

## Sirona Early Years Speech and Language Therapy Service referral guidance

### How to use this guidance:

1. Look at the information in the age-related screens (see table below). You can also click the links below to go to the right page:

[- Age: One to Two Years](#)

[- Age: Two years to Two years and Five months](#)

[- Age: Two years six months to two years 11 months](#)

[- Age: Three to four Years](#)

[- Age: Over four years](#)

2. Consider your child's current strengths and needs in each area.

3. Check the 'Next Steps' section (at the bottom of each table) for guidance on whether a referral is appropriate at this time.

4. [See our online toolkit](#) for further information and signposting for ways to help:



### **Making a referral:**

Please see the table below for our referral criteria. Referrals are made via the [Single Point of Entry form](#).

We accept referrals from parents/carers and professionals (with parental consent). In addition, we would also encourage you to complete a **Supporting Questionnaire** to help you provide enough information about the child's needs. These forms for children of different ages can be found on the links below:

[Aged 2 to aged 2 years and 6 months](#)

[Aged 2 years and 6 months to aged 3](#)

[Aged 3-4 years](#)

[Aged 4-plus](#)

[Dysphagia referral parent questionnaire](#)

Please note: Referrals for children who are due to start school in September, need to be received before the end of April of the same year to be seen for assessment and/or advice before they start school. If a referral is made after this date, children will be signposted to the School Age Speech and Language Service.

If you have already had contact with our service, you may be asked to try out some strategies or follow advice before making a referral.

Please see [our team page](#) for more information and referral forms.

Service provided by

### **Social communication and possible Autism**

If you have concerns around social communication, please complete a [Social Communication Questionnaire](#) and refer to the [Autism Assessment Service](#). Following autism assessment, a referral to the Speech and Language Therapy service may be considered, where there are concerns around speech and language development.

Pre-School Children cannot be referred to both Speech and Language Therapy and the Autism Assessment Service at the same time.

Further information about referral for an autism assessment can be found on our [Autism Service's Making a Referral page](#).

### **Definitions:**

**Receptive language** is the understanding of language and our ability to follow the language used around us e.g., follow an instruction, understand a question.

**Expressive language** is the use of language, how we express ourselves through the words we use and how we put our words together into sentences.

**Speech** is the production of sounds and the organisation of those sounds into words.

**Social skills** include the way we use language and non-verbal communication e.g. eye contact, facial expressions, gesture or pointing.

**Age: One to two Years**

	<b>Check advice section and try some activities</b>	<b>Monitor progress and access advice if required</b>	<b>Expected progress – no action needed</b>
<b>Receptive language</b>	Does not respond to frequently heard words e.g., 'mummy', 'shoes', 'biscuit' etc. Does not respond to name.	Understands some words or names. Responds appropriately to pointing. Not understanding simple instructions at 18 months-plus.	Understands simple instructions in context when supported by gesture/s. Recognises and points to familiar objects e.g., in books, body parts etc.
<b>Expressive language</b>	Lack of vocalisation/babbling. Limited non-verbal communication i.e., not pointing to or showing/ pulling to objects.	Is using babble or jargon or gesture but no words.	Beginning to use single words. Imitates and uses environmental and animals sounds with meaning e.g., 'beep beep', 'raa'.
<b>Speech sounds</b>	Please ring the telephone advice line to discuss further with a Speech and Language Therapist if highly concerned.	Speech sound errors occur at this age and speech is often unclear.	Speech sound errors occur at this age and speech is often unclear.
<b>Attention and Listening</b>	Limited response to environmental sounds and voices.	Does not appear able to focus on activities for even a short time. Flits between activities.	Maintains attention briefly on self-chosen activities. Turns towards familiar sounds and voices. May have difficulty shifting attention to do adult chosen tasks.
<b>Play/social skills</b>	Limited use of voice, gesture, eye contact or facial expression to interact with others.	Is beginning to relate objects appropriately like spoon and cup.	Smiles, shows enjoyment when interacting with familiar adults. Points, and uses some gestures.
<b>Next steps</b>	<p align="center"><b>See advice and resources section</b></p> <p>If concerned, call the Early Years Telephone Advice Line to discuss further with a Speech and Language Therapist. Advice Line numbers can be found on <a href="#">our web page</a>.</p>		

**Age: Two years to two years and five months. Please include a completed questionnaire for this age group with the referral**

