

Leeds Children’s Speech and Language Therapy Service

Referral Guidelines for Speech Language and Communication Needs for Children and Young People

How to decide if a referral is appropriate

Find the child’s age on the pages below and consider the areas of need against what skill we would expect them to be doing. The Green row shows what a typically developing child should be doing at this age. If you are unsure if you should refer, look at the Amber row and follow the relevant advice for a period and then check the impact and review progress. The Red row shows a referral is recommended.

Complete a referral form where speech, language or communication needs are shown that affect the child or young person’s ability to function adequately within their normal environment which may be causing significant concern to parents and/or other carer/professional despite accessing some previous support.

We accept referrals from parents/ carers and professionals who have sought parent/carer consent for the referral to be made. Our referral form can be found on our website [www.leedscommunityhealthcare.nhs.uk/cslt](http://www.leedscommunityhealthcare.nhs.uk/cslt) . Please provide as much detail about the impact of the child’s difficulties that you can as this helps us to provide the right input, at the right time and in the right place.

What support should be in place before making a referral?

* Employ strategies to enrich the child’s communication environment that are recommended on the referral guidelines using the advice suggested from the CSLT toolkit, try these out for three months.
* [The Communication Offer (leedslocaloffer.org.uk)](https://leedslocaloffer.org.uk/#!/model/page/service/34344) includes details of services and resources that are available to support speech, language and communication development.

If the child makes minimal improvement in their communication skills refer to CSLT, include details of what has been tried on the referral form.

What information is needed when completing a referral from?

Please complete the referral form in as much detail as possible.

* The nature of the problem with examples of difficulties and how long the problem has been apparent.
* What has been done so far to address the problem.
* How the problem is impacting on the child or young person in his/her environment

What happens next?

* Referrals are triaged to the right team.
* (Once the referral has been accepted parents/carers of school age children will be asked to provide consent to *treatment in school* via an online form)
* Waiting times- we aim to see children within 18 weeks from the date the referral was received – continue to support the child using guidance from the CSLT toolkit and Communication Offer.

The service pathway (your child’s journey through our services)

We currently follow an episode of care model, where children will be seen for a first contact which is usually an assessment then appropriate follow up support, before being discharged with re-access criteria. The length of an episode of care will vary depending on the level of need. The time between each episode should be used to follow the advice given to practice and consolidate the skills given to you by the speech and language therapy team.

**Referral Address:** Central CSLT Admin Team, Leeds Community Healthcare, Building 3, White Rose Park, Millshaw Park Lane, Leeds, LS11 0DL.

**Referral Email:** slt.leedsreferrals@nhs.net **General Enquiries:** lcht.cslt@nhs.net **Telephone Enquiries:** Leeds (0113) 843 3650

Inappropriate referrals and alternative pathways

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| **NATURE OF DIFFICULTY** | **FURTHER DETAILS** | **SIGNPOSTING** |
| **2; 6 years and younger** | Support the parent/carer to access Support for All and Focused Support strategies/activities  | Communication Offer resources and services [Health Pathways | Leeds Local Offer](https://www.leedslocaloffer.org.uk/health-and-social-care/health-services/health-pathways) |
| **Tongue Tie** | Where there is no family history of feeding or talking difficulties. | If you are concerned about your child’s tongue tie in relation to feeding difficulties, please make a referral. |
| **Developmental Delay** | Where the child’s skills are within 12 months of their chronological age | Paediatrician if there are two or more areas more than 50% delayed |
| **Lisp** | Unless the child is concerned about the lisp and is motivated to change their talking. |  |
| **Selective Mutism** | Where there is no evidence of underlying SLCN | Learning Inclusion Team |
| **Reading & writing difficulties** | Where there is no evidence of underlying SLCN | Learning Inclusion Team |
| **General Learning Difficulties** | If the child’s speech and language skills are broadly in line with their general learning levels/ ability, even if this is below the child’s chronological age, a referral is not appropriate. | Learning Inclusion Team  |
| **Bilingual Children** | Where there are no concerns in the child’s home language development | Vocabulary Groups in School |
| **Voice** | Without previously being seen by ENT. Parents/ carers can ask their GP to do this on their behalf | ENT |
| **Suspected ADHD** | Where there are no specific SLCN that are significantly impacting on the child’s ability to communicate and interact. Implement communication friendly setting strategies.  | Mindmate |
| **Dyslexia** | Where there are no specific SLCN that are significantly impacting on the child’s ability to communicate and interact. Implement communication friendly setting strategies. | Learning Inclusion Team |
| **Feeding Difficulties** | Please use this referral form <https://www.leedscommunityhealthcare.nhs.uk/seecmsfile/?id=4722>  |  |
| **Stammering**  | Re-referrals for specialist Stammering Support or adult referrals to the Stammering Support Service please use this referral form <https://www.leedscommunityhealthcare.nhs.uk/seecmsfile/?id=4723>  |  |
| **Deaf and Hearing Impairment Team** | Specialist DAHIT referrals, please use this form. <https://www.leedscommunityhealthcare.nhs.uk/seecmsfile/?id=4721>  |  |
| **Leeds Communication Aid Service** | Referral form<https://www.leedscommunityhealthcare.nhs.uk/seecmsfile/?id=4003> Leeds CAS inclusion/exclusion criteria <https://www.leedscommunityhealthcare.nhs.uk/seecmsfile/?id=4004>  |  |

What happens when you submit a referral from?

