

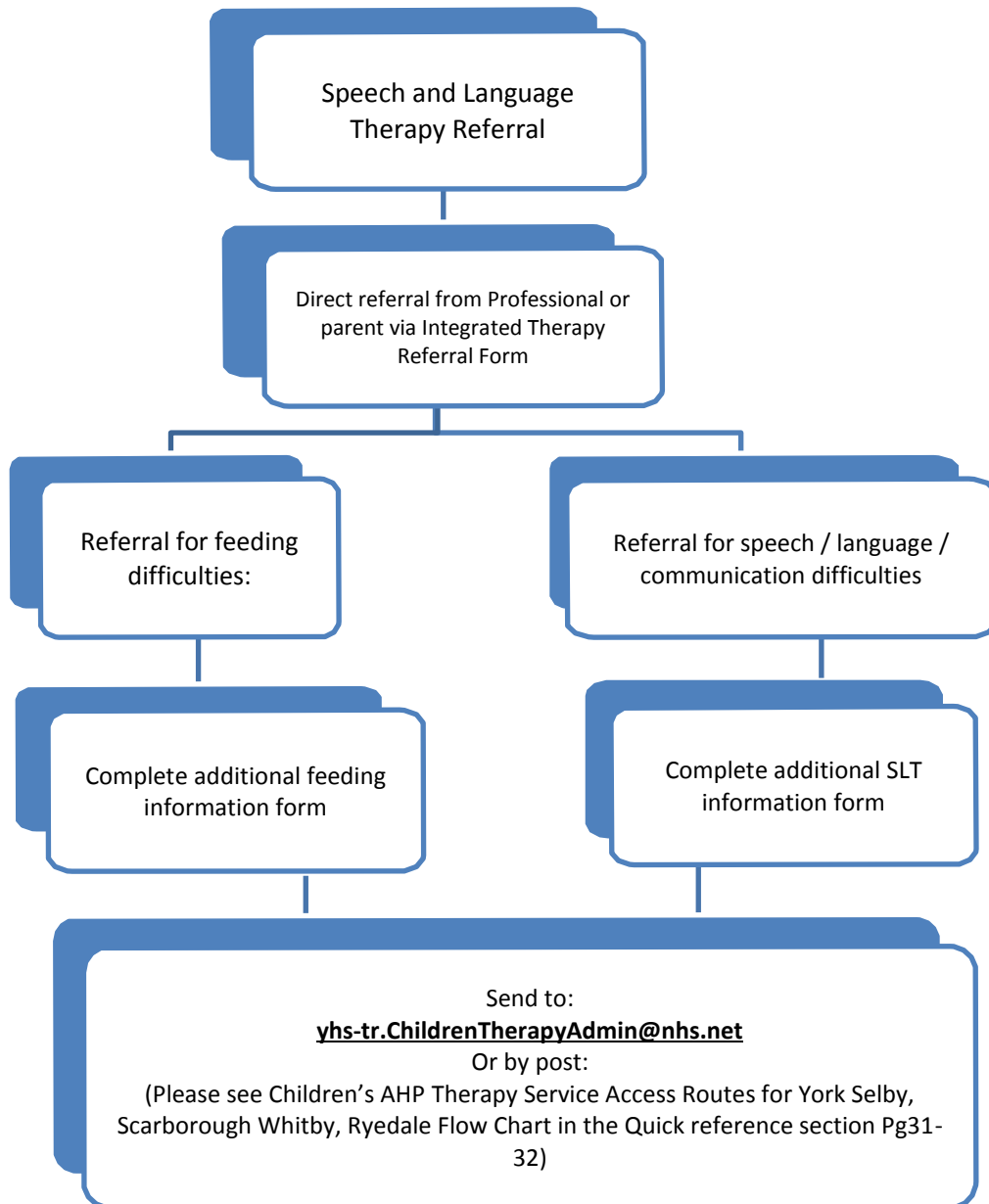
Quick reference:

Referral guide to
York Teaching
Hospitals

Children's Therapy
Services:



Quick Reference: Referral Guide to Children's Therapy Services Speech and Language



Further information:

- For Scarborough, Whitby and Ryedale Speech and Language Therapy call 01723 342472
- For York and Selby Speech and Language Therapy call 01904 726599

Quick reference: When to refer to Speech and Language and when to watch and wait

Refer at any age if the child has:

- Unintelligible speech
- Speech skills that seem significantly delayed (see the chart below)
- Verbal comprehension and/or expressive language impairments that are noticeably outside the expected range and affecting access to the curriculum
- A stammer
- Lost communication abilities
- ‘Nasal’ sounding speech and/or over uses ‘m’, ‘n’ or ‘uh’ sounds
- A croaky or husky voice not attributable to a cold
- A very varied speaking profile where parent/carer reports child talks easily at home but is silent at other times, e.g. in school

By 18 months

DO NOT refer	Do not refer. Review at 23 months (if not improved then refer to Speech and Language therapy).	Refer to Speech and Language Therapy
<ul style="list-style-type: none"> • A vocabulary of first words is emerging (up to 50 words) • Child understands what others say in familiar situations • Understands more words and phrases than they can say • Child copies words and possibly some short familiar phrases e.g. “What that?” • Parents understand the child’s speech more than unfamiliar listeners • Words may be made of small range of sounds, often used in babbling e.g. b, d and m (and vowels). • Words are short e.g. “beh” for ‘bread’ 	<ul style="list-style-type: none"> • Child has a few words (10-20) • Possibly using jargon or nonsense language for the main part • Looks with interest when hears language but no attempts to copy words • Only understands very familiar words in known situations e.g. “You want juice?” • Looks with interest when hears language but no attempts to copy words. <p>Words are used for a few communication functions</p>	<ul style="list-style-type: none"> • Poor attention e.g. unable to sit with adult for short period • Does not make eye contact or show interest in adults or other children • Not saying any words • Not using words for communication (e.g. may just say words for no apparent reason) • Doesn’t look to people or objects when named • Does not seem to understand what is said much at all. • Doesn’t turn to look where sounds are coming from (hearing?) • Has lost social or language skills

See SLT advice sheets:

- ‘Speech & Language development in very young children’
- ‘Gesture– social functional communication’

**Quick reference:
When to refer to Speech and Language
and when to watch and wait**

BY 2 YEARS

DO NOT refer	Monitor in home/setting	Refer to Speech and Language Therapy
<ul style="list-style-type: none"> • Vocabulary increasing, possibly hard to list all words said. • Still mostly single words, but some 2 word phrases may be heard. • Speech intelligible to close family • Understands some words out of context • Can understand some short phrases without clues • Child using language in more ways e.g. not just to ask for things or comment 	<ul style="list-style-type: none"> • 20-50 single words • Some simple pretend play. • Able to concentrate for short spells • Possibly jargon (nonsense speech) used with one or two words interspersed. • Responds to familiar instructions and language only. 	<ul style="list-style-type: none"> • Few or no words, and at least one other aspect from below: • No shared attention e.g. looking at a book with an adult • No apparent comprehension skills (e.g. can't point to body parts) • Or, can only understand stressed single words in familiar contexts • Not responding to their name • Has lost speech or language skills/regressed • Not sharing attention by pointing to things of interest or following an adult pointing to things of interest • Attempts at words are unintelligible to familiar adults

See SLT advice sheets;

- 'Speech & Language development in very young children'
- 'Gesture-- social functional communication'

**Quick reference:
When to refer to Speech and Language
and when to watch and wait**

BY 2½ YEARS

DO NOT Refer	Monitor in home/setting	Refer to Speech and Language Therapy
<ul style="list-style-type: none"> • Using some two word phrases e.g. "Daddy shoe" • Understands some questions e.g. "What?" ('is it' and 'doing') • Understands basic instructions when clues are absent e.g. "Put the bear on the chair" • Short 'telegrammatic' phrases used • Mostly intelligible to family and others familiar with the child. • Child can keep on a subject for a little while 	<ul style="list-style-type: none"> • Has an <u>increasing</u> vocabulary of single words, but no signs yet of linking these. • Comprehension of language seems good, but there are concerns regarding number of single words used expressively 	<ul style="list-style-type: none"> • Poor comprehension of language • Few or no words used although other skills appear better (e.g. play, attention and problem solving) • Vocabulary is not increasing or when new words are added others are lost. • Loss of language skills • Memorised speech used rather than 1 to 2 word level phrases 'made up' by the child • The child 'echoes' what is said a great deal • Little pretend play • Speech unintelligible to most, even close family • If the child is stammering • Child has varied speaking profile e.g. uses words to 'chat' at home, but is silent in early years setting • Speech sounds 'nasal' and child may use 'uh', 'm' and 'n' a great deal

See SLT advice sheets;

- 'Language- delayed development in the Early Years
- 'Dysfluency- children under 6'
- 'Parents advice- children who worry about talking'
- 'Speech anxiety- young children'
- 'Gesture- social functional communication'

