**Speech Sounds – Oldham’s Guide Who & When to refer**

1. **Wellcomm Screen** – Complete the Wellcomm screen to check the child’s language skills.

*Why?*

*If a child has language difficulties, or demonstrates a delayed pattern of language development, it is common for their speech sounds development to also be delayed. Where children have difficulties with language and/or attention and listening it is important to work on these skills first as they will help them to access specialist speech therapy if needed in the future.*

1. **Bedfordshire Speech Sounds Screen** – complete the entire screen with any child whom you are considering referring to the speech and language therapy service where you have concerns with their speech sounds/intelligibility.

 *‘tick’ or ‘mark’ where a child has pronounced the word accurately and when the child makes an error write the word exactly as you have heard it, so you can check for any patterns (please see below)*

1. **Cross Reference the screen with:** **Typical Speech Errors**

As children are developing their speech sounds they will sometimes ‘simplify’ sounds, these are known as typical speech errors and may look like:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Age*Age simplification process is often present* | Stoppinglong sounds such as ‘s’ & ‘f’ replaced with short sounds ‘d’ or ‘b’e.g. ‘sun’ becomes ‘dun’, ‘fish’ becomes ‘bish’ | Weak Syllable DeletionUnstressed syllables in words are missede.g. ‘banana’ becomes ‘nana’, ‘elephant’ becomes ‘efant’ | Frontingback of the mouth sounds such as ‘k’ & ‘g’ replaced with front of the mouth sounds ‘t’ & ‘d’ e.g. ‘cat’ becomes ‘tat’, ‘game’ becomes ‘dame’ | Cluster ReductionWhere one sound in a consonant cluster is missed e.g. ‘star’ becomes ‘tar’, ‘blue’ becomes ‘bu’ | De-affricatonSounds such as ‘ch’ replaced with ‘t’, ‘sh’ replaced with ‘s’ and ‘j’ replaced with ‘d’e.g. ‘ship’ becomes ‘sip’‘chair’ becomes ‘tair’ | GlidingSounds such as ‘r’ replaced with ‘w’, or ‘l’ replaced with ‘y’e.g. ‘red’ becomes ‘wed’‘leg’ becomes ‘yeