NHS
Humber Teaching
NHS Foundation Trust

HULL & EAST RIDING

CHILDREN'S SPEECH AND LANGUAGE THERAPY SERVICE

Guidance for referring into our service.

Caring, Learning
& Growing Together

Publication Date: July 2026
Review Date: July 2027

How to refer into the Children's Speech and Language Therapy Service

Anyone can refer a child into our service with parents' consent. This could be:

- Parents
- SENCOs
- Class teachers, nursery nurses, or child minders
- Portage Workers
- Health Visitors & School Nurses

Visit our website to find the referral form:

How to access the service - Children's Speech and Language Therapy - Connect NHS

We will only accept digital referrals from professionals. Parents can call our admin team if they need help to complete a referral - 01482 692929, ext. 3. You can call or email our admin team with any queries hnf-tr.sltadminreferrals@nhs.net

Who should you refer to our service?

You should refer any child or young person who has a significant difficulty with their speech, language, or communication. This could be one or more of the

- social interaction
- understanding
- spoken language
- speech sounds
- stammering
- selective mutism

Please read the guidance below for more information about each area of communication, what we mean by each term, and what information we need you to share to complete the referral form.

We can only accept referrals for children and young people aged 0-16. They must attend a setting in Hull or the East Riding, or be registered with a Hull or East Riding GP.

The referral will be declined if:

- The child or young person does not have a significant difficulty with their communication.
    - If they have a mild-moderate difficulty, we will signpost you to other services that can help.
- The referral is **only** due to concerns around autism or social communication differences, but the child has no speech, language, or communication difficulties.
- The referral is **only** due to the child speaking English as an Additional Language, and there are no concerns about their communication in their home language/s.

What will happen when I submit the referral?

Every referral is read by a senior Speech and Language Therapist in the team. A letter will be sent to parents and the referrer confirming if the referral has been accepted or declined:

If your referral is accepted, your child will be added to our waiting lists. There will be a wait for your first appointment. If your referral is declined, we will include the reason in the letter.

Sometimes we need more information to decide if we can accept the referral. If this happens, we will ask you to arrange a triage discussion. This is to make sure:

- we are the best people to support your child right now, and
- your child is on the right care pathway, to be seen by the right people in our service.

Parents/carers will be sent a letter asking you to call our admin team to arrange a 'triage discussion' via phone call. One of the Team Leaders will then call you at the agreed time to get more information about your concerns and your child's speech, language, and communication needs.

What support is there when I am waiting for my child's appointment?

You will receive advice from our service if your referral is accepted. This might be strategies to use with your child throughout the day, or signposting to our website or other services.

If you have completed the speech screener, we might send speech activities to start using your child whilst you are waiting.

Why have our referral forms changed?

Our new referral form focuses on your child's functional communication, and the impact that their speech, language, and communication difficulties are having on their life. Functional communication means the communication skills that your child needs to use every day.

Supporting functional communication means that we can focus on helping your child communicate with the important people in their life, about the things that matter most to them.

Focusing on the impact that your child's speech, language, and communication needs are having means that we can support the children and young people who need our help the most.

We can set targets that matter to your child, make sure they are including in decisions about their care, and they are motivated to work on their communication.

Completing the referral form:

Page 1 – Child's Details

Setting:

- Include the address of your child's setting, particularly if it is a chain with multiple locations.

Disability or additional needs:

- Include any information about diagnoses that your child already has, any medical assessments or investigations that are ongoing, and any wider additional needs that we need to know about (e.g. autism, ADHD, hearing, or vision difficulties).

Military family:

- Our service follows the NHS Armed Forces Covenant – this is a pledge to ensure military personnel, veterans, and their families face no disadvantage when accessing public services.
- If your child is part of a military family, please include this in the referral information.
- We will always honour the dates of previous referrals made to other services before your family relocated. We may contact you to find out the date of past referrals – we cannot always access this information on your child's record.

Child who's Looked After/CLA (previously known as Looked After Child/LAC):

- Include any information about your child's care arrangements.
- This refers children placed with a foster family, but also includes children who have Special Guardianship Orders (SGOs) or other specific arrangements.

Social Worker

- If your child is looked after, we need to ensure we update their social worker about the care your child receives from our service. Please include their contact details.

Page 2 – Parent's Details

Include if the parent has a different address to your child, or if parents are separated and information from our service needs to be sent to parents separately.

Interpreter

- It is recommended that an interpreter is requested if there is a potential or actual difficulty in understanding each other's language.
- Please be very specific about the language you request – lots of languages have different dialects, so it's important that we can request an interpreter with the appropriate skills to support your child and family.