**Quick reference:
When to refer to Speech and Language
and when to watch and wait**

By 3 YEARS

DO NOT Refer	Monitor in home/setting	Refer to Speech and Language Therapy
<ul style="list-style-type: none"> • Producing two to three word phrases, e.g. "me want juice" • Understands basic position words such as 'on', 'in' and 'under' • Welcomes and responds to adult suggestions most of the time • Child using language to accompany play • Some speech can be difficult to understand, but child is mostly intelligible. • The sounds t and d can be used for k and g (e.g. tar for car), up until around 3 ½ years 	<ul style="list-style-type: none"> • Little sign of/only a few words linked, but child appears to have better development in other areas e.g. play or attention • Not understanding more than basic 'what' questions • Frequently unintelligible to other people than close family 	<ul style="list-style-type: none"> • Poor comprehension of verbal language • Only saying single words, (or learnt phrases) although other skills are good • Limited pretend play • Cannot attend for longer than a few minutes • Child is stammering • Child has varied speaking profile e.g. uses words to 'chat' at home, but is silent in early years setting • Language used repetitively • Speech very unintelligible

See SLT advice sheets;

- 'Language- delayed development in the Early Years'
- 'Speech- delayed development'
- 'Dysfluency- children under 6'
- 'Parents advice- children who worry about talking'
- 'Speech anxiety- young children'
- 'Speech Anxiety- KS1 and EY 3 part advice'
- 'Gesture- social functional communication'
- 'Social communication- pre school'

**Quick reference:
When to refer to Speech and Language
and when to watch and wait**

By 4 YEARS

DO NOT Refer	Monitor in home/setting	Refer to Speech and Language Therapy
<ul style="list-style-type: none"> • Utterances are developing to be at least 5-6 words long and used appropriately • Child is developing knowledge of concepts of size and shape • Child is intelligible to most people • In speech, 'fricative' sounds, f v s z are used but may be missed in blends e.g. 'pider' (spider) • The child may still have difficulty with sh, zh, ch and j sounds 	<ul style="list-style-type: none"> • Child finding it difficult to understand questions • Child has short phrases of up to 4 words • Child's phrases are developing but sound 'young' for the child's age • Child's speech sounds 'young' (may be accompanied by immature language development). • Child's social skills seem immature and in line with general developmental level 	<ul style="list-style-type: none"> • Noticeable difficulties with comprehension of language • No evidence of 5-6 word utterances (although other skills good) • Odd phrases; words seem muddled • Unintelligible even to family most of the time. • Shows an unusual speech pattern, e.g. omits all initial consonants, vowel abnormalities, over use of one consonant sound or mixes up sounds in words • Child uses odd or 'sing- song' intonation pattern

See SLT advice sheets;

- 'Speech- delayed development'
- 'Language- delayed development in the Early Years'
- 'Expressive language difficulties- school age children'
- 'Comprehension difficulties school age children'
- 'Dysfluency- children under 6'
- 'Parents advice- children who worry about talking'
- 'Speech anxiety- young children'
- 'Speech Anxiety- KS1 and EY 3 part advice'
- 'Social communication- pre school'

**Quick reference:
When to refer to Speech and Language
and when to watch and wait**

BY 5 YEARS

DO NOT Refer	Monitor in home/setting	Refer to Speech and Language Therapy
<ul style="list-style-type: none"> • Utterances are long and appropriate but some grammatical features may still be incorrect • Child links phrases with 'and' and later, 'because' • Child may still have difficulty with sh zh ch j but these should have developed by the end of this age range • Blends with 3 consonants will continue to be difficult for the child e.g. "splash" • Child may have a lisp or slushy speech • Child still uses "w" or a similar sound for 'r' • Child uses 'f' or 'th' or 'v' for voiced (noisy) 'th' • 	<ul style="list-style-type: none"> • Some speech immaturities may still exist- consult speech development chart • Child may have immature expressive language but this seems part of the child's general level of development • Child does not understand as well as others of his/her age, but this seems part of the child's general level of development • Child may find more complex position words difficult to understand e.g. 'behind' • Child has immature social skills and this appears to relate to the child's 	<ul style="list-style-type: none"> • Severely unintelligible even in context. • Significant comprehension and /or expressive language difficulties • Child seems to understand very well, but has marked difficulties with expressive skills • Difficulties understanding instructions containing several key words or understanding question words, e.g., who/where/when/why • Child is mixing pronouns e.g. 'he' for 'she' or 'you' when s/he means 'me' • Child is not interacting

See SLT advice sheets;

- 'Speech- delayed development'
- 'Expressive language difficulties- school age children'
- 'Comprehension difficulties school age children'
- 'Dysfluency- children under 6'
- 'Parents advice- children who worry about talking'
- 'Speech anxiety- young children'
- 'Speech Anxiety- KS1 and EY 3 part advice'
- 'Social communication- Primary age'

Quick reference: When to refer to Speech and Language and when to watch and wait

BY 6-7 YEARS

DO NOT refer / Seek further information from SLT	Refer to Speech and Language Therapy
<ul style="list-style-type: none"> • Child is known to have developmental delay and speech and language skills are in line with their developmental age/level. • The child's speech, language or communication need can be targeted through strategies, interventions and supportive practice within school e.g. Talk Boost • For immaturities in the child's speech and language that need the usual reminders e.g. 'felled' for 'fell' or 'catched' for 'caught' • For immature speech patterns when this is in line with the child's general development • For immature social skills, social comprehension and inferential skills, when this is in line with the child's developmental level • For difficulties with 3 consonant blends or difficulties with 'r' or 'th' when under 7 (ask SLT for advice). • Do not refer for Literacy difficulties i.e.; <ul style="list-style-type: none"> ➢ Reading comprehension ➢ Difficulties with inference (from written text) ➢ Difficulty linking letters to phonemes ➢ Blending phonemes ➢ Poor vocabulary for Literacy • Or if the child is unable to retain what have been taught in any area of learning. 	<ul style="list-style-type: none"> • Child has continued difficulties with producing intelligible speech or seems to be stuck in a 'young' speech pattern e.g. still uses 't' for 'k' and 'd' for 'g' (see chart below) • Child unable to pronounce 'r' and 'th' by age 6½ to 7 • Child has unusual speech, may sound 'slushy' or 'lispy' (air escapes down side of tongue or tongue slips out e.g. for 's') • Child has nasal sounding speech • Child's speech is unintelligible • There are significant comprehension and/or expressive language difficulties affecting access to the curriculum and the SLT's assessment will be helpful (please state if you feel the child's skills in other areas are more advanced than in verbal language areas) • Child finds it very difficult to get his/her message across, possibly struggling to think of the words needed • Child does not have friendships or relate to peers as might be expected • May find it hard to make social judgments in communicative situations • Child may mis-read non literal language and implied meaning (can't 'read between the lines') • Child is stammering • Child is silent or mostly silent in school, when parents/carers report a very different child at home • Child has gruff or husky voice not attributable to a cold

See SLT advice sheets;

- 'Speech- delayed development'
- 'Expressive language difficulties- school age children'
- 'Comprehension difficulties school age children'

Continued....

- 'Word finding difficulties'
- 'Language and communication difficulties- older children'
- 'Dysfluency- Primary age'

- 'Parents advice- children who worry about talking'
- 'Selective Mutism KS 2'
- 'Social communication- Primary age'

Quick reference: When to refer to Speech and Language and when to watch and wait

OVER 7 years

DO NOT refer / Seek further information from SLT	Refer to Speech and Language Therapy
<ul style="list-style-type: none"> • Child is known to have developmental delay and speech and language are characteristic of the child's developmental age/level. • The child's speech, language or communication need can be targeted through strategies, interventions and supportive practice within school • For immature speech patterns (when these skills are in line with the child's developmental level) • For immature social skills (when these skills are in line with the child's developmental level) • Social comprehension and inferential skills (when these skills are in line with the child's developmental level) • Do not refer for Literacy difficulties i.e.; <ul style="list-style-type: none"> ➢ Reading comprehension ➢ Difficulties with inference and reasoning- from written text ➢ Difficulty linking letters to phonemes ➢ Blending phonemes ➢ Poor vocabulary for Literacy • Or if the child is unable to retain what have been taught in any area of learning. 	<ul style="list-style-type: none"> • Child has continued difficulties with producing intelligible speech or seems to be stuck in a 'young' speech pattern e.g. still uses 't' for 'k' and 'd' for 'g' (see chart) • Child has unusual speech, may sound 'slushy' or 'lispy' (air escapes down side of tongue or tongue slips out e.g. for 's') • Child has nasal sounding speech • Child's speech is unintelligible • There are significant comprehension and/or expressive language difficulties affecting access to the curriculum and the SLT's assessment will be helpful (please state if you feel the child's skills in other areas are more advanced than in verbal language areas) • Child finds it very difficult to get his/her message across, possibly struggling to think of the words needed • Child does not have friendships or relate to peers as might be expected • May find it hard to make social judgments in communicative situations • Child may mis-read non literal language and implied meaning (can't 'read between the lines') • Child is stammering • Child is silent or mostly silent in school, when parents/carers report a very different child at home • Child has gruff or husky voice not attributable to a cold