Our referral form can be found on our website [www.leedscommunityhealthcare.nhs.uk/cslt](http://www.leedscommunityhealthcare.nhs.uk/cslt)

There are several possible outcomes from the request for support:

1. The referral is returned to the sender as not enough information has been provided.
2. The service is not right for this need and therefore the referral is not accepted.
3. The child will be invited to attend a clinic assessment session where a goal will be set, assessment of the SLCN will be completed and further input decided on. A support plan or summary report will be completed which will recommend strategies and advice.
4. The child will be seen in school (with parent/carer consent) where a goal will be set, assessment of the SLCN will be completed, targets agreed, and a support plan completed which will recommend strategies and advice.
5. There referral is passed onto the appropriate specialist pathway.

Re-referral Criteria:

A re-referral will not be accepted if:

1. The child has been discharged within the last 6 months and there are no new concerns.
2. The previous Speech & Language Therapist has outlined specific re-referral criteria which have not been clearly described in the re-referral information e.g., a change in school, child’s motivation to change, anxiety levels of parents, targets achieved, significant deterioration in the child’s behaviour.

Additional Resources:

Leeds Children's Speech and Language Therapy (CSLT) Service screening assessment tool uses pictures and tasks to help identify children who may have speech, language or communication difficulties. By completing the screen, you will know if the child would benefit from some extra support in school or whether they meet the criteria for a referral to the CSLT Service. To access a copy of the screen, please fill in this [screening tool request form](https://www.leedscommunityhealthcare.nhs.uk/seecmsfile/?id=3954) and email it to sltleedstraining@nhs.net Training on using the screening tool is free to Leeds education settings.

Other screening tools are available e.g. [WellComm](https://www.gl-assessment.co.uk/assessments/products/wellcomm/) [Progression Tools](https://ican.org.uk/shop/progression-tools-primary-years-set/) [SENIT Developmental Journal](https://www.leedsforlearning.co.uk/Pages/Download/89fd0419-2553-40e7-b7f9-5dadeb1380e8/PageSectionDocuments)

Referral Criteria and Guidelines

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| **2;06 – 2;11 years old (31-36 months)** |
|  | **Attention and listening**  | **Understanding Language** | **Expressive language** | **Speech sounds** | **Interaction & play** |
| **Refer if…** | **NB: Must also have difficulties in at least two other areas of speech and language development, e.g., Understanding Language and social skills.**Your child does not turn to their name / other sounds in house. Unable to concentrate on a task of their own choosing.It is very difficult for an adult to direct the child. | Unable to follow any two-word level instructions e.g., where’s mummy’s shoes, find teddy’s nose. Not understanding action words e.g., running, jumping  | Unable to use simple word combinations e.g., “my ball”, “me want that”, “daddy wash”.Using single words only**Dysfluency** (stammering)High level of parental anxiety and child showing awareness and struggle/tension e.g., accompanied by blinking, facial tension or foot tapping | Not able to use p, b, m, n, t, d, w sounds (even when copying from an adult)Unintelligible most of the time to familiar adults | Not imitating actions of adults/peers e.g., action rhymesNot interested in others’ play, always plays alone and doesn’t tolerate peers playing alongside. Doesn’t show affection and concern for people who are special to them. |
| **Action needed if between ‘R’ and ‘G’** | **Referral to audiology**[CSLT Toolkit: Attention and Listening](https://www.leedscommunityhealthcare.nhs.uk/our-services-a-z/child-speech-and-language-therapy/speech-and-language-therapy-toolkit-new-/attention-and-listening1/) | [CSLT Toolkit: Early Communication](https://www.leedscommunityhealthcare.nhs.uk/our-services-a-z/child-speech-and-language-therapy/speech-and-language-therapy-toolkit-new-/early-communication/) [CSLT Toolkit: Understanding Language](https://www.leedscommunityhealthcare.nhs.uk/our-services-a-z/child-speech-and-language-therapy/speech-and-language-therapy-toolkit-new-/understanding-language/) | [CSLT Toolkit: Speech](https://www.leedscommunityhealthcare.nhs.uk/our-services-a-z/child-speech-and-language-therapy/speech-and-language-therapy-toolkit-new-/speech/) | [CSLT Toolkit: Social Skills and Interaction](https://www.leedscommunityhealthcare.nhs.uk/our-services-a-z/child-speech-and-language-therapy/speech-and-language-therapy-toolkit-new-/social-skills-and-interaction/) |
| **Good (no concerns)** | Able to attend to activity 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 | Consistently following a range of two-word instructions e.g., make teddy jump, give mummy the book, find the big spoon.Beginning to show understanding of three-word instructions e.g., give teddy the big ball. Developing concepts such as ‘big/little’ | Using 2–4-word utterances Misses out little words e.g., is, on, the.May have some repetitions of initial sounds e.g. b, b,b,ball, or whole words | Will still use a limited range of sounds and may not use sounds such as k, g, f, s, sh, ch, l, and r.Likely to shorten longer or difficult words e.g., poon for spoon, nana for banana.Familiar adults will usually know what they are saying but not always clear. | 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 start interaction with peers. |

