

# DCHS Children's Speech and Language Therapy Service (SLT)

## Criteria for assessment, therapy and discharge

### Important:

- These criteria apply only to the specialist SLT service, provided by Derbyshire Community Health Services NHS Trust.
- Some schools buy added targeted services from us. These targeted services have different criteria. The school can give you details of the service they buy from us.
- Some specialist multi-disciplinary services (like CAMHS or PRU) have different agreements for SLT referrals. Those services can tell you whether a referral to SLT is needed.
- To make a referral, please see our school guidance and referral form.

### When do we accept a referral for an initial assessment?

We accept a referral if:

- The child/young person is aged up to 25.
- The child lives or attends school in Derby City, Amber Valley, Erewash, South Derbyshire or South Dales.
- The child's parent / legal guardian has given consent (under 16) OR the young person has given consent (16 – 25).
- We have all the information we need to process the referral safely and effectively.
- The referral shows clear evidence that:
  - the child/young person is not developing speech and language in the usual way  
*or*
  - a complex and/or technical speech, language or communication difficulty is the main concern (above other aspects of learning and development).  
*or*
  - the child has a physical problem with eating, drinking, chewing or swallowing (dysphagia).  
*or*
  - the child needs SLT assessment as part of a multi-disciplinary assessment for autism spectrum disorder (ASD).

## When do we not accept referrals?

We do **not** accept a referral if:

- The child does not consent (where they have capacity to give consent).
- The parent /legal guardian does not consent (under 16s).
  - But, we may take legal advice. We may do an assessment despite parents' wishes, if this is in the child's best interests.
- We have already discharged the child and there is no clear evidence that their needs have changed or that more assessment would help them.
- The child is under 3 years old and does **not** have:
  - *either* clear evidence of a speech/language disorder,
  - *or* a specific diagnosis that affects speech, language or communication (like hearing impairment or cleft palate).
  - We usually cannot clearly assess speech and language skills under 3 years, as the normal range of development is very broad.
  - Most under 3s without a specific diagnosis will go on to develop normal speech and language skills with no specialist SLT input needed.
- The child needs support from a wider specialist team and SLT input is not funded as part of that team. We cannot support complex needs in isolation from other services.
  - Such teams include: Child and Adolescent Mental Health (CAMHS), Youth Offending Service (YOS), Complex Behaviour Service and Pupil Referral Unit (PRU).
- There is clear evidence that:
  - SLT assessment is unlikely to give new information or change the child's current progress
  - or*
  - the school are already effectively assessing and supporting child's speech and language needs as part of the National Curriculum.
- We cannot do a safe, effective SLT assessment due to barriers placed by others.
- The child has English as an additional language, and there is no evidence of difficulty in their home language.
- The child's speech, language and communication or eating and drinking difficulties are purely psychological, emotional or behavioural. This includes Selective Mutism and behavioural eating difficulties – please see our specific information sheets about these difficulties. We are not trained to manage psychological or behavioural difficulties.

### **When do we provide ongoing input (after assessment)?**

We provide ongoing input if:

- The child has a complex or technical speech, language or communication need that affects their and their family's everyday activities (including the child's learning).
- The child and carers are actively taking part and want to change.
- The child's home and school (if attending) can support SLT input (with support for parents, carers and education staff if needed).
- Assessment shows that change is possible with input.
- No other service can meet the child's communication or eating and drinking needs.
- Delaying input could pose a risk to the child.

### **When do we discharge?**

We discharge when:

- The child can communicate sufficiently for their needs, and more change is unlikely.
- For dysphagia: the child can eat and drink as safely as possible, and more change is unlikely.
- The child / carers are not actively taking part or do not want to change.
- The home or school is able to support the child's communication effectively as part of everyday activities.
- Parents, carers or school feel confident to support child's communication or eating and drinking needs.
- Other services can support the child's communication or eating and drinking more easily or appropriately.
- The child needs a team approach, but no other services are involved.

**After discharge, anyone can refer the child again at any time.**