	Referral recommended	Access advice and monitor progress	Expected progress – no action needed
<b>Receptive language</b>	Unable to select familiar objects by name. Unable to follow everyday instructions in context, e.g., 'where's the car', 'find your shoes'.	Understands only a few words and some simple instructions in context. Sometimes appears not to understand.	Beginning to follow two key word instructions e.g., 'where's mummy's shoes', 'find teddy's nose'. Shows understanding of action words e.g., 'sleeping', 'jumping'.
<b>Expressive language</b>	Using less than 10 recognisable single words. Limited use of non-verbal communication e.g., use of gesture, signs, pointing. Does not attempt to copy new words.	Some single words but also uses jargon or babble or pointing to communicate. Using only 10 to 30 single words. Rarely copies new words.	Beginning to join two words together e.g., 'ball gone', or combines a gesture and word. Using around 50 words, may babble and use jargon alongside the words. Readily copies new words.
<b>Speech sounds</b>	Parents or very familiar listeners cannot understand the child's speech.  Not using any consonant sounds e.g., p, b, m, w.	Using a limited range of sounds, only intelligible to familiar adults.	Parents can understand what their child is saying although not always clear. It is normal for a child's range of sounds to be limited at this time – see speech sound development chart below.
<b>Attention and listening</b>	Very fleeting attention – struggles to settle at an activity for more than a minute. May appear to be in their own world – very difficult to engage them in an activity with you. Your child may not turn to their name/other sounds in house.	Can attend for short periods to own choice of activity (not screen-based activities) but only for one to two minutes.	Able to attend to activity for a few minutes. Responds to name although this may not be consistent if involved in an activity.
<b>Play/social skills</b>	Play is mainly exploratory and repetitive. Not using any simple pretend play e.g., feeding dolly, putting dinosaur to bed. Prefers to play on their own most of the time. Limited or unusual use of voice, gesture, eye contact or facial expression to interact with others.	Some early pretend play e.g., pretending to feed self with spoon but not yet with toys. Appears shy or reluctant to join in, even with familiar people.	Interested in others' play and plays alongside. Imitates other's actions/noises/facial expressions e.g., in play and nursery rhymes. May not yet play actively with peers – may find sharing hard.

<b>Next steps</b>	<b>See advice and resources section</b> If concerned, call the Early Years Telephone Advice Line to discuss further with a Speech and Language Therapist. Details of advice lines are available <a href="#">on our web page</a> .	
Refer for an <u>autism assessment</u> if referral recommended in both language and play/social Skills.  or  Refer to Speech and Language Therapy if referral recommended in both receptive and expressive language but play/social skills are within expected progress. If unsure please contact one of the advice lines. Details are available on <a href="#">our web page</a> .		

**Age: Two years six months to two years 11 months. Please include a completed questionnaire for this age group with the referral**

	Referral recommended	Access advice and monitor progress	Expected progress – no action needed
<b>Receptive language</b>	Unable to follow any two key word instructions e.g., 'Where's mummy's shoes?', 'Find teddy's nose'. Not understanding action words e.g., running, jumping.	Understands some two key word instructions but this is not consistent. May not yet understand concepts like big/little, in/on/under.	Consistently following a range of two key word instructions e.g., 'make teddy jump', 'give mummy the book', 'find the big spoon'. Beginning to show understanding of three key word instructions e.g., 'give teddy the big ball'. Developing concepts such as 'big/little'.
<b>Expressive language</b>	Not using simple word combinations e.g., 'my ball', 'me want that', 'daddy wash'. Only using single words.	Beginning to combine words. Rarely using more than two words together. Mostly using nouns (object words) – few other word types used e.g., verbs (action words), adjectives (describing words) etc.	Using two to four word phrases. Misses out little words e.g., is, on, the. May struggle to talk about things beyond the 'here and now' e.g., may not be able to tell you what they did that day at nursery.
<b>Speech sounds</b>	Familiar adults find it very hard to understand the child's speech.	Can be understood most of the time by familiar adults but less familiar people may struggle to understand them.	Familiar adults will usually know what they are saying but not always clear. Likely to shorten longer or difficult words e.g., 'poon' for spoon, 'nana' for banana. It is normal for a child's range of sounds to be limited at this time – see speech sound development chart below.
<b>Attention and listening</b>	Very fleeting attention – struggles to settle at an activity for more than a minute. May appear to be in their own world – very difficult to engage them in an activity with you. Your child may not turn to their name/other sounds in house.	Inconsistently turns to name or sounds. Can concentrate on an activity of their choosing (not including screens) for 2-3 minutes. Can join an adult led activity if it is motivating.	Able to attend to activity of their own choosing for a few minutes (4-6 minutes) and turn when their name is called. Can sit for a familiar story and/or songs. Can find it difficult staying involved in group activities.
<b>Play/social skills</b>	Not imitating actions of adults/peers e.g., action rhymes. Not interested in others' play, often plays alone and doesn't tolerate peers playing alongside. May not seem aware when others are upset. Struggles to move from one activity to another. May be upset by a change to their routine. Limited/unusual use of gesture/eye contact.	Pretend play is developing. Prefers to play alone but tolerates an adult joining in. Finds sharing and taking turns really difficult.	Shares and cooperates with others, with some adult support. Starting to use pretend play e.g., using a pan for a hat. Initiates interaction with familiar adults and beginning to initiate interaction with peers.

<b>Next steps</b>	<p align="center"><b>See advice and resources section</b></p> <p>If concerned, call the Early Years Telephone Advice Line to discuss further with a Speech and Language Therapist. Details of advice lines are available <a href="#">on our web page</a>.</p>		
	<p><b>Refer for an autism assessment</b> if referral recommended in both language and play/social Skills.</p> <p align="center">or</p> <p>Refer to Speech and Language Therapy if referral recommended in receptive and / or expressive language but play/social skills are within expected progress. If unsure please contact one of the advice lines. Details are available on <a href="#">our web page</a>.</p>		

**Age: Three to four years. Please include a completed questionnaire for this age group with the referral**

	Referral recommended	Access advice and monitor progress	Expected progress – no action needed
<b>Receptive language</b>	<p>At three years: Unable to follow two key word instructions e.g., 'give the spoon to teddy', 'make the dinosaur sleep'.</p> <p>At three years six months: Unable to follow three key word instructions e.g., 'put the cup under the table'. Does not show understanding of concepts such as size e.g., big/little and position e.g., in/on/under.</p>	<p>Understands simple instructions without contextual clues.</p> <p>At three years: Able to follow Two key word instructions consistently but not yet able to follow three key words.</p>	<p>Beginning to follow three key word instructions e.g., 'put the cup under the table'. Beginning to understand concepts such as size e.g., big/little and position e.g., in/under. Understands some simple questions using who? Where? What?</p> <p>Starting to follow longer instructions e.g., 'Put the cup and fork under the table'. Can understand concepts such as size and position.</p>
<b>Expressive language</b>	<p>Mainly uses single words to communicate their needs. Not using the right words, e.g., saying 'dog' instead of 'teddy'.</p> <p>Not yet joining words together or using some learnt, repetitive phrases.</p>	<p>Uses a range of appropriate phrases consisting of two to three words and has made progress over the past three months.</p>	<p>Predominantly using three or four-word phrases e.g., 'me want that', 'daddy wash face'.</p> <p>May be beginning to use more complex sentence structures.</p>
<b>Speech sounds</b>	<p>Not able to use p, b, m, n, t, d, w sounds.</p> <p>Vowel errors.</p> <p>Unintelligible most of the time to familiar adults.</p>	<p>Using p, b, m, n, t, d, w, but may not be using k or g consistently.</p> <p>Fricative sounds, such as f, v, s, sh are developing.</p> <p>Familiar adults can understand the child within context. Unfamiliar adults may have more difficulty understanding the child.</p>	<p>Some errors with k, g, f, v, s, z (NOTE: ch, j, l, r, th not yet used).</p> <p>Many longer words will be shortened e.g., 'nana' for banana, and some sound-blends will be simplified, eg: 'bider' for spider.</p> <p>Familiar adults can generally understand child.</p>
<b>Attention and listening</b>	<p>Is not able to listen or pay attention even in one to one or small group settings with adult support.</p> <p>Is not able to concentrate on an activity of their choosing for more than one to two minutes.</p>	<p>Is beginning to be involved in group activities but may need some support from an adult.</p> <p>Can concentrate on an activity of their choosing for around three to four minutes.</p>	<p>Able to listen to others.</p> <p>Can shift their attention to a different task and back to previous task with some help.</p> <p>Can focus on an activity of their own choice for more than five minutes.</p>



<b>Play/social skills</b>	<p>Not interested in others' play, often plays alone and doesn't tolerate peers playing alongside. Play may seem repetitive. May not seem aware when others are upset. May struggle to move from one activity to another and/or find change distressing. May be upset by a change to their routine. Not using gesture/eye contact in the same way as peers.</p>	<p>Child responds to adult during play but may need support to engage with peers within activities.          May need some support to cope with changing from one activity to another.          Joins in with pretend play, with support from an adult.</p>	<p>They show sensitivity to others' needs and feelings. Can form positive relationships with adults and children.          Keeps play going by responding to what others are saying or doing.          Sequencing play and moving to small world toys.          Showing more imagination in play and enjoying pretend play.</p>
<b>Next steps</b>	<p style="text-align: center;"><b>See advice and resources section</b></p> <p>If concerned, call the Early Years Telephone Advice Line to discuss further with a Speech and Language Therapist. Details of advice lines are available <a href="#">on our web page</a>.</p>		
	<p><u>Refer for an autism assessment</u> if referral recommended in both language and play/social Skills.</p> <p style="text-align: center;">or</p> <p>Refer to Speech and Language Therapy if referral recommended in both receptive and expressive language but play/social skills are within expected progress. If unsure please contact one of the advice lines. Details are available on <a href="#">our web page</a>.</p>		

**Age: Four plus years. Please include a completed questionnaire for this age group with the referral.**

	Referral recommended	Access advice and monitor progress	Expected progress – no action needed
<b>Receptive language</b>	Difficulties understanding instructions containing three key words (e.g., Put the ball under the bed) or understanding question words, e.g., who/where/what?	Short conversations are possible. There are some concerns about comprehension of longer or more complex instructions.	Can follow instructions involving several ideas or actions and 'wh' questions e.g., Put teddy in the box and give me the plate.' and e.g., 'Who fell over?'
<b>Expressive language</b>	Sentences are less than 5 words long. Unable to express ideas or needs or explain what happened e.g., what happened at playtime. Appears to have difficulty 'finding' the right word to use. Appears to have a very restricted vocabulary.	Utterances are appropriate and at least 5-6 words long but vocabulary may be limited, and grammar may be immature. Small words such as 'the' and 'to' may be omitted.	Able to describe an event from the recent past e.g., holiday, football game. Can develop their own narratives and ideas by connecting ideas and events. May make some errors e.g., verb tenses.
<b>Speech sounds</b>	Unintelligible most of the time to familiar and/or unfamiliar adults.  Vowel errors.  Using b for f, e.g., fish = 'bish' Using d for s, e.g., sun = 'dun' Using t for k and d for g, e.g., girl = 'dirl'.	Sometimes unintelligible to familiar and/or unfamiliar adults.  Single words may be easier to understand than connected speech.  See Speech Sounds chart for typical development and processes at this age.	Most people can understand the child, but there are still some errors with more complicated sounds, e.g., snake becomes 'nake;' spoon becomes 'poon;' and red becomes 'wed'.  See Speech Sounds chart for typical development and processes at this age.
<b>Attention and listening</b>	Unable to listen and do something at the same time e.g., colouring in and responding to an adult's question. May flit from one activity to another in rapid succession.  Struggles with adult-led table-top activities (group and/or individual). Loses concentration quickly in circle/carpet time.	Can only concentrate on an adult-led activity for up to five minutes. Beginning to engage in group activities with support/ prompts. Beginning to shift attention to a different task and back to previous task with help.	Beginning to be able to listen and do a chosen activity at the same time. Can concentrate for up to 15 minutes on a chosen activity.
<b>Play/social skills</b>	Struggles to take turns in groups and only talks about topics of interest to them. Not interested in others' play, often plays alone and doesn't tolerate peers playing alongside. Play may seem repetitive. May not seem aware when others are upset. May struggle to move from one activity to another and/or find change distressing. May be upset by a change to their routine. Not using	Some evidence of emerging role play/small word play. Requires adult support to extend play. Needs adult support to play with others and take turns.	Wide range of play skills and interests. Engages readily with other children when playing. Able to share and take turns with minimal adult support.

	gesture/eye contact in the same way as peers.		
<b>Next Steps</b>	<b>See advice and resources section</b> If concerned, call the Early Years Telephone Advice Line to discuss further with a Speech and Language Therapist. Details of advice lines are available <a href="#">on our web page</a> .		
	<b>Refer for an autism assessment if referral recommended in both language and play/social Skills.</b>  <b>or</b>  <b>Refer to Speech and Language Therapy if referral recommended in both receptive and expressive language but play/social skills are within expected progress. If unsure please contact one of the advice lines. Details are available on <a href="#">our web page</a>.</b>		

## Referral criteria for specialist teams

	Referral recommended	Assessment/referral not needed  Advice available from Health Visitor and general advice available on website – see below.
<p><b>Eating and/or drinking difficulties (Dysphagia)</b></p>	<ul style="list-style-type: none"> <li>• Child has a neurological problem/medical condition associated with persistent eating and drinking difficulties.</li> <li>• Child is being weaned off a feeding tube because of eating and drinking difficulties.</li> <li>• Child has a tracheostomy tube in situ.</li> <li>• There are concerns about the child’s ability to swallow e.g., the child can’t swallow food or drink.</li> <li>• There are signs of aspiration (food or drink going down the wrong way) e.g., eye watering, changes in colour of face e.g., going red/white or blue.</li> <li>• There is a history of chest infections and/or respiratory infections.</li> <li>• There are repeated episodes of coughing/spluttering and/or choking requiring back slaps when eating and/or drinking.</li> <li>• There is significant weight loss to below the 9<sup>th</sup> centile alongside poor eating and drinking.</li> </ul> <p>Please include the <a href="#">dysphagia referral parent questionnaire</a> when making a referral for eating and drinking difficulties.</p>	<ul style="list-style-type: none"> <li>• Need support with weaning or sensitivity to certain textures.</li> <li>• Restricted diets associated with neurodiversity.</li> <li>• Spitting out lumpy food.</li> <li>• Dribbling.</li> <li>• Children who have the physical skills to eat but are choosing not to.</li> <li>• Referrals based solely on a medical condition – e.g., Down Syndrome with no known eating and drinking difficulties.</li> </ul>

	Referral Recommended	Assessment / Referral not needed – Contact telephone advice line if required
<b>Permanent Hearing loss/ Deafness</b>	<ul style="list-style-type: none"> <li>• Children over 12 months who have been diagnosed as having a permanent hearing loss by an Audiologist.</li> <li>• Children may have a cochlear implant or be using hearing aids</li> </ul>	<ul style="list-style-type: none"> <li>• Children who have not been diagnosed with a permanent hearing loss but may be experiencing some difficulties with hearing (e.g., owing to glue ear)</li> </ul>
<b>Stammering</b>	<ul style="list-style-type: none"> <li>• Child has been stammering for over six months</li> <li>• Child has been stammering for three to six months and there is a high level of parental concern</li> </ul>	<ul style="list-style-type: none"> <li>• All children who have been stammering for less than three months.</li> <li>• Children who have been stammering for less than 6 months and parents do not feel a high level of concern</li> </ul>
<b>Children under two with complex medical needs</b>	<ul style="list-style-type: none"> <li>• If there are eating and drinking concerns, child should be referred as above (see Dysphagia)</li> <li>• If there are no eating/drinking concerns and child requires multidisciplinary assessment (e.g., motor assessment by Physiotherapy and Occupational Therapy service) and early communication advice is needed</li> </ul>	<ul style="list-style-type: none"> <li>• Child is not undergoing multi-professional assessment</li> </ul>
<b>Children over two with complex medical needs</b>	<ul style="list-style-type: none"> <li>• If there are eating and drinking concerns, child should be referred as above (see Dysphagia)</li> <li>• If there are no eating/drinking concerns and child requires multidisciplinary assessment (e.g., motor assessment by Physiotherapy and Occupational Therapy service)</li> <li>• Child meets 'consider referral' criteria for receptive and/or expressive language according to their age.</li> </ul>	<ul style="list-style-type: none"> <li>• Child does not meet any 'referral recommended' criteria</li> <li>• Referral based on diagnosis only and not on observations of the child.</li> </ul>

## Advice & Resources:

**Please note links to external sites are provided for your information but we are not responsible for the content.**

Early Years Telephone Advice Line numbers can be found on [our web page](#).

[Contact a Health Visitor](#).

['BBC Tiny Happy People'](#)

[Bookstart](#)

[National Literacy Trust](#)

For ideas to develop **communication skills**:

[Confident Communicators](#)

[Hanan Program- Helping your child to communicate](#)

[Early Years Speech and Language Therapy Toolkit](#)

[Language Development Steps](#) for information about **language development**

[10 Top Tips for Talking for under 5s](#).

For information about **stammering/fluency**:

British Stammering Association: Helpline, webchat and email support [www.stamma.org](http://www.stamma.org)

For information on **speech sound development** (from two years six months):

Ideas to develop speech sounds - [Sorting Out Sounds part 1](#) [Sorting Out Sounds part 2](#)

[Model words correctly](#)