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| **3;0 – 3;6 years** |
|  | **Attention and listening** | **Understanding Language** | **Expressive language** | **Speech sounds** | **Interaction & play** |
| **Refer if…** | Unable to listen or pay attention even in 1:1 or small group settings with adult support. | Unable to follow 2 key word instructions e.g., ‘give the spoon to teddy’, ‘make the dinosaur sleep’. | Only using single words (not joining words together)Not using the right words, e.g., saying “dog” instead of “teddy”.**Dysfluency** Frequently repeating initial sounds of words or whole words throughout a sentence, e.g., m-m-m-m-mummy, can, can we g-g-g-go to the park. | Not able to use p, b, m, n, t, d, w sounds.Unintelligible most of the time to familiar adults. | Struggles to play cooperatively or take turns with adults or other children. Repetitive features in play.Overuse of learnt phrases or repeating lines from favourite films. |
| **Action needed if in-between ‘R’ and ‘G’** | **Referral to audiology**[CSLT Toolkit: Attention and Listening](https://www.leedscommunityhealthcare.nhs.uk/our-services-a-z/child-speech-and-language-therapy/speech-and-language-therapy-toolkit-new-/attention-and-listening1/) | [CSLT Toolkit: Understanding Language](https://www.leedscommunityhealthcare.nhs.uk/our-services-a-z/child-speech-and-language-therapy/speech-and-language-therapy-toolkit-new-/understanding-language/) | [CSLT Toolkit: Expressive Language](https://www.leedscommunityhealthcare.nhs.uk/our-services-a-z/child-speech-and-language-therapy/speech-and-language-therapy-toolkit-new-/expressive-language/) | [CSLT Toolkit: Speech](https://www.leedscommunityhealthcare.nhs.uk/our-services-a-z/child-speech-and-language-therapy/speech-and-language-therapy-toolkit-new-/speech/) | [CSLT Toolkit: Social Skills and Interaction](https://www.leedscommunityhealthcare.nhs.uk/our-services-a-z/child-speech-and-language-therapy/speech-and-language-therapy-toolkit-new-/social-skills-and-interaction/) |
| **Good (no concerns)** | Able to listen to others. Can shift attention to a different task and back to previous task although they may need help. Can focus on an activity of their own choice for approximately 5 minutes. | Beginning to follow 3 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/on/under.Understands some simple questions using who? where? what? | Using two, three four-word phrases e.g., my ball, me want that, daddy wash faceMay be beginning to use more complex sentences.May not be clear.May have some repetitions of initial sounds e.g., b-b-ball or single words at the start of a sentence. | Some errors with ‘k’, ‘g’, ‘f’, ‘v’, ‘s’, ‘z’. Many longer or more difficult words will be shortened e.g., ‘pider’ for ‘spider’, ‘nana’ for ‘banana’.Familiar adults can generally understand child. | They show sensitivity to others’ needs and feelings. Can form positive relationships with adults and other children.Keeps play going by responding to what others are saying or doing. Sequencing play and moving to small world toys. |

