

North Lincolnshire Speech and Language Therapy Referral pathways and criteria

Pathway	Age range	Requirements / referral criteria	Main referrers *	Referral form
EY Disability / Complex needs	0-5 years	<p>Early help completed</p> <p>Significant difficulties in 2+ areas</p> <p>Complex health and developmental needs</p> <p>Severe communication difficulties</p> <p>Existing or potential for MDT working</p>	<p>HV</p> <p>GP/Paediatrician</p> <p>Nurse/ Dr</p> <p>AHP</p> <p>Specialist hospital services</p> <p>Early Years Settings/Providers</p> <p>Local Authority teams</p>	As for early years referrals
Communication and interaction (ASD) referrals	0-5 years	<p>Access through Local Authority Emotional Health and Well-being Early Years referral</p> <p>Early help completed</p> <p>Severe communication difficulties</p> <p>primary concern social communication concerns /ASD</p>	<p>Health visitors</p> <p>Paediatrician</p> <p>Early years setting /providers</p> <p>Schools</p> <p>Local authority teams</p>	Emotional wellbeing referral form submitted to early years triage
Early Years	3 to 5 years	<p>Evidence of universal support and outcomes</p> <p>Poor understanding of language</p> <p>Few / no words spoken</p> <p>Unintelligible to close family</p> <p>Frustration at lack of ability to communicate</p>	<p>Health visitors</p> <p>Early years settings</p> <p>GP</p>	Attached



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Mainstream School Support) (MSS)	3-16	Evidence of universal support and outcomes Child attends school setting (including foundation stage 1/nursery) Difficulties in understanding and using spoken language Speech sound difficulties Frustration at lack of ability to communicate	Schools	Attached
Special school	3-19	EHCP with identified SLT needs Difficulties in understanding and using spoken language Speech sound difficulties Frustration at lack of ability to communicate	School Paediatrician GP	As for MSS or EY referrals
Dysphagia	0-19	Concerns regarding feeding and swallowing Meets access criteria for referral	Hospital services Health visitors Special schools (with consultant agreement as needed)	Neonates / inpatient referral form Community feeding referral form
Cleft Lip and Palate	0-16	Speech and language difficulties associated with CLP that meet access criteria	Cleft palate services	n/a
Dysfluency	2:6 - 16	Concerns relating to stammering	Health visitor, School, GP	As for MSS or EY

* Open to referral at:

