Making effective referrals



The referral decision-making process

For speech and language services, information provided by referrers is invaluable. Using a systematic approach to decision making can make it easier to refer at the right time, with the right information.

Know what constitutes typical speech, language and communication so that you are able to identify.

Make and record observations and compare against age norms.

Child or young person (CYP) identified as not meeting age-related expectations

Use ages and stages resources like Universally Speaking, for guidance.

Targeted level support, intervention group or targeted activities and communication supportive strategies

Check out What Works for evidence-based interventions and approaches.

Monitor the CYP's progress and discuss with parents. Do they have any concerns?

Investigate local referral criteria and consider options (eg NHS, commissioned service, advisory service etc).

Collect your evidence and

the referral and complete the

form with parents.

observations. Gain consent for

5

CYP not making expected progress

CYP's skills cross referenced and meets the referral criteria

MAY 12

Some services acknowledge receipt of referral. If not you can always call to check the referral was received and ask about waiting times.

Summarise evidence, attach key information, gain parental consent and submit referral

What if the referral is rejected?

Some children and young people will

make good progress with targeted

intervention, therefore a referral may

no longer be required at this time.



Make sure that you understand the reason for the refusal by speaking to the service. Education settings can provide more evidence for assessment through:

- 1. monitoring
- 2. continuing to implement targeted interventions and general strategies
- 3. commissioning extra speech and language services

• These are important stages for referrers with ongoing contact with the child or young person (such as education settings). Referrals are more likely to be accepted if you have evidence that your targeted intervention did not have the desired impact.

• It may not be possible for referrers without ongoing contact with the child or young person (such as health visitors or GPs) to put targeted level support in place. In these cases a referral will have to be made straight away.

Click on the link symbols () above to view the resources and tools mentioned. For more information, visit www.thecommunicationtrust.org.uk/referrals