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| **3;6- 3;11 years** |
|  | **Attention and listening** | **Understanding Language** | **Expressive language** | **Speech sounds** | **Interaction & play** |
| **Refer if…** | Unable to listen or pay attention even in 1:1 or small group settings with adult support. | Unable to follow any 3 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. | Only using single words (not joining words together)Not using the right words, e.g. saying “dog” instead of “teddy”.**Dysfluency** Frequently repeating initial sounds of words or whole words throughout a sentence e.g., m-m-m-m-mummy, can, can we g-g-g-go to the park. | Not able to use p, b, m, n, t, d, w sounds.Unintelligible most of the time to familiar adults. | Struggles to play cooperatively or take turns with adults or other children. Repetitive features in play.Overuse of learnt phrases or repeating lines from favourite films. |
| **Action needed if in-between ‘R’ and ‘G’** | **Referral to audiology**[CSLT Toolkit: Attention and Listening](https://www.leedscommunityhealthcare.nhs.uk/our-services-a-z/child-speech-and-language-therapy/speech-and-language-therapy-toolkit-new-/attention-and-listening1/) | [CSLT Toolkit: Understanding Language](https://www.leedscommunityhealthcare.nhs.uk/our-services-a-z/child-speech-and-language-therapy/speech-and-language-therapy-toolkit-new-/understanding-language/) | [CSLT Toolkit: Expressive Language](https://www.leedscommunityhealthcare.nhs.uk/our-services-a-z/child-speech-and-language-therapy/speech-and-language-therapy-toolkit-new-/expressive-language/) | [CSLT Toolkit: Speech](https://www.leedscommunityhealthcare.nhs.uk/our-services-a-z/child-speech-and-language-therapy/speech-and-language-therapy-toolkit-new-/speech/) | [CSLT Toolkit: Social Skills and Interaction](https://www.leedscommunityhealthcare.nhs.uk/our-services-a-z/child-speech-and-language-therapy/speech-and-language-therapy-toolkit-new-/social-skills-and-interaction/) |
| **Good (no concerns)** | Able to listen to others. Can shift attention to a different task and back to previous task. Can focus on an activity of their own choice for 5-10 minutes. | Starting to follow longer instructions e.g., ‘Put the cup and fork under the table.’ Can understand concepts such as size and position.Understand simple questions using who? where? what?  | Using three, four, five-word phrases e.g., ‘where daddy gone’, ‘I want big ball’.May be beginning to use more complex sentences.May have some repetitions of initial sounds e.g., b-b-ball or single words at the start of a sentence. | Some errors with ‘k’, ‘g’, ‘f’, ‘v’, ‘s’, ‘z’. Many longer or more difficult words will be shortened e.g., ‘pider’ for ‘spider’, ‘nana’ for ‘banana’.Familiar adults can generally understand child. | Shows sensitivity to others’ needs and feelings. Can form positive relationships with adults and other children.Showing more imagination in play and enjoying pretend play. |

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| **4;0 – 4;11 years** |
|  | **Attention and listening** | **Understanding Language** | **Expressive language** | **Speech sounds** | **Interaction & play** |
| **Refer if…** | 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. | Difficulties understanding instructions containing three key words or understanding question words, e.g., who/where/ what?  | Unable to explain what happened e.g., what happened at playtime. Unable to link thoughts and ideas using ‘and’ or ‘then’’. **Dysfluency** Stammering in connected speech | 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’. Adults generally can’t understand.  | Unable to play with others- i.e., lack of interest in playing with other children / consistently chooses to play alone. Struggles to take turns in groups **and** only talks about topics of interest to them. |
| **Action needed if in-between ‘R’ and ‘G’** | **Referral to audiology**[CSLT Toolkit: Attention and Listening](https://www.leedscommunityhealthcare.nhs.uk/our-services-a-z/child-speech-and-language-therapy/speech-and-language-therapy-toolkit-new-/attention-and-listening1/) | [CSLT Toolkit: Understanding Language](https://www.leedscommunityhealthcare.nhs.uk/our-services-a-z/child-speech-and-language-therapy/speech-and-language-therapy-toolkit-new-/understanding-language/) | [CSLT Toolkit: Expressive Language](https://www.leedscommunityhealthcare.nhs.uk/our-services-a-z/child-speech-and-language-therapy/speech-and-language-therapy-toolkit-new-/expressive-language/) | [CSLT Toolkit: Speech](https://www.leedscommunityhealthcare.nhs.uk/our-services-a-z/child-speech-and-language-therapy/speech-and-language-therapy-toolkit-new-/speech/) | [CSLT Toolkit: Social Skills and Interaction](https://www.leedscommunityhealthcare.nhs.uk/our-services-a-z/child-speech-and-language-therapy/speech-and-language-therapy-toolkit-new-/social-skills-and-interaction/) |
| [CSLT Toolkit: Information for Schools](https://www.leedscommunityhealthcare.nhs.uk/our-services-a-z/child-speech-and-language-therapy/speech-and-language-therapy-toolkit-new/information-for-schools/) [CSLT Practitioner Training workshops](https://www.leedscommunityhealthcare.nhs.uk/our-services-a-z/child-speech-and-language-therapy/training/) are available |
| **Good (no concerns)** | 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. | Can follow instructions involving several ideas or actionse.g., put teddy in the box and give me the plate.’and e.g. ‘Who fell over?’ | 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. | Most people can understand the child, but there are still some errors with sounds e.g., ‘snake’ becomes ‘nake’, ‘spoon’ becomes ‘poon’ and ‘red’ becomes ‘wed’.  | Confident to talk to other children when playing. Showing development of joke telling. Using language in different ways. |

