

Please see 'IS A REFERRAL NEEDED?' checklist before completing this form

Children's Speech and Language Therapy Referral Form

The service covers children up to their 18th birthday

Complete ALL details on pages 1 and 2. Incomplete forms will be returned and this will delay processing. Please then complete all other RELEVANT sections.

Child's Name: Date of Birth:

If the child has been known by any other first or last name please state:

Male/Female (please state): NHS number (if known):

Address: Postcode:

Telephone numbers: (Home): (Mobile):

Ethnic Group: Religion: First Language:

If an **interpreter** is required please state **language** and **dialect**:

General Practitioner (Name/Address):

Health Visitor/School Nurse: Health Centre/Telephone:

Consultant/Associate Specialist:

Medical Diagnosis:

Other Professionals involved with the child:

Playgroup/Nursery/School (please state name):

If this child has previously been discharged for non-attendance please provide us with the following information:

- Why the family did not attend/make an appointment
- How you will help to the family take up invitations in the future e.g. send you copies of appointments

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.....

Are you aware of any **safeguarding issues**? YES [] NO []

If yes, please provide the name and contact details of the person who will provide further information: Name: Telephone number:

Are you aware of any **safety risks** posed to staff related to this referral e.g. communicable infection, risk of violence and aggression? YES [] NO []

If yes, please provide the name and contact details of the person who will provide further information: Name: Telephone number:

(Continued on page 2)

Do the family have any additional needs e.g. wheelchair access, literacy difficulties? If so, give details of what help is required:

.....

.....

A person who has **parental responsibility** must agree to this referral. Please **initial** to confirm that they have agreed. If the box is not **initialled** it will be returned to the referrer.

☐ (Please initial here)

If this referral is for a young person aged **16 or 17**, please **initial** to confirm that they are happy for a person who has **parental responsibility** to be informed of the referral.

☐ (Please initial here)

If this referral is about **speech, language or communication**, please **initial** to confirm that you have discussed the following with a person who has **parental responsibility**:

☐ If the referral is accepted, they will receive information by post about how to make an appointment. For the first appointment they need to contact the service **within 3 weeks** of receiving the information to make an appointment. When parents/carers do not ring to make an appointment or when children do not attend they are discharged. If a child is discharged their GP, the referral agent and other relevant professionals will be informed.

☐ Speech and Language Therapy is provided through a consultative model. We help family members and school staff to develop strategies that they can use to support the child's communication development. For intervention to be successful, parents and carers need to make a commitment to support the recommendations made. This may involve some daily activities or practice.

If this referral is about **eating and drinking**, please **initial** to confirm that you have discussed the following with a person who has **parental responsibility**:

Child in hospital:

☐ The referral has been discussed with the parent/carer and they give permission for their child to be seen if they are not present.

Child in other location:

☐ The parent/carer has been informed that they will be contacted by phone within 10 working days of receiving the referral.

If there are repeated referrals followed by discharges for non – attendance, the referral agent may need to consider taking action in the interests of the child's health and well-being.

The form is split up into 6 sections. Please complete all relevant sections.

Signed: _____ Name: _____

Designation: _____ Date: _____

Address: _____

Telephone number: _____

Return referral form to: **Children's Speech and Language Therapy Department, New Street Health Centre, Upper New Street, Barnsley, S70 1LP**

Or email to: childrensspeechtherapy@swyt.nhs.uk

www.barnsleyspeechtherapy.co.uk

Discharge Criteria

For many children Speech and Language Therapy is not a cure and they may have long term communication difficulties. The Therapist will assess the child and help family members and school staff to develop strategies that they can use to support the child's communication and/or eating and drinking development. Children will be discharged from the service when intervention from a Speech and Language Therapist is not indicated. This may be because:

1. Aims of intervention have been achieved.

- The child has achieved their targets and no further intervention is needed.

2. The communication and/or swallowing issues are no longer a priority.

3. The child and/or their carer/school staff are able to self manage the child's difficulties.

- The recommended strategies to support communication have been demonstrated and practice needs to be done by a parent, carer or someone who supports the child e.g. a member of school staff.

4. There is non-compliance with therapy.

- The child or person who supports them is currently unable/not committed to using recommended strategies.

5. Intervention is not indicated at the current time.

- The child's speech and/or language levels are either in line with or not significantly below their general level of development.
- The child is no longer making progress.

6. There has been non-attendance or repeated cancellation of appointments.

7. The parent/carers requests discharge.

8. The child is moving out of area and will be transferred to another service.

9. The service does not offer intervention for children with this kind of difficulty.

We will circulate a copy of the discharge report to the parent/carers, general practitioner, referrer and other relevant professionals involved with the child's care.

Please answer the following six questions. Indicate yes (✓) or no (x) and then complete any sections that have a ✓.

	✓ x	
Does the child have a placement? E.g. Childminder, Playgroup, Nursery or School		Go to SECTION 1
Does the child regularly have a hoarse voice or lose their voice?		Go to SECTION 2
Does the child have an eating and/or drinking difficulty?		Go to SECTION 3
Does the child have difficulty understanding and/or using language?		Social Communication – Go to SECTION 4a
		Generalised Learning Difficulties – Go to SECTION 4b
		Specific Language Impairment – Go to SECTION 4c
Does the child stammer/stutter?		Go to SECTION 5
Does the child have difficulty pronouncing sounds in words?		Go to SECTION 6

SECTION 1	Information about children who have a placement at Childminder, Playgroup, Nursery or School	
Further required information	<p>Please send the "Placement Information" letter to the child's placement. The information provided by them forms part of the referral form. This letter asks them if they can provide support to carry out a Speech and Language programme 4 times per week for up to 20 minutes.</p> <p>Date the Placement Information letter been sent:20...</p> <p>If we do not receive a reply back from the Placement Information letter within 3 weeks of receiving the referral we will return the referral form to the referrer.</p>	
	<p>If the placement is unable to provide this support we will be unable to provide regular intervention at the placement. However, the child will be offered an appointment at an alternative location.</p>	
	<p>If there are other sections that are relevant, please complete.</p>	

SECTION 2	VOICE DIFFICULTIES	
Further required information	<p>Does the child regularly have a hoarse voice?</p> <p>Does the child regularly lose their voice?</p> <p>Does the child regularly experience a tightness or a sensation of a "lump" in the throat?</p>	<p>Yes [] No []</p> <p>Yes [] No []</p> <p>Yes [] No []</p>
	<p>If you have answered "yes" to any of the above questions, please first refer the child to an Ear, Nose and Throat (ENT) Service e.g. Barnsley Hospital NHS Foundation Trust. The parent/carer may need to ask their GP to do this on their behalf. If appropriate, the ENT Consultant will make an onward referral to our service.</p> <p>We are unable to accept a referral before the child has been seen by ENT.</p> <p>Our website provides general advice for the child, family and school on looking after your voice.</p>	
	<p>If there are other sections that are relevant, please complete.</p>	

SECTION 4b: Generalised Learning Difficulties	DIFFICULTY UNDERSTANDING AND/OR USING LANGUAGE – Generalised Learning Difficulties	
Further required information	<p>Does the child have generalised learning difficulties? If yes: We do not offer a service to children whose speech and language skills are broadly in line with their general learning.</p> <ul style="list-style-type: none"> If you feel that the child has a speech, language and/or communication difficulty which is over and above their generalised learning difficulties, we will consider your referral. Please complete the section below. 	Yes [] No []
	<p>Please describe your current concerns about the child's understanding and/or use of language and how it impacts on them: If the child is not using language, what are your current concerns?</p> <ul style="list-style-type: none"> No means of communication Their current system of communication needs to be developed further/reassessed More information is needed about how the child communicates and how this can be supported Signs of frustration related to communication <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>You must attach a report from one or more of the following:</p> <ul style="list-style-type: none"> an Educational Psychologist School showing educational attainment levels or a description of their current developmental levels including level of learning difficulty and physical skills Paediatrician/Associate Specialist – indicating their current developmental level. <p>OR</p> <ul style="list-style-type: none"> Have indicated that you have sent the Placement Information letter (see section 1) <p>Placement Information letter sent YES []</p>	
	If there are other sections that are relevant, please complete.	

SECTION 5	STAMMER/STUTTER Stammering is : Repeating words or sounds e.g. “I I I I want...” or “d d d dog”, stretching out sounds e.g. “sssssssausage” or getting stuck and no sound coming out	
	<p>Please provide the following information. It is essential for assessing the level of risk:</p> <ul style="list-style-type: none"> • For how many months has the child been stammering? • Has any blood relative ever stammered? • If yes, is the blood relative an adult who still stammers? • Does the parent/carer think the stammering is (please indicate) GETTING BETTER NOT CHANGING GETTING WORSE • Has the kind of stammering behaviour changed since it began? • If yes, in what way? • What does the child do when they stammer? (Please tick) <ul style="list-style-type: none"> € Repeat whole words € Repeat first sound/parts of words € Stretch out sound e.g. ssssea € Get stuck on a sound and nothing comes out € Give up on what they are trying to say • Does the child do any extra movements with their face/body when they stammer? E.g. blinking repeatedly, gasp for breath • Does the child have any other speech and language difficulties? • Are their language skills better than those of other children their age? <p>Please ask the parent/carer to rate on a scale of 1-10 the severity of the stammer: Not severe 1 2 3 4 5 6 7 8 9 10 Very severe</p> <p>Please ask the parent/carer to rate on a scale of 1-10 their level of anxiety about the stammer: Not worried 1 2 3 4 5 6 7 8 9 10 Very worried</p> <p>Our website provides general advice. Please give this to the family.</p>	<p>_____</p> <p>Yes [] No []</p> <p>Yes [] No []</p> <p>Yes [] No []</p> <p>Yes [] No []</p> <p>Yes [] No []</p> <p>Yes [] No []</p> <p>Yes [] No []</p>
	If there are other sections that are relevant, please complete.	

