Quick reference:

Referral guide to York Teaching Hospitals

Children’s Therapy Services:
Quick reference: Referral guide to Children’s Therapy Services: Speech and Language

Speech and Language Therapy Referral

Is the child under 5 years Old? Yes
Either route below:

Parent self referral form can be completed by parent and sent to:
York and Selby Parents: Children’s Therapy Team, York Hospital, Wigginton Road, York, YO318HE
Scarborough Whitby and Ryedale Parents: Beck House, West Parade Road, Scarborough, YO12 5ED

Is the Child over 5 years Old?

Direct referral form Professional via Integrated Therapy Referral Form
Complete additional information SLT form and if there are also feeding and swallowing difficulties complete the feeding additional form
Send to: yhs-tr.ChildrenTherapyAdmin@nhs.net
Or by post:
(Please see Children’s AHP Therapy Service Access Routes for York Selby, Scarborough Whitby, Ryedale Flow Chart in the Quick reference section.

Further information:

- For Scarborough, Whitby and Ryedale Speech and Language Therapy call 01723 342472
- For York and Selby Speech and Language Therapy call 01904 724366
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 (parent/carer reports child talks easily at home but is silent in the EY or school setting)

**By 18 months**

<table>
<thead>
<tr>
<th>Refer at any age if the child has:</th>
<th>Child has a few words (10-20)</th>
<th>Poor attention e.g. unable to sit with adult for short period</th>
</tr>
</thead>
<tbody>
<tr>
<td>A vocabulary of first words is emerging (around 50 words or more)</td>
<td>Possibly using jargon or nonsense language for the main part</td>
<td>Does not make eye contact or show interest in adults or other children</td>
</tr>
<tr>
<td>Child understands what others say in familiar situations</td>
<td>Looks with interest when hears language but no attempts to copy words</td>
<td>Not saying any words</td>
</tr>
<tr>
<td>Understands more words and phrases than they can say</td>
<td>Only understands very familiar words in known situations e.g. “You want juice?”</td>
<td>Not using words for communication (e.g. may just say words for no apparent reason)</td>
</tr>
<tr>
<td>Child copies words and possibly some short familiar phrases e.g. “what that?”</td>
<td>Looks with interest when hears language but no attempts to copy words</td>
<td>Doesn’t look to people or objects when named</td>
</tr>
<tr>
<td>Parents understand the child’s speech more than unfamiliar listeners</td>
<td>Words are not used for a few communication functions</td>
<td>Does not seem to understand what is said much at all.</td>
</tr>
<tr>
<td>Words may be made of small range of sounds, often used in babbling e.g. b, d and m (and vowels).</td>
<td></td>
<td>Doesn’t turn to look where sounds are coming from (hearing?)</td>
</tr>
<tr>
<td>Words are short e.g. “beh” for ‘bread’</td>
<td></td>
<td>Has lost social or language skills</td>
</tr>
</tbody>
</table>

• By 18 months
| DO NOT refer | Do not refer. Review at 23 months (if not improved then refer to Speech and Language therapy) See SLT advice sheet; ‘Advice for Early Years-delayed language’ sheets | Refer to Speech and Language Therapy Also see advice sheet/s; ‘Gesture’ |

**BY 2 YEARS**

- 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

- 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

- Little pretend play
- Poor attention and/or can’t share attention e.g. looking at a book with an adult
- 0-20 single words
- No apparent comprehension skills
- Or, can only understand stressed single words in familiar contexts
- Not responding to their name
- Has lost speech or language skills
- Not sharing attention by pointing to or following point to things of interest
- Attempts at words are unintelligible
- Words used repetitively e.g. just to name items
- Speech sounds ‘nasal’ and child may use ‘uh’, ‘m’ and ‘n’ a great deal

| DO NOT refer | Monitor in home/setting See SLT advice sheet; | Refer to Speech and Language Therapy |
### BY 2½ YEARS

<table>
<thead>
<tr>
<th>'Advice for Early years-delayed language'</th>
<th>Also see advice sheet/s; ‘Gesture’</th>
</tr>
</thead>
</table>
| - 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  
- Still most intelligible to family and others familiar with the child.  
- Child can keep on a subject for a little while | - 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 previously there.  
- 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  
- 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 |
| Monitor in home/setting  
See SLT advice sheets  
‘Advice for Early years-delayed language’ | Refer to Speech and Language Therapy  
Also see advice sheet/s;  
‘Dysfluency in the Early Years’  
‘Situational fear of talking’ |
### By 3 YEARS

- 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

- 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 e.g. “where?”
- Frequently unintelligible to other people than close family

- Poor comprehension of 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

**DO NOT Refer**

**Monitor in home/setting**

See SLT advice sheets;
- ‘Advice for Early years-delayed language’
- ‘Children who have unclear speech- speech delay’