Travelling for Appointments

- If the family is happy to travel to another clinic, we may be able to offer an appointment with a shorter wait at another venue.

- For example, your child may live in Hull, but the family can attend an appointment at Peeler House in Hessle, or The Maples in Beverley.
- Please note, we will always try to see your child as close to home as possible.

Page 3 – Consent

Consent for sharing information on the medical records:

- If parents' consent to information being shared, the record is open between different healthcare teams. This usually includes the 0-19 Service (with Health Visitors and School Nurses) and your child's GP, but if your child is known to other services who use the same medical records, they would also be included.
- Consent to share information 'in' means that the SLT service can see information added to the record by other Health Professionals.
- Consent to share information 'out' means that other Health Professionals can see information added to the record by the SLT service.

Text messages:

- We use AccuRx to send confidential information by text message. This is the same system that many GPs use.
- If you consent to text messages, you will receive appointment information, links to letters and reports related to your child, and updates about our service such as cancellations due to staff illness.
- Using AccuRx means that we can share information about your child more quickly, with no wait for the postal system.
- Using AccuRx is also more secure than using traditional post, as you will have to enter your child's date of birth to be able to access any documents.
- Please check the phone number carefully when inputting it into the form.
- Please note, it is parents' responsibility to contact the SLT service and update their contact details if there are any changes.

Email

- We use AccuRx to send confidential information by email. If you would prefer, we can send information about your child via email instead of text.
- Please note, it is parents' responsibility to contact the SLT service and update their contact details if there are any changes.

Visits

- Speech and Language Therapists and Speech and Language Therapy Assistants complete most the appointments in our service.
- Occasionally, a student SLT or nursing student will be present as part of their training. You can withdraw consent for them to be present at any time.

Page 4 – Does your child use English as an additional language?

If your child speaks multiple languages, they will have communication difficulties in all languages. If they only have difficulties in English, and can understand and communicate well in their home language/s, this often means they need more time to learn English.

Please contact the service or the named SLT for your setting with any questions related to your child's difficulties and using English as an additional language.

Page 5 – Social Interaction and Communication

Social interaction and communication means:

- How your child responds to others initiating (starting) interactions with them
- How your child initiates (starts) interactions with you, other adults, and their peers
- How your child is able to follow an adults lead
- How your child can take turns with adults and peers
- How your child likes to play
- How your child asks for things (including hand-leading, pointing, noises, words)

Guidance:
We can only accept referrals for children and young people with significant difficulty with their social interaction and communication.
We will not accept a referral if the child **only** has differences in their social interaction, for example, if your child prefers to play independently, has a unique play style, or only engages in conversations about their own interests. If you think your child has social interaction and communication differences, including if you think they are autistic, please refer your child to the Neurodiversity referral. If you are a parent, you can ask your child's setting to complete this referral.

If your child does have significant difficulty with their social interaction and communication, we need you to comment on the following points when completing the referral form, and include any other information you have related to their difficulties:

- Your child cannot easily share their wants and needs (they are not able to communicate what they want to others, e.g. to ask for a snack or for a certain toy)
- Your child cannot take turns in interactions with people or in play with toys.
- Your child cannot communicate for a range of reasons, for example – to request, to make choices, to refuse (say no), to comment, to label, to share interests, to give directions, to ask questions.

Page 6 – Understanding of Language

Understanding of language means:

- How your child can understand and follow routine instructions
- How your child can understand information and multi-part instructions
- How your child can understand different concepts, like up/down, big/small, or before/after.

Guidance:
If your child does have significant difficulty with their understanding of language, please mention any of the following points you have noticed when completing the referral form, and include any other information you have related to their difficulties understanding spoken language:

- Your child cannot follow the routine (because they do not understand, *not* because they prefer to follow their own interests)
- Your child can't follow the number of instructions or information we would expect for their age
- Your child does not understand different types of words as we would expect for their age

Page 7 – Use of Language

Use of language means:

- How your child can understand and follow routine instructions
- How your child can understand information
- How your child can follow multi-part instructions

Guidance:
If your child does have significant difficulty with their use of language, please mention any of the following points you have noticed when completing the referral form, and include any other information you have related to their difficulties using language:

- Your child cannot share their wants, needs, and thoughts,
- Your child puts words together in an unusual order,
- Your child cannot remember the words they want to use,
- Your child uses lots of 'none specific' words, like "thingy,"
- Your child uses the same words frequently, instead of a wider range or more complex words (e.g. "doing" instead of a wider range of verbs (action words)

Page 8 – Speech Sounds

Speech sounds mean:

- Your child puts lots of words together, but specific sounds in their words are not clear.
- How intelligible (clear) your child's talking is overall.

