



Guidelines for Referral for Assessment

by Sunderland Speech and Language
Therapy Service

Sunderland Speech and Language Therapy Department

What can Speech and Language Therapy offer?

Sunderland Speech and Language Therapy (SALT) service provides a range of assessment, intervention, support and advice for children with:

- Speech difficulties (the way children pronounce words)
- Language difficulties (the way children understand and use words / sentences)
- Communication / Interaction difficulties (the way children act around other people)
- Eating, drinking and swallowing difficulties
- Dysfluency ('stammering' / 'stuttering' / 'bumpy talking')
- Voice difficulties (unusual voice quality, e.g. hoarse, croaky, squeaky)
- Hearing Impairment

How do I request an assessment with a Speech and Language Therapist?

- Parents can request assessment directly for their own child by contacting us:

Speech and Language Therapy Department,
The Children's Centre,
Durham Rd,
Sunderland.
Tel 0191 569 9122.

- Anyone involved with a child can request assessment from Speech and Language Therapy with parental permission. A request for assessment form is available from our base as above.
- If unsure, you can telephone the department to discuss whether to request an assessment.

Contents

Page

- 4 Early Language Development (Nursery and pre nursery)
- 6 Speech Sound Difficulties
- 9 Spoken Language Difficulties (Rec, KS 1 and 2)
- 10 Difficulties Understanding (Comprehension) (Rec, KS 1 and 2)
- 11 Stammering
- 12 Communication / Interaction Difficulties
- 13 Feeding and Swallowing Difficulties
- 14 Voice Problems

Early Language Development (Nursery and pre nursery)

Not appropriate for referral

- Children under 2 years of age with no additional medical or learning needs or social interaction needs.

Appropriate for referral

- Children with delayed language (see table below) under two years whose language and communication skills are part of a wider pattern of difficulties (e.g. medical conditions or syndromes).
- Children who are unable to make their needs known due to communication difficulties.
- Children whose language skills are delayed see table below:

1½ years – 2 years		
Expected Understanding	Expected Expression	<u>MONITOR</u> If
<ul style="list-style-type: none"> • Can point to a wide range of everyday objects on request. • Performs simple actions when asked e.g.: clap, dance, wave. • Can follow simple instructions in context such as “put the cup on the table”. 	<ul style="list-style-type: none"> • Has a spoken vocabulary of 30+ words (often with immature speech sounds). • May imitate much of what is heard. • May start to make simple 2 word combinations e.g.: “bye bye Daddy”, “more juice”. 	<ul style="list-style-type: none"> • unable to follow simple instructions • using less than 15 words.
2 years – 2½ years		
Expected Understanding	Expected Expression	Refer If
<ul style="list-style-type: none"> • Follows simple short stories. • Responds to 2 words in an instruction without clues e.g.: “give teddy the cup”. • Can select pictures showing everyday actions e.g.: sleeping/ running/washing. 	<ul style="list-style-type: none"> • Uses a wide range of 2 word combinations and some 3 word sentences. • Uses more action words e.g.: sleep, run, play. • Begins to ask simple questions e.g.: “what that?” – “Where Daddy?” 	<ul style="list-style-type: none"> • not understanding instructions without clues such as routine or gesture. • not putting words together. • not responding to simple questions appropriately.

2½ years – 3 years		
Expected Understanding	Expected Expression	Refer If
<ul style="list-style-type: none"> • Can select an object/ picture by function e.g.: “which one do we eat?” • Understands simple prepositions in/on/under/behind and adjectives such as big/little 	<ul style="list-style-type: none"> • Uses 3 words+ together including a range of action words • Can refer to self and others using pronouns (e.g.: me, I, you, etc). • Asks more questions including why and when 	<ul style="list-style-type: none"> • not following simple conversations. • still echoing much of what is heard without appearing to understand. • not using short sentences.
3-4 years		
Expected Understanding	Expected Expression	Refer If
<ul style="list-style-type: none"> • 3-4 key words in a sentence e.g. “give the teddy the little cup”, “put the big teddy under the red box” • Understands basic concepts e.g. Big/little, In/on/under 	<ul style="list-style-type: none"> • Using sentences of 4 words or more • Using language in a variety of ways (commenting, describing, requesting, responding) • Gives basic information e.g. about their weekend at news time) 	<ul style="list-style-type: none"> • Children have difficulties understanding spoken language which affects their participation in everyday tasks. • Using sentences of less than 4 words in length • Limited variety of language and vocabulary

Reluctant Talkers

Do not refer	Refer
<ul style="list-style-type: none"> • If the reluctance to speak has gone on for less than a month • If the child is in their first term of school • If the child is in the first six months in a new country. 	<ul style="list-style-type: none"> • Children who are consistently reluctant to speak in certain situations but known to speak in others.

Guidelines for Referring Children with Speech Sound Difficulties

Speech Sound Development

Children's speech sound systems continue to develop up until around 6-7 years. During this development, a child's speech may pass through a number of normal stages or processes where some common sounds are substituted by others for example:

- Fronting - substitution of sounds made at the front of the mouth for those made at the back i.e. t for k, d for g “ **a tar in the tup**” (**a car in the cup**)
- Stopping - substitution of long sounds for short sounds e.g. d for s, p for f “ **I'm ditting on the deedaw**” (**I'm sitting on the seesaw**), “**I am pour**” (**I am four**)
- Cluster reduction - omission of one sound in a cluster (cluster **reduction**) e.g. p for sp “ **the pider is leeping**” (**the spider is sleeping**)
- Gliding - Substitution of sounds l and r with w (known as **gliding**) e.g. “**the wed box**”(the red box)

Pre Nursery Age Children

Do not refer	Refer
<ul style="list-style-type: none"> • Children under 3 years of age who are using a range of consonant and vowel sounds. Although there may be several sound changes, familiar listeners can usually understand what is being said. • Children with cleft lip and / or palate who are already known to the Regional Cleft Lip and Palate Service. 	<ul style="list-style-type: none"> • Children who are over 2 years of age who are very difficult to understand even by parents. • Children with nasal-sounding speech (e.g. “talking down their nose”). • Children with cleft lip and / or palate affecting speech production.

Nursery Age Children (3-4 years)

Sounds we would expect to hear	Sounds not yet expected/used by all children of this age	Do not refer if only one of the following observed:	Refer
p, b, m, n t, d k, g ng f, s, w, y, h	z, sh, v, l, ch, j, th, r	<ul style="list-style-type: none"> Cluster reduction Stopping Fronting Gliding See above for examples. 	<ul style="list-style-type: none"> Missing sounds off ends of words, e.g. cat > "ca" (final consonant deletion) Missing sounds off beginnings of words e.g. pin > "in" (initial consonant deletion) Substituting k/g for t/d e.g. "key" instead of tea (backing) Uses more than one process e.g. stopping and fronting Using sounds not normally found in English e.g. nasal snort instead of s Consistently unintelligible to staff

Reception Age Children

Sounds we would expect to hear	Sounds not yet expected/used by all children of this age	Do not refer	Refer
p, b, m, n t, d k, g ng f, s, w, y, h z, sh, v, l	Ch, j, th, r	<ul style="list-style-type: none"> If only ch, j, th and r are sounds affected. 	<p>If any of the above are evident and/or any of the processes listed below.</p> <ul style="list-style-type: none"> Cluster reduction Stopping Fronting Gliding of "l" See above for examples.

Age 5 and above

Sounds we would expect to hear	Sounds not always used by children of this age	Do not refer	Refer
Most sounds	th and r	<ul style="list-style-type: none"> • Most speech sounds used in words, and only minor errors still occur • Child's speech is usually fully intelligible 	<ul style="list-style-type: none"> • Speech sound changes are affecting the child's ability to get their message across. • Speech sound changes are affecting their confidence and social interaction • The child's speech sounds nasal (talking down their nose)

Guidelines for Referring Children with Spoken Language Difficulties (Rec, KS 1 and 2)

Do not refer	Refer
<ul style="list-style-type: none"> • Children whose difficulties are only with reading and writing. • Children whose needs are currently being well met (e.g. by other professionals). • Children with English as an additional language where there are no concerns regarding development of their first language 	<ul style="list-style-type: none"> • Children who have difficulties using spoken language and which affects their participation in everyday tasks. • Children who have a very limited vocabulary or frequently struggle to recall familiar words. • Children who have difficulty putting even simple thoughts into words. • Children whose spoken sentences are often jumbled or confused. • Children who appear to have an over-reliance on familiar topics in conversation. • Children who are not joining sentences with words such as 'and' and 'because'.
<p>Reluctant Talkers:</p> <ul style="list-style-type: none"> • If the reluctance to speak has gone on for less than a month • If the child is in their first term of school • If the child is in the first six months in a new country. 	<p>Reluctant Talkers:</p> <ul style="list-style-type: none"> • Children who are consistently reluctant to speak in certain situations but known to speak in others

Guidelines for Referring Children with Difficulties Understanding (Rec, KS 1 and 2)

Do not refer	Refer
<ul style="list-style-type: none"> • Children whose difficulties are only with reading and writing. • Children whose needs are currently being well met (e.g. by other professionals). • Children with English as an additional language where there are no concerns regarding development of their first language. • Children whose ability to follow language is only affected by their attention and listening skills. 	<ul style="list-style-type: none"> • Children who have difficulties understanding spoken language which affects their participation in everyday tasks. • Children who have difficulty following instructions independently. • Children who echo back what is said without understanding. • Children who have problems understanding question words (e.g., answers a 'who?' question as if it is a 'where?' question). • Children who have problems understanding and learning concepts (e.g., position/time). • Children who have poor or little ability to reason, infer and predict (e.g., during story time)

Guidelines for Referring Children who Stammer

You may notice that a child is:

- repeating parts of words several times ("mu-mu-mu-mu-mummy")
- putting extra effort into saying words
- finding it difficult to get started, no sound comes out for several seconds ("... I got a teddy")
- stretching sounds in a word ("I want a ssstory")

These examples vary from child to child. You may hear some or all of these.

Do not refer	Refer
<ul style="list-style-type: none">• NOT APPLICABLE: All children with dysfluent speech should be referred.	<ul style="list-style-type: none">• All children presenting with dysfluency (stammering/stuttering/bumpy speech) should be referred for assessment as soon as possible.

Important Information

Bumpy speech/stuttering/stammering often comes and goes. It is still appropriate to attend a Speech and Language Therapy appointment even if the child is not currently bumpy.

Basic Advice for Parents/Carers about Dysfluency

- Advise parents/carers to wait and listen and let the child finish their sentence in their own time. It is NOT helpful to comment, or tell the child to "take their time" etc.
- Reassure parents/carers that they are not to blame for their child's bumpy speech. It is not caused by anything the parents/carers have or have not done.
- Further individualised advice will be provided by the Speech and Language Therapist following the assessment sessions.

Guidelines for Referring Children with Communication / Interaction Difficulties

Do not Refer	Monitor (by referrer)	Refer
<ul style="list-style-type: none"> Children who show obvious interest in playing with their peers and various different toys, taking turns and showing empathy towards others. 	<ul style="list-style-type: none"> Children whose interaction skills appear immature but are making progress. 	<ul style="list-style-type: none"> Children who have single channelled attention and appears oblivious to what is happening around them. Children who find it difficult to give others consistent eye contact during communication, or have an unusual quality to their eye-contact. Children who have repetitive interests or behaviours (repeating same action with a toy, making repetitive movements with body parts, using repetitive language). Children who appear to be over-sensitive, reacting unusually to sounds, tastes and textures. Children whose interaction/communication skills with adults/peers are limited or unusual. They may find it difficult to take turns with others and respond to/chat with others. They may also act in an over-familiar way with strangers. Children who use the adult's hand as a tool. Children who are highly reliant on routine and become distressed if this is disrupted.

Guidelines for Referring Children with Feeding and Swallowing Difficulties

Do not Refer	Monitor (by referrer)	Refer
<ul style="list-style-type: none"> • Children who are able to eat a range of different textures of food but are fussy / “faddy” eaters (e.g. won’t eat any vegetables). • Children with a minor difficulty in eating and drinking with no lasting effect on oral intake. 	<ul style="list-style-type: none"> • Children with a minor difficulty in eating and drinking that is beginning to affect oral intake. 	<ul style="list-style-type: none"> • Children who are coughing, gagging or choking when eating or drinking. • Children who are struggling to move through texture stages, e.g. who find it difficult to eat lumpy textures. • Children with a minor difficulty in eating and drinking that is affecting oral intake (e.g. severely limited amount or type of food / liquid taken). • Excessive drooling beyond 2 years of age. • Children with non-oral intake (to support introduction of oral intake).

Important Information

Referrals are preferred from a medical professional.

Guidelines for Referring Children with Voice Problems

Do not refer	Refer
<ul style="list-style-type: none">• Children who present with hoarseness associated with colds/sore throats which resolve spontaneously	<ul style="list-style-type: none">• Children who present with prolonged or frequent episodes of voice that sounds hoarse/squeaky/breathy/croaky/creaky• Children who present with a voice 'quality' which is not what you would expect for their gender or age e.g. a very high pitched or very low pitched voice, even if this has been the case for a long time.• Children with a tracheostomy

N.B.

- If the referral is being made by a health care professional, a simultaneous referral to ENT should also be made.
- The results of an ENT assessment will need to be available before options for SALT intervention can be decided.