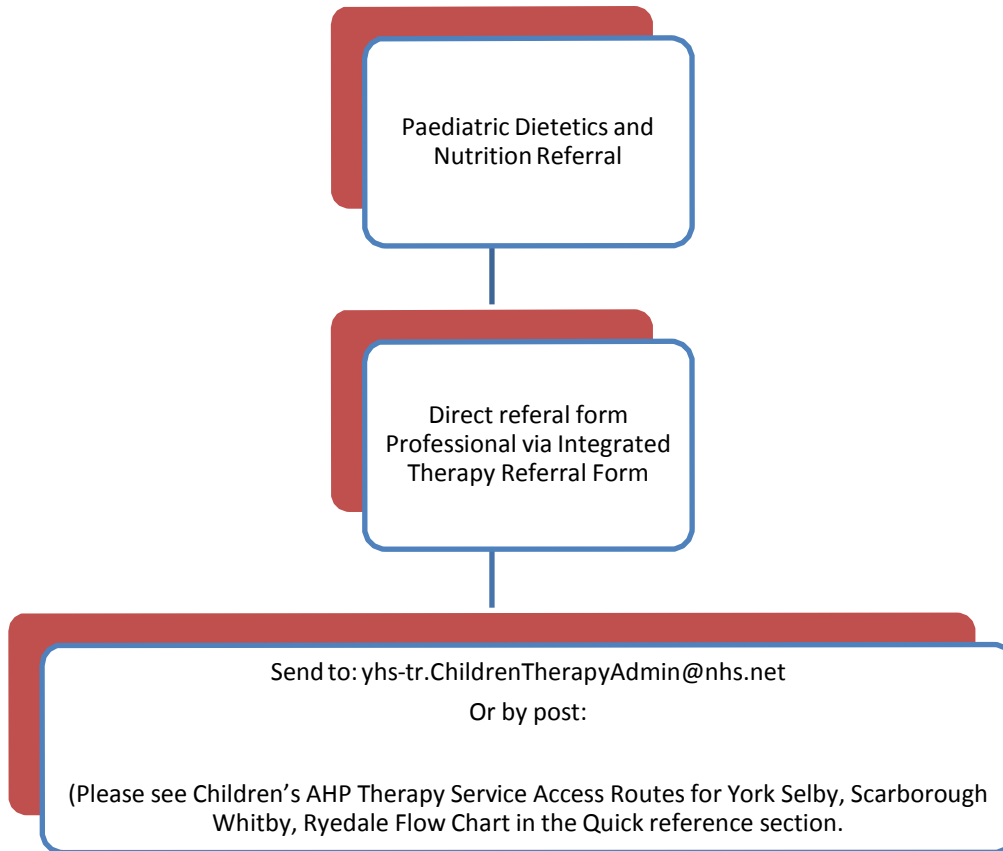
See SLT advice sheets;

- 'Speech- delayed development'
- 'Expressive language difficulties- school age children'
- 'Comprehension difficulties school age children'
- 'Word finding difficulties'
- 'Language and communication difficulties- older children'
-
- 'Dysfluency- Primary age'
- 'Dysfluency- Secondary school age'
-
- 'Parents advice- children who worry about talking'
- 'Selective Mutism KS 2'
- 'Selective Mutism KS 3-4'
-
- 'Social communication- Primary age'
- 'Social communication- Secondary age'

References:

- Chapman R (2000) Children's Language Learning: An interactionist perspective, *Journal of Child Psychology and Psychiatry*, 41, 33-34.
- Miller J (1981) Assessing Language production in children. Milestones document.
- Boston et al (1981) Clinical management of articulatory.
- National Autism Plan for Children (NAPC) Produced by NIASA
- National Initiative for Autism: Screening and Assessment, Published by the National Autistic Society March 2003.
- Pre-school SLT referral protocol, Charlotte Firth, March 2015
- Phonological chart – Dodd, B., HOLM, A., ZHU HUA and CROSBIE, S., (2003), Phonological development: a normative study of British English-speaking children. *Clinical Linguistics and Phonetics*, 2003, VOL. 17, NO. 8, 617–643

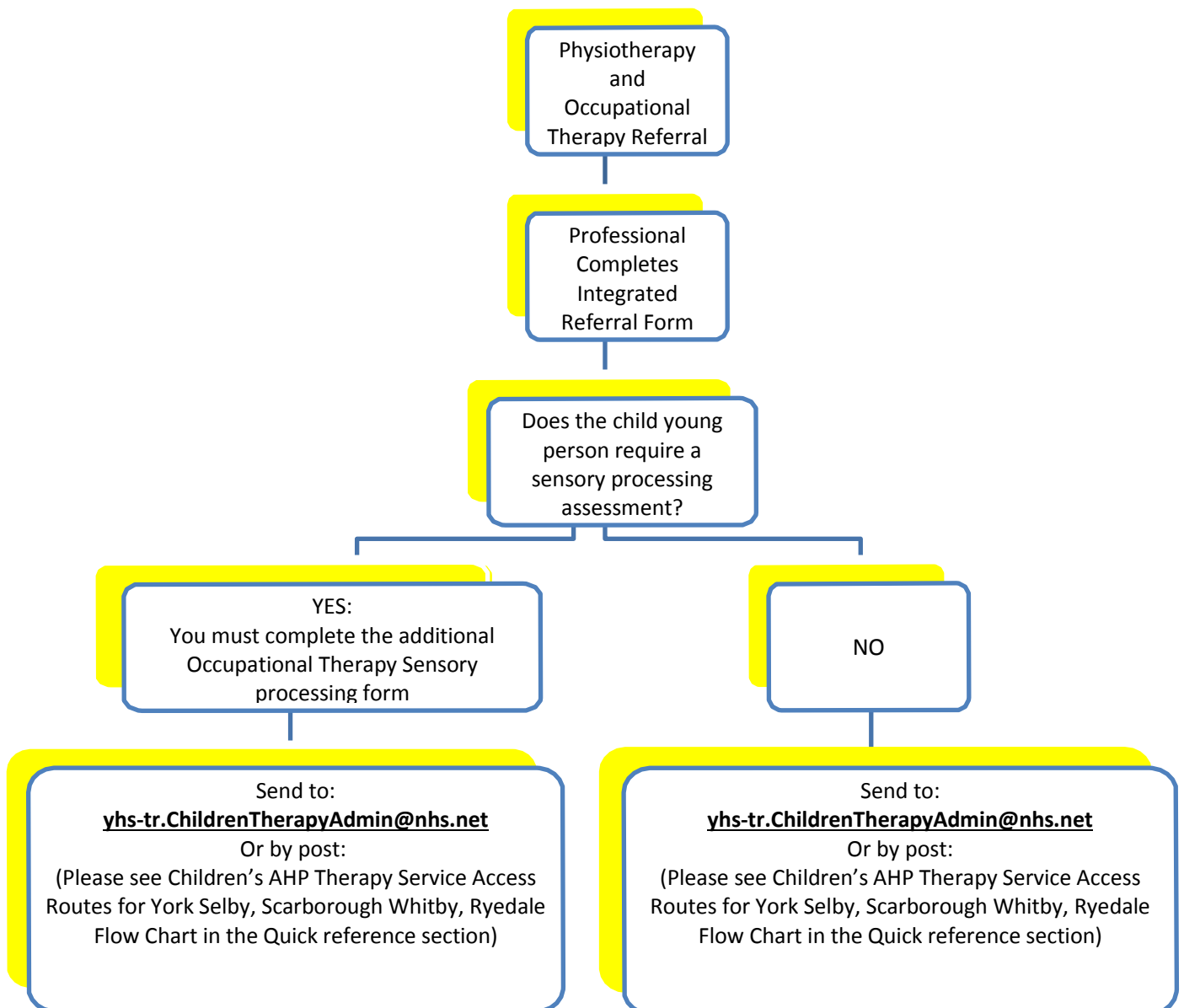
Quick reference: Referral guide to Children's Therapy Services Paediatric Dietetics and Nutrition



Further information:

- For Scarborough, Whitby and Ryedale Dieticians Administrators call 01723 342415
- For York and Selby Dietician Administrators call 01904 725269

Quick reference: Referral guide to Children's Therapy Services: Physiotherapy and Occupational Therapy



Further information:

- For Scarborough, Whitby and Ryedale Occupational Therapy and Physiotherapy call 01723 342357
- For York and Selby Occupational Therapy and Physiotherapy call 01904 726599