Guidance:
If your child does have significant difficulty with their speech sounds, please mention any of the following points you have noticed when completing the referral form, and include any other information you have related to their difficulties with speech sounds:

- You cannot understand what your child is saying.
- Your child is frustrated, upset, or aware of their speech sound difficulties.
- Your child deletes the first sound from words – e.g. "oon" for spoon or "ar" for car
- Your child deletes the last sound from words – e.g. "do" for dog or "moo" for moon
- Your child uses 'k' and 'g' to replace lots of other sounds in words – e.g. "kork" for fork

Page 9 – Speech Screener

Please have your child's speech screen responses ready to submit before you start the referral form, as you will not be able to save your progress to return to later. You can use the table below to record your child's responses ready to submit with the referral form.

Show your child the picture, and record their answers. You can tick the words they say correctly. If they say the word incorrectly, write down exactly ***how*** they say the word. If they do not know what the picture is, they can copy you saying the word – please write **"copied"** next to that word.

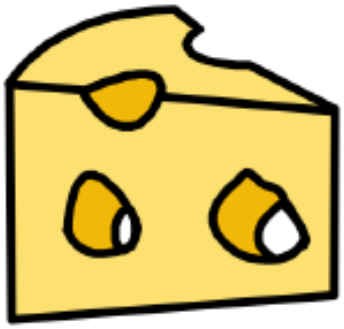
Target Word:	**Your child's response:**
aeroplane	
book	
butterfly	
caterpillar	
cheese	
comb	
drink	
football	
girl	
lorry	
moon	
orange juice	
read	
sauce	
shoe	
slide	
soap	
sun	
swing	
teddy bear	
woof	

aeroplane

book

butterfly

caterpillar



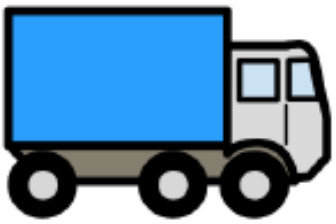
cheese

comb

drink

football

girl



lorry

moon

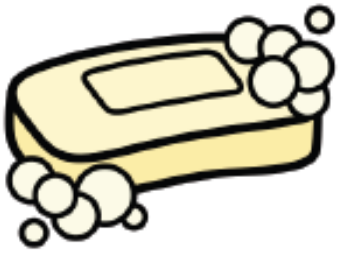
orange juice

read

sauce

shoe

slide



soap

sun

swing

teddy bear

woof

Page 10 – Stammering

Stammering means your child might:

- Repeat sounds or short words, for example, “I I I I want…” or “d d d dog.”
- Stretch out sounds, for example, “ssssssausage.”
- Get ‘stuck’ and have times when no sound comes out.
- Show signs of struggle, for example runs out of breath, show tension in their face or body, or move their face or body in a certain way.

Guidance:
If your child does have difficulty with a stammer and it is impacting their wellbeing and participation, please mention any of the following points you have noticed when completing the referral form, and include any other information you have related to their difficulties stammering:

- If your child is stammering and is worried about it.
- If the parent is worried about their child’s stammer.
- If your child shows frustration when they talk.
- Your child avoids speaking and/or offers minimal information.
- Your child changes the words they use.
- Your child ‘gives up’ talking, or makes comment like “I can’t say it.”

Page 11 – Selective Mutism

Selective mutism means:

- There are consistent patterns to when and where your child does and does not interact and / or talk, for example, they talk at home but do not talk at nursery.
- They have been in their educational setting for longer than 2 months.
- There are no other reasons that would better explain why your child does not talk.

Selective mutism can occur in children as young as 2 years old – early intervention is essential.

Guidance:
If you think your child may have selective mutism, please mention any of the following points you have noticed when completing the referral form, and include any other information you have related to their difficulties talking:

- If you notice your child stops talking in certain places or with certain people
- If your child has told you they don't like to talk, or they are scared to talk in a certain place

Page 11 – Impact

What are your primary concerns with your child’s speech, language, and communication?

- Tell us the main thing/s you are worried about.

What support have you already put in place? What were the outcomes of this support?

- What have you already tried? What worked and what did not work?

What are your primary concerns with your child's speech, language, and communication?

- Tell us the main thing/s you are worried about.