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| **5;0 – 6;11 (Key Stage 1)** |
|  | **Attention and listening** | **Understanding Language** | **Expressive language** | **Speech sounds** | **Interaction & play** |
| **Refer if…** | Struggles to sit and listen at carpet time and needs lots of reminders from adults to listen and attend to an activity. Easily distracted.Often needs instructions repeated. These difficulties should not be due to behaviour and compliance issues.  | Not following classroom instructions (even when listening). Appears confused or ‘lost’ in the classroom. Appears not to know the meanings of common words.Often needs instructions to be simplified or broken down into chunks. cannot understand “how” “why” questions or cannot use their reasoning skills to justify and problem solve (Blank level 4 questions)gives answers to questions that are not expected. | Adult has to work hard to understand what the child means and follow the sequence of thoughts. Unable to learn/retain new vocabulary. Sentences often containing empty language e.g., “that”, “there”. Unable to re-tell a sequence of events e.g., missing key facts or presenting them in the wrong order- ‘what happened at the weekend?’ Immature grammar e.g., using he for she. Short sentences consistently used expressively. Unable to answer basic why questions with a “because” answer. **Stammering** Refer directly to [Stammering Support Service](https://www.leedscommunityhealthcare.nhs.uk/seecmsfile/?id=4600) if over 6 years otherwise make a referral to the [clinic/school service](http://www.leedscommunityhealthcare.nhs.uk/cslt).  | Speech is unintelligible. Struggling to interact verbally with peers.  | Does not use language to make friends. struggles with turn taking and or only talks about topics of interest to them.Unable to interpret emotions.Unable to understand and follow social rules e.g., queueing, joining in with games, interrupting, standing too close to people etc.Often misinterprets social situations e.g., think they are being bullied when someone has said “get out of my way”. (CAMHS might be more appropriate for children with significant social/emotional difficulties –consider a referral to CAMHS via Mindmate through GP).  |
| **Action needed if in-between ‘R’ and ‘G’** | **Referral to audiology if there are hearing concerns.**[CSLT Toolkit: Attention and Listening](https://www.leedscommunityhealthcare.nhs.uk/our-services-a-z/child-speech-and-language-therapy/speech-and-language-therapy-toolkit-new-/attention-and-listening1/) | [CSLT Toolkit: Understanding Language](https://www.leedscommunityhealthcare.nhs.uk/our-services-a-z/child-speech-and-language-therapy/speech-and-language-therapy-toolkit-new-/understanding-language/) | [CSLT Toolkit: Expressive Language](https://www.leedscommunityhealthcare.nhs.uk/our-services-a-z/child-speech-and-language-therapy/speech-and-language-therapy-toolkit-new-/expressive-language/) | [CSLT Toolkit: Speech](https://www.leedscommunityhealthcare.nhs.uk/our-services-a-z/child-speech-and-language-therapy/speech-and-language-therapy-toolkit-new-/speech/) | [CSLT Toolkit: Social Skills and Interaction](https://www.leedscommunityhealthcare.nhs.uk/our-services-a-z/child-speech-and-language-therapy/speech-and-language-therapy-toolkit-new-/social-skills-and-interaction/) |
| [CSLT Toolkit: Information for Schools](https://www.leedscommunityhealthcare.nhs.uk/our-services-a-z/child-speech-and-language-therapy/speech-and-language-therapy-toolkit-new/information-for-schools/) [CSLT Practitioner Training workshops are available](https://www.leedscommunityhealthcare.nhs.uk/our-services-a-z/child-speech-and-language-therapy/training/) |
| **Good (no concerns)** |  | Able to follow classroom instructions independently.Is able to respond to a sequence of instructions of 3 or more items e.g., put the pencil in the box, go to the desk and bring me your book. | Able to fully engage in conversation, occasional errors e.g., “mouses”, “runned”, can talk about a range of past/future events. Able to sequence ideas, retell a story, use language to reason and justify. | Speech is generally easy to understand. Occasional errors with clusters e.g., sp/sk/tr, ‘th’, ‘l’ and ‘r’.At times speech may be unclear due to volume or rate however can modify this when prompted. Local dialectal variations are acceptable e.g., ‘fing’ for thing or ‘dis’ for this - providing this does not impact spelling. | Is using language to make friends and initiating interactions, staying on topic and showing interest with others etc. e.g., arguing, bantering and telling jokes.  |

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| **7-11 years (Key Stage 2)** |
|  | **Attention and listening** | **Understanding Language**  | **Expressive language** | **Speech sounds** | **Interaction & play** |
| **Refer if…** | Struggles to sit and listen in whole class activities and needs lots of reminders from adults to listen and attend to an activity.Needs constant support and supervision to complete individual activities. Easily distracted. Often needs instructions repeated. These difficulties are not due to behaviour and compliance.  | Not following classroom instructions (even when listening).Appears ‘lost’ in the classroom and relies on copying peers to understand the instructions. Appears not to know the meanings of common words.Often needs instructions to be repeated, simplified or broken down into chunks on a one-to-one level.Difficulty understanding WH questions including why questions. | Child struggles to tell you what has happened or describe a past event e.g., missing key facts or presenting them in the wrong order. Child struggles to sequence ideas and sentences appear jumbled. Adult has to work hard to figure out what the child means and follow the sequence of thoughts. Unable to learn/retain new vocabulary or takes a long time to think of words or they may use the wrong words e.g., name a cow as a dog.Sentences often containing empty language e.g., “that”, “there” or they use a lot of language to get their point across. Immature grammar e.g., using he for she. Short sentences consistently used expressively. Unable to answer basic why questions with a “because” answer. Not able to use language to reason / justify/reason / predict e.g., answer ‘why not?’, ‘what if?’ etc.**Stammering** Refer directly to [Stammering Support Service](https://www.leedscommunityhealthcare.nhs.uk/seecmsfile/?id=4600) . | Speech is effortful.People who know the child well find it difficult to understand the child most of the time.  | Does not use language to make friends. Struggles with turn taking and or only talks about topics of interest to them. Unable interpret emotions. Unable to understand and follow social rules e.g., queueing, joining in with games, interrupting, standing too close to people etc. Often misinterprets social situations e.g., think they are being bullied when someone has said “get out of my way”.   |
| **Action needed if in-between ‘R’ and ‘G’** | **Referral to audiology**[CSLT Toolkit: Attention and Listening](https://www.leedscommunityhealthcare.nhs.uk/our-services-a-z/child-speech-and-language-therapy/speech-and-language-therapy-toolkit-new-/attention-and-listening1/) | [CSLT Toolkit: Understanding Language](https://www.leedscommunityhealthcare.nhs.uk/our-services-a-z/child-speech-and-language-therapy/speech-and-language-therapy-toolkit-new-/understanding-language/) | [CSLT Toolkit: Expressive Language](https://www.leedscommunityhealthcare.nhs.uk/our-services-a-z/child-speech-and-language-therapy/speech-and-language-therapy-toolkit-new-/expressive-language/) | [CSLT Toolkit: Speech](https://www.leedscommunityhealthcare.nhs.uk/our-services-a-z/child-speech-and-language-therapy/speech-and-language-therapy-toolkit-new-/speech/) | [CSLT Toolkit: Social Skills and Interaction](https://www.leedscommunityhealthcare.nhs.uk/our-services-a-z/child-speech-and-language-therapy/speech-and-language-therapy-toolkit-new-/social-skills-and-interaction/)[Social Emotional Mental Health (SEMH) support pathway](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.mindmate.org.uk%2Fresources%2Fschool-mental-health-pathway%2F&data=05%7C01%7Cnwaddington%40nhs.net%7C5e45bab7b84540818d4308dbc64640f4%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638321777268963428%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=z%2FH7oD%2B1bFFuEdWoomMLcnDy3IcKWRF%2BpVsHNx1eA74%3D&reserved=0) [Provision Grid for SEMH](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.leedsforlearning.co.uk%2FPage%2F31578&data=05%7C01%7Cnwaddington%40nhs.net%7C5e45bab7b84540818d4308dbc64640f4%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638321777268963428%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=uO96Wsx7wq5ZjWuSSyVjmWTFhcsLRYOedBz7V1fbR88%3D&reserved=0)[A-Z of Mental Health Support and Resources for Schools in Leeds](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.leedsforlearning.co.uk%2FArticle%2F76733&data=05%7C01%7Cnwaddington%40nhs.net%7C5e45bab7b84540818d4308dbc64640f4%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638321777268963428%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=ZLF5Yue5ya664VW0XRzCpo40Z%2B4vpQi%2BuAcMS1S8ucs%3D&reserved=0) [How to run a MindMate promotion in your school](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.mindmate.org.uk%2Fhow-to-run-a-mindmate-promotion-in-your-school%2F&data=05%7C01%7Cnwaddington%40nhs.net%7C5e45bab7b84540818d4308dbc64640f4%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638321777269119627%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=kxhAhYyxWjKswT4cz8cUzuU1WQ3PkcR0DREnzpS%2B0U4%3D&reserved=0)[Neurodiversity Hub](https://www.mindmate.org.uk/nd/what-is-nd/) |
| [CSLT Toolkit: Information for Schools](https://www.leedscommunityhealthcare.nhs.uk/our-services-a-z/child-speech-and-language-therapy/speech-and-language-therapy-toolkit-new/information-for-schools/) [CSLT Practitioner Training workshops](https://www.leedscommunityhealthcare.nhs.uk/our-services-a-z/child-speech-and-language-therapy/training/) are available |
| **Good (no concerns)** | Able to assimilate spoken instruction whilst engaged in appropriate classroom task.Able to focus on classroom-based tasks as needed. Beginning to be able to focus on more than one activity e.g., listening and writing at the same time. Beginning to be able to process new instructions while already engaged in a task.May not be able to sit still but are still listening and taking in information.  | Able to follow classroom instructions independently.Is able to respond to a sequence of instructions of 3 or more items e.g., put the pencil in the box, go to the desk and bring me your book. | Able to fully engage in conversation. Can talk about a range of past/future events using a clear narrative structure with key events in the right order. Able to describe and retell everyday events e.g., what they did at the weekend.Able to answer a range of questions including, ‘why/how’. Able to learn, retain and use new vocabulary.  | Speech is mostly intelligible. At times speech may be unclear due to volume or rate however can change this when prompted. Local dialectal variations are acceptable e.g., ‘fing’ for thing or ‘dis’ for this. | Is using language to make friends and extend social skills including the use of eye contact, turn taking, starting interactions, staying on topic and showing interest with others etc. e.g., arguing, bantering and telling jokes. Beginning to understand some non-literal language or make inferences e.g., when a teacher says “the door is open” knowing to close the door. May have rigid ideas about friendships and social rules e.g., my best friend is only allowed to play with me.  |

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| **11 years +** |
|   | **Attention and listening**  | **Understanding Language**  | **Expressive language**  | **Speech sounds**  | **Interaction**  |
| Refer if…  | Cannot follow whole class instructions. Distracted by background noises. Often needs instructions repeated. These difficulties should not be due to behaviour and compliance issues.  | Often needs instructions to be simplified or broken down into chunks. Often doesn’t understand key words within a sentence. Unable to understand/remember topic vocabulary. Unable to follow the thread of a social conversation.  | Unable to name everyday items including words relating to school life. e.g., vending machine. Unable to re-tell a sequence of events. e.g., missing key facts or presenting them in the wrong order. Immature grammar e.g., using he for she. Short sentences consistently used expressively. Unable to answer why / how questions  **Stammering** Refer directly to [Stammering Support Service](https://www.leedscommunityhealthcare.nhs.uk/seecmsfile/?id=4600) .  | Speech is laborious. Speech is unintelligible.   | Unable to understand non-literal language or make inferences e.g., when a teacher says “the door is open” not knowing to close the door. Unable to maintain a topic of conversation which is not of their choosing. Unable to understand how others are feeling and unable to read/use facial expressions. Unable to start conversations and make and maintain friendships. Unable to understand and follow social rules e.g., queueing, joining in with games, interrupting, standing too close to people etc. Often misinterprets social situations e.g., think they are being bullied when someone has said “get out of my way”.   |
| **11+ continued** |
| **Action: If Red concerns, implement advice from CSLT Toolkit, access practitioner training and gather information for referral.** | Refer to audiology.  Implement the following advice from CSLT Toolkit > Attention and Listening:Strategies for supporting Auditory Processing Skills.Supporting Auditory Memory and Language Processing Difficulties. | Implement the following advice from CSLT Toolkit > Attention and Listening:Strategies for supporting Auditory Processing Skills.Supporting Auditory Memory and Language Processing Difficulties.Implement the following advice from CSLT Toolkit > Understanding of Language:General Strategies to Support Children with SLCNSupport vocabulary Understanding Language by implementing the following advice from CSLT Toolkit > Expressive Language > Activities to Develop Vocabulary, Word Finding Difficulties. | Implement the following advice from CSLT Toolkit > Expressive Language:Activities to Develop Vocabulary, Word Finding SkillsConnectivesSequencing Skills for Older ChildrenStrategies to help with Narrative Skills in older children. Implement the following advice from CSLT Toolkit > Understanding of Language:General Strategies to Support Children with SLCN | Refer to audiology. Discuss with student and parents. Is the child motivated to work on their speech?Who will support them? School/Home | If child has diagnosis of ASC please referral to STARS.. Identify if cluster support is needed and detail what support is already in place.Detail what nurture groups, social and emotional wellbeing support is already available/accessed in school.Detail what training staff have had to support the child? (e.g., STARS, Lego-therapy).Implement the following advice from CSLT Toolkit > Social Skills and InteractionAndCSLT Toolkit > Information for Schools: [Comic strip conversations](https://www.leedscommunityhealthcare.nhs.uk/our-services-a-z/child-speech-and-language-therapy/speech-and-language-therapy-toolkit-new/information-for-schools/)[Conversational Skills Activities for older children](https://www.leedscommunityhealthcare.nhs.uk/our-services-a-z/child-speech-and-language-therapy/speech-and-language-therapy-toolkit-new/information-for-schools/)[Developing Understanding of Non-Literal Language](https://www.leedscommunityhealthcare.nhs.uk/our-services-a-z/child-speech-and-language-therapy/speech-and-language-therapy-toolkit-new/information-for-schools/)[Emotions and body language for older children](https://www.leedscommunityhealthcare.nhs.uk/our-services-a-z/child-speech-and-language-therapy/speech-and-language-therapy-toolkit-new/information-for-schools/)[Ideas on How to Use Visual Support Strategies Linked to the Curriculum](https://www.leedscommunityhealthcare.nhs.uk/our-services-a-z/child-speech-and-language-therapy/speech-and-language-therapy-toolkit-new/information-for-schools/)[Introduction to using social stories](https://www.leedscommunityhealthcare.nhs.uk/our-services-a-z/child-speech-and-language-therapy/speech-and-language-therapy-toolkit-new/information-for-schools/)[Positive Instructions](https://www.leedscommunityhealthcare.nhs.uk/our-services-a-z/child-speech-and-language-therapy/speech-and-language-therapy-toolkit-new/information-for-schools/)[Pupil Self Help Cue Cards](https://www.leedscommunityhealthcare.nhs.uk/our-services-a-z/child-speech-and-language-therapy/speech-and-language-therapy-toolkit-new/information-for-schools/)[Routines and Curriculum Activity Symbols](https://www.leedscommunityhealthcare.nhs.uk/our-services-a-z/child-speech-and-language-therapy/speech-and-language-therapy-toolkit-new/information-for-schools/)[Social Skills School Scenarios](https://www.leedscommunityhealthcare.nhs.uk/our-services-a-z/child-speech-and-language-therapy/speech-and-language-therapy-toolkit-new/information-for-schools/)[Social use of language games for older children](https://www.leedscommunityhealthcare.nhs.uk/our-services-a-z/child-speech-and-language-therapy/speech-and-language-therapy-toolkit-new/information-for-schools/) [Strategies to Assist with Problem Solving Skills](https://www.leedscommunityhealthcare.nhs.uk/our-services-a-z/child-speech-and-language-therapy/speech-and-language-therapy-toolkit-new/information-for-schools/)[Successful Communication for Children and Young People with Pragmatic Difficulties](https://www.leedscommunityhealthcare.nhs.uk/our-services-a-z/child-speech-and-language-therapy/speech-and-language-therapy-toolkit-new/information-for-schools/)[Social Emotional Mental Health (SEMH) support pathway](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.mindmate.org.uk%2Fresources%2Fschool-mental-health-pathway%2F&data=05%7C01%7Cnwaddington%40nhs.net%7C5e45bab7b84540818d4308dbc64640f4%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638321777268963428%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=z%2FH7oD%2B1bFFuEdWoomMLcnDy3IcKWRF%2BpVsHNx1eA74%3D&reserved=0) [Provision Grid for SEMH](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.leedsforlearning.co.uk%2FPage%2F31578&data=05%7C01%7Cnwaddington%40nhs.net%7C5e45bab7b84540818d4308dbc64640f4%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638321777268963428%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=uO96Wsx7wq5ZjWuSSyVjmWTFhcsLRYOedBz7V1fbR88%3D&reserved=0)[A-Z of Mental Health Support and Resources for Schools in Leeds](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.leedsforlearning.co.uk%2FArticle%2F76733&data=05%7C01%7Cnwaddington%40nhs.net%7C5e45bab7b84540818d4308dbc64640f4%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638321777268963428%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=ZLF5Yue5ya664VW0XRzCpo40Z%2B4vpQi%2BuAcMS1S8ucs%3D&reserved=0) [How to run a MindMate promotion in your school](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.mindmate.org.uk%2Fhow-to-run-a-mindmate-promotion-in-your-school%2F&data=05%7C01%7Cnwaddington%40nhs.net%7C5e45bab7b84540818d4308dbc64640f4%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638321777269119627%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=kxhAhYyxWjKswT4cz8cUzuU1WQ3PkcR0DREnzpS%2B0U4%3D&reserved=0)[Neurodiversity Hub](https://www.mindmate.org.uk/nd/what-is-nd/) |
| Good (no concerns)  | Able to listen for long periods of time. Can tune out background noise and focus on the tasks. Can focus on more than one activity e.g., listening and writing at the same time. Can process new instructions while already engaged in a task.  | Able to follow complex directions with several parts to it e.g., “take this message to the office and while you are there ask them when the fire drill is, then go straight to your next lesson.” Understands instructions which do not follow the order of the sentence (year 9 +) Able to follow the thread of a social conversation between a group of people.  | Able to use complex or technical vocabulary. Able to use long and complex sentences using more complex joining words e.g. ‘meanwhile’. Can formulate questions in everyday situations. All language should be grammatically correct. e.g., using irregular past tense (Local dialectal variations are acceptable) Able to describe and retell everyday events and plots of books/films. Able to answer a range of questions involving complex reasoning e.g. what if, how do you know, why not etc.  | Speech is mostly intelligible. At times speech may be unclear due to volume or rate however can change this when prompted. Local dialectal variations are acceptable e.g., ‘fing’ for thing or ‘dis’ for this.  | Able to interact appropriately with a range of people. Able to change interaction style to their communication partner. Can interpret and understand social situations appropriately. Able to make and keep friendships.   |

 If you have any concerns about a **stammer / stutter** please refer and see [CSLT Toolkit: Stammering](https://www.leedscommunityhealthcare.nhs.uk/our-services-a-z/child-speech-and-language-therapy/speech-and-language-therapy-toolkit-new/stammering/) for advice.