Refer to Speech and Language Therapy

Also see advice sheets;
- ‘Dysfluency in the Early Years’
- ‘Situational fear of talking’
- ‘Gesture

### By 4 YEARS

- 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

- 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

- 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
- 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
- The sounds t and d can be used for k and g (e.g. tar for car), up until around 3 ½ years
- ‘l’ may only be developing by the end of this time frame too
- Child developing ability to reason and report outside the ‘here and now’ about e.g. past events
- 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
- 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
- Child has heightened vocabulary in area of interest but poor vocabulary in other areas
- Child is not using language for basic conversation
- Child uses language repetitively
- Child uses odd or ‘sing-song’ intonation pattern
- Child is stammering
- Child has varied speaking profile e.g. uses words to ‘chat’ at home, but is silent in early years/school setting
- Child has significantly gruff or husky voice that does not change over time (gain referral to ENT prior to referral)

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<td>See SLT advice sheets;</td>
<td>Language Therapy</td>
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<td>‘Language comprehension’, ‘Expressive language’</td>
<td>‘Dysfluency in the Early Years’</td>
</tr>
<tr>
<td>‘Children who have unclear speech- speech delay’</td>
<td>‘Situational fear of talking and Selective Mutism’</td>
</tr>
<tr>
<td>‘social communication skills for pre-school children’</td>
<td></td>
</tr>
</tbody>
</table>

**BY 5 YEARS**

- 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’

- Child has intelligible but has immature sounding speech; sounds like a younger child
- Child may have immature expressive language and 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 developmental level

- 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 with peers
- Child may talk repetitively and not be developing the usual two-way conversational abilities
- Child is stammering
- Child has varied
DO NOT Refer | Monitor in home/setting | Refer to Speech and Language Therapy

See SLT advice sheets;
‘Language comprehension’,
‘Expressive language’
‘Children who have unclear speech - speech delay’
‘Social communication Skills for Primary School Aged Children

BY 6-7 YEARS

- 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 e.g.
  - For immaturities in the child’s speech and language that need the usual reminders e.g. ‘felled’ for ‘fell’ or ‘caught’
  - For immature speech patterns
    For immature social skills, social comprehension and inferential skills (when this is in line with the child’s developmental level)

- 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 and/or children monitored by school at 4½-5 years who have not improved
- There are significant comprehension and/or expressive language difficulties affecting access to the curriculum and
| For difficulties with 3 consonant blends or difficulties with ‘r’ or ‘th’ before the ages detailed below | 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) |
| For Literacy difficulties e.g. reading comprehension | 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 |

**DO NOT** refer or seek further information from SLT
See SLT advice sheets; ‘Speech delay’ ‘Language comprehension’ ‘Expressive language’ ‘Social communication, pre-school, school age and secondary school age’ ‘Higher level language difficulties’ ‘Word finding and vocabulary’

Refer to Speech and Language Therapy

Also see advice sheets; ‘Speech disorder’ ‘Articulation disorder’ ‘Dysfluency - school age’ ‘Selective Mutism’
<table>
<thead>
<tr>
<th>Sound</th>
<th>Age sounds are usually achieved by (90%)</th>
<th>Examples of sound in child’s speech</th>
<th>Sound substitutions in developing speech</th>
</tr>
</thead>
<tbody>
<tr>
<td>p, b, m, w</td>
<td>3yrs 5mths</td>
<td>Pop, baby, more, where</td>
<td>p may sound like b to begin with eg pee→bee</td>
</tr>
<tr>
<td>t, d, n</td>
<td>3yrs 5mths</td>
<td>Two, daddy, no</td>
<td>t may sound like d to begin with eg to→do</td>
</tr>
<tr>
<td>ng</td>
<td>3yrs 5mths</td>
<td>sing</td>
<td>Child may use /n/ e.g. sing→sin up to the age of 5</td>
</tr>
<tr>
<td>k/c, g</td>
<td>3yrs 5mths</td>
<td>Car, walk, go, bag</td>
<td>Child may use /t/ /d/ instead until 3:11 eg car→tar, bag→bad</td>
</tr>
<tr>
<td>h</td>
<td>3yrs 5mths</td>
<td>home</td>
<td>/h/ may be left off initially eg home→ome</td>
</tr>
<tr>
<td>f, v</td>
<td>3yrs 5mths</td>
<td>fork, coffee, off van, river, move</td>
<td>Child may use p,b,t or, d until 3:06 eg fork→bork</td>
</tr>
<tr>
<td>s, z</td>
<td>3yrs 5mths</td>
<td>Seesaw, bus, zebra nose</td>
<td>Child may use /t/or /d/ until 3:06+</td>
</tr>
<tr>
<td>y</td>
<td>3yrs 5mths</td>
<td>Yogurt, buying</td>
<td></td>
</tr>
<tr>
<td>l</td>
<td>3yrs 11mths</td>
<td>Light, balloon</td>
<td>child may use ‘w’ or ‘y’ until 4yrs eg like→wike</td>
</tr>
<tr>
<td>Consonant blends eg sp, fl, st</td>
<td>3yrs 11 months</td>
<td>Spider, flower, nest basket</td>
<td>Child will reduce the consonant blend of 2 sounds to 1 eg spider – pider or sider</td>
</tr>
<tr>
<td>sh, zh</td>
<td>4 yrs 11 mths</td>
<td>Sheep, wash measure</td>
<td>May use as /t/ or /d/ until 3:0 May use /s/ /z/ after this until 5 yrs eg sheep→seep</td>
</tr>
<tr>
<td>ch, j/dg</td>
<td>4yrs 11 mths</td>
<td>chip, watch jump, badge</td>
<td>May use as /t/ or /d/ until 4:0 May use as /ts//dz/ until 5 yrs eg watch→wats</td>
</tr>
<tr>
<td>Consonant blends of 3 consonants eg spl---</td>
<td>5yrs 11 months</td>
<td>split</td>
<td>Consonant blends of 2 or 3 sounds including r e.g., bread, spring may not develop till age 6:05+</td>
</tr>
<tr>
<td>r</td>
<td>6 yrs 5 mths</td>
<td>rabbit, carry</td>
<td>Gliding: may present as /w/ or /y/ until 6:06 Eg rabbit→wabbit</td>
</tr>
<tr>
<td>th (θ) th (ð)</td>
<td>7yrs+</td>
<td>thumb there</td>
<td>May use b then f/v until 7yrs e.g. thumb→fum May use d until 4+ then v</td>
</tr>
</tbody>
</table>
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

