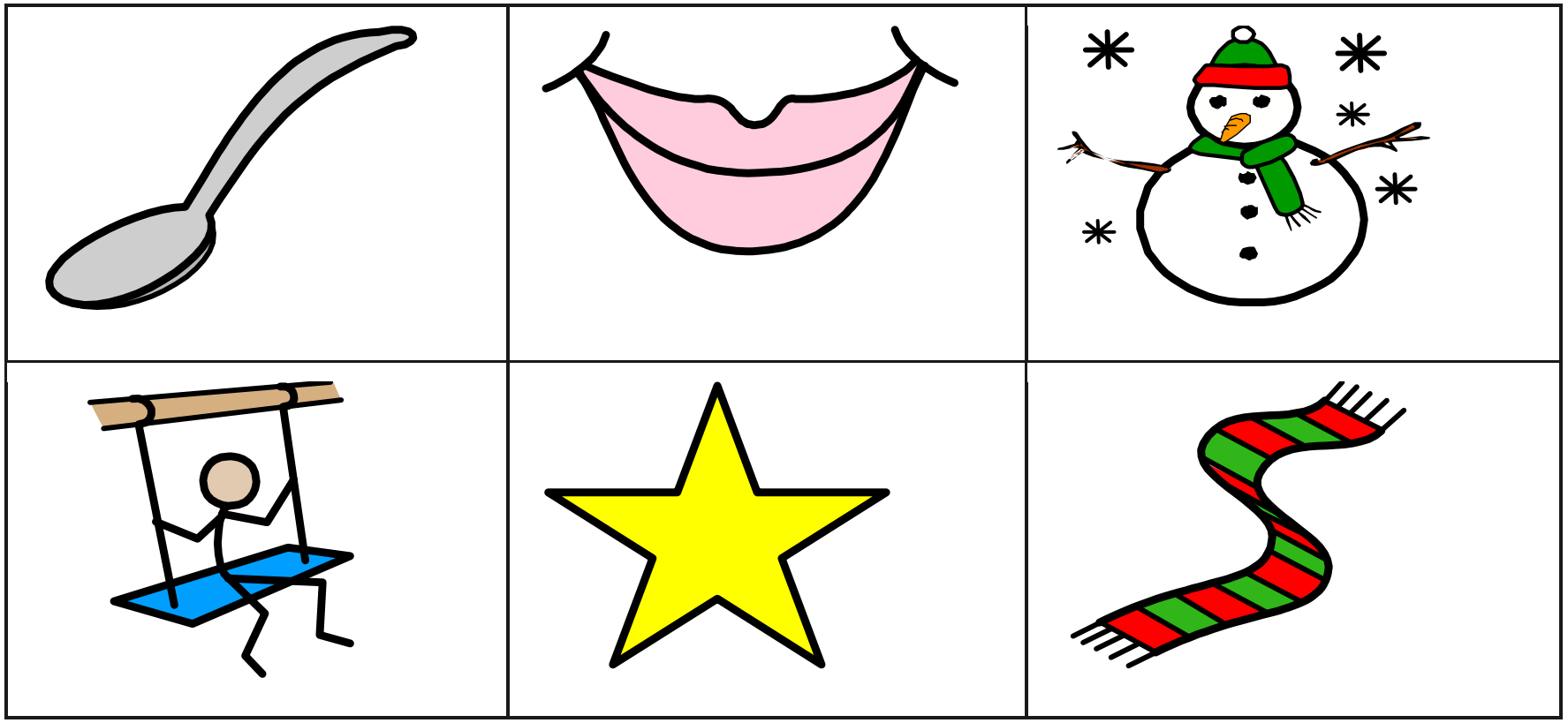

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