

Triage – rejection reasons/ comments

Code	Reason summary	Narrative
1	Referral from GP or other professional without WellComm intervention in place first	Prior to accessing input from our service, we require this child to follow the Bolton Early Years Integrated Communication and Language Pathway. This involves a WellComm Language screen being completed by either the child's Public Health Nurse or nursery setting (if appropriate) with relevant activities being shared with parents/carers from the Big Book of Ideas to support their language development. A referral to a Let's Get Talking group also may be appropriate at this time. The WellComm screen will then be completed 12 weeks later. If at this point this child requires further language support, a referral can be made into our Service by the professional who has initiated the WellComm intervention. We advise the child's parent/carer to contact their Public Health Nurse Team via the admin hub on 01204 462325 to discuss completion of the WellComm intervention.
2	WellComm scores and evidence of intervention not included	Prior to accepting a referral for this child, we require additional information about how the child has progressed with input from the WellComm toolkit. This includes their score from the initial WellComm language screen, evidence of the activities from the Big Book of Ideas that have been shared with parents/carers and their score from the 2 nd WellComm screen. The 2 nd screen is to monitor the child's progress and should be completed no sooner than 3 months' after the initial screen. Please ensure you provide all of this information when re-referring this child. As Sections 1 and 2 are mainly observation based, how a child has scored on these sections can be completed as a bare minimum. This information can help us to triage the child appropriately, thank you
3	Only 1 WellComm score provided	We require information about how the child has scored following their 2 nd WellComm screen. This should be completed no sooner than 3 months after the initial screen and following intervention using the activities from the Big Book of Ideas. This will demonstrate whether the child has made progress or not. If the child is presenting with significant communication difficulties, which require a more specialist level of intervention than WellComm, please detail these needs clearly in your referral.
4	Speech sounds WNL – refer to developmental checklist	The speech sound errors you have highlighted in your referral are typical for this child's developmental age. Please consider the 'speech sound development checklist' when making a referral for speech sound concerns as this will help to explain which of those are typical and at what age we would expect these processes to have resolved.
5	Needs EHA not SARF	Due to the complexity of this child's presenting needs, an Early Help Assessment is required in order to show that the child and family have support from multiple disciplines. As such a referral cannot be accepted using the single agency referral form and has therefore been rejected. Please complete the Early Help Assessment paperwork and re-refer this child/ young person.
6	WNL language concerns	The language concerns you have highlighted in your referral are typical for this child's developmental age. Therefore, a speech and language referral is not currently necessary.

7	No functional impact described/ no SLCN or BSCIP description	Prior to accepting a referral for this child, we require additional information regarding the child's SLCN and the impact it is having on them in terms of accessing the curriculum / interacting with peers. If referring for the BSCIP pathway we need more detailed description regarding their social communication difficulties.
8	Referral to be made by person who knows them best	The referral should be made by the person/agency who holds the concerns and who knows the child best. Please ask the person/agency with the best knowledge of the child/young person's difficulties to make the referral.
9	OOA GP	This child/ young person's GP is not within the Bolton area, therefore this child needs to be referred to the locality in which their GP is located, as part of their commissioning agreement.
10	Had recent review/ assessment – no re-referral indicated	This child was assessed within the last twelve months and a report was written in relation to the needs identified in your referral. As their speech, language and/ or communication has recently been assessed, a re-referral is not indicated at this time for the same presenting need, and therefore will not be accepted.
11	Needs original EHA as well as reviews	Please resend this referral along with the original Early Help Assessment paperwork as this referral cannot be accepted with review paperwork alone.
12	Needs to be clear which child is being referred on EHA and for which service	It is not clear from the Early Help Assessment paperwork which child is being referred. Please complete a Single Access Referral Form alongside the Early Help, detailing the communication needs of the specific child who is being referred.
13	Not enough detail on referral form	There is not enough detail on the referral form to triage this child/young person. Please send a more detailed referral.
14	BSCIP	In your referral it has been mentioned that this child/ young person has had an Educational Psychology/ Ladywood Outreach assessment. In order for this referral to be accepted, a copy of this report needs to be attached. Please ensure you have consent from parent/ carer to share this and resend along with the referral form.
15	EHCP not attached	In order for this referral to be accepted, a copy of the child's EHCP needs to be attached. Please ensure you have consent from parent/ carer to share this and resend along with the referral form.
16	Contact number not included on referral	In order for this referral to be accepted, we need a current contact telephone number for this child as their first contact will be via telephone.

17 DO NOT USE YET	Statement around child being too young to access a specialist service	Catherine to clarify with Caroline and Nic around how to word this – do EYCLDS have a minimum age for accepting referrals?
18	Child has an open referral with SaLT	This child has a current open referral and is already known to the Speech and Language Therapy Service.
19	No referral to SALT specified in action plan and/or Information Sharing section of the Early Help	There is no referral to SALT specified in Action Plan and/or Information Sharing section of the Early Help. Please add a referral to our service into these sections if this is what this child requires.
20	Dysphagia referral not on new toolkit referral form (letters still accepted from GP /Paed)	Referrals to the SALT Paediatric Dysphagia Service need to be completed on the Dysphagia Toolkit Referral form
21	Child does not meet criteria for dysphagia service.	This child does not meet the criteria for the SALT Paediatric Dysphagia Service.

n/a at present	GP letter not SARF unless clinically 'urgent'	(on hold) All referrals must be submitted using the single agency referral form to ensure we have a full picture of the child's presenting needs and the impact of these needs on the child/ young person and family.
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