(Please see Children’s AHP Therapy Service Access Routes for York Selby, Scarborough Whitby, Ryedale Flow Chart in the Quick reference section.)
Quick reference: Referral guide to Children’s Therapy Services: Physiotherapy and Occupational Therapy

Physiotherapy and Occupational Therapy Referral

Professional Completes Integrated Referral Form

Does the child young person require a sensory profiling assessment?

YES YOU MUST COMPLETE THE ADDITIONAL OCCUPATIONAL ASSESSMENT FORM

Send to: yhs-tr.ChildrenTherapyAdmin@nhs.net
Or by post: (Please see Children’s AHP Therapy Service Access Routes for York Selby, Scarborough Whitby, Ryedale Flow Chart in the Quick reference section)

NO

Send to: yhs-tr.ChildrenTherapyAdmin@nhs.net
Or by post: (Please see Children’s AHP Therapy Service Access Routes for York Selby, Scarborough Whitby, Ryedale Flow Chart in the Quick reference section)

Further information:

- For Scarborough, Whitby and Ryedale Occupational Therapy and Physiotherapy call 01723 342357
- For York and Selby Occupational Therapy and Physiotherapy call 01904 726753
From 1st June 2016
Referral Access Routes
Childrens Therapy Teams York Teaching Hospitals NHS Foundation Trust

Acceptable Referral source:
GP
Paediatrician
Other Healthcare Professional
Social Care colleagues
Education (SLT only)

Parental /self-referral is only accepted for children under 5 for referrals to speech and language

Scarborough/ Whitby Ryedale Therapy - Physio /OT

Complete referral form and email to:
yhs-tr.ChildrenTherapyAdmin@nhs.net
Or send completed form to: Children’s Therapy Department, Scarborough General Hospital, Woodlands Drive, Scarborough, YO12 6QL

York Scarborough Whitby Ryedale Paediatric Dietetics

Complete referral form and email to:
yhs-tr.ChildrenTherapyAdmin@nhs.net
Or send to: Dietetics Department York Teaching Hospital NHS Foundation Trust, Wigginton Road, York, YO318HE.

Scarborough/ Whitby Ryedale Speech and Language Therapy

Complete referral form and email to:
yhs-tr.ChildrenTherapyAdmin@nhs.net
Or send to: Beck House, 3 West Parade Road, Scarborough, YO125ED.

York Selby Speech and Language Therapy

Complete referral form and email to:
yhs-tr.ChildrenTherapyAdmin@nhs.net
Or send to Children’s Therapy Team, Child Development Centre York Teaching Hospital NHS Foundation Trust, Wigginton Road, York, YO318HE.

York and Selby Physio /OT

Complete referral form and email to:
yhs-tr.ChildrenTherapyAdmin@nhs.net
Or send to: Children’s Therapy Team, Child Development Centre York Teaching Hospital NHS Foundation Trust, Wigginton Road, York, YO318HE.

Under 5’s parental /self-referral SLT only

Completed parental referral send form to:
Scarborough Whitby Ryedale parents send to: Beck House, 3 West Parade Road, Scarborough, YO125ED.