**Yellow Pathway Preschool/Early Years Speech and Language Referral Criteria**

**Please refer to this document before making a referral to the team for a speech and language therapy assessment.**

**Access to this pathway typically is for children from the age of 2 years 6 months.**

**If you are referring a child who is due to start school in September of this calendar year, please ensure the referral is received by 1st May, otherwise we will not be able to accept it.**

**You can refer a child before the age of 2 years 6 months if a child presents with one or more of the following:**

* Feeding / swallowing concerns (please use the referral form found here). [https://www.medwaycommunityhealthcare.nhs.uk/our-services/a-z-services/childrens-dieticians/joint-feeding-clinic](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.medwaycommunityhealthcare.nhs.uk%2Four-services%2Fa-z-services%2Fchildrens-dieticians%2Fjoint-feeding-clinic&data=05%7C01%7Channah.mccullie%40nhs.net%7C029bb1aeb7494362330c08db9cdfb7aa%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638276256882484101%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=HYcCURCnys4X3lke%2FhXdw54z3yiFbbCGRPwBMo4brXQ%3D&reserved=0)
* Any head injury if there is associated speech and language difficulties.
* From birth, children with permanent bilateral hearing loss which is moderate to profound in severity and where there are concerns about speech and language development. See ‘guidance related to deafness’ \*
* Cleft lip and/or palate. Velopharyngeal dysfunction.
* Voice problems e.g. – husky / partial loss of voice once the child has been seen by ENT.
* Any child that appears to have loss of established language or regression in communication skills, where the underlying cause for this could be degenerative in nature (for example Duchenne Muscular Dystrophy, brain trauma, cancer etc)
* Genetic disorders where there are associated speech and language difficulties.

**If a child does not present with any of the above, a referral can be made at 2 years 6 months if concerns are present as examples shown below.**

|  |  |  |
| --- | --- | --- |
| AGE | LANGUAGE | SPEECH |
| 2 years 6 months | Understands and uses less than 20 words alongside the following:   * no response to name * unable to share interest with others including non- verbally * does not use other forms of communication such as pointing or gesture * very limited and excessive repetitive play | It is usual for children to make speech errors at 2 years 6 months.  We would be concerned if a child is non-verbal or only has a very limited range of sounds e.g. only using vowel sounds or has 3 or less consonant sounds.  Use of unusual sounds and nasal sounds (sounds coming out of the nose). |
| 2yr6m-3yrs | * understands / uses less than 50 words * not able to follow 1 word instruction e.g. “Give mummy the ball “when there is a choice of 2 toys e.g. ball and teddy * not starting to join words together e.g. “teddy jumping” | It is still usual for children to make speech errors between 2 and a half and 3 years old.  We would be concerned if a child is non-verbal or only has a very limited range of sounds e.g. only using vowel sounds or has 3 or less consonant sounds.  Use of unusual sounds and nasal sounds (sounds coming out of the nose). |
| 3yrs – 4yrs | * not using new words and building a bigger vocabulary * not joining 3 words together e.g.” big teddy jumping” * not understanding or using action words e.g. washing / eating / jumping * not being able to follow instructions with 2 key words e.g. “give apple to dolly” when there is an apple, cup, teddy and dolly * any child presenting with stammer/dysfluency for 6 months or more, or 3 months if there is a family history of stammering. | * parents do not understand the child * very limited range of consonant sounds e.g. using 5 sounds or less * unable to copy a sound when modelled by an adult * uses unusual sounds that are not typically heard in the English language. * using the wrong vowel sounds in words e.g. * missing sounds at the beginning or end of words * using lots of sounds in the wrong places in words * producing the same word in different ways |
| 4yrs + | * unable to tell a simple story or hold a basic conversation. * doesn’t understand preposition words such as in / under / on * not able to follow 3word level instructions e.g. “Give big banana to dolly” when there is big banana, small banana, big apple, small apple, teddy and dolly * any child presenting with stammer/dysfluency that has persisted for 6 months or more or 3 months if there is a family history of speech and language difficulties. | * parents do not understand the child * very limited range of consonant sounds e.g. using 5 sounds or less * unable to copy a sound when modelled by an adult * uses unusual sounds that are not typically heard in the English language. * using the wrong vowel sounds in words e.g. * missing sounds at the beginning or end of words * using lots of sounds in the wrong places in words * producing the same word in different ways |

**Exclusions**

* Children with English as an additional language (EAL) where the first language is developing along normal lines.

**\*Guidance related to Deafness:**

Hearing loss is considered to be moderate to profound when the average value of hearing loss is 41dB or greater. Typically this will have been measured across five specific frequencies. Referrals may be accepted for children with this level of permanent hearing loss in both ears (bilateral hearing loss) from birth. Unfortunately we are not able to accept referrals solely on the basis of unilateral hearing loss (hearing loss in one ear) or temporary hearing loss (e.g. glue ear) before 2 years 6 months, but after this age if there are speech and language concerns, they can be considered with the same guidance as in the table above.

When making a referral for a child with hearing loss, please provide the following information with the referral form:

• Audiology report with clear audiogram

• information related to the child’s age when the hearing loss was identified

• cause of hearing loss if known

• nature of hearing loss (e.g. sensorineural hearing loss, conductive hearing loss or mixed hearing loss)

• severity of hearing loss (e.g. moderate, severe, profound)

• information related to speech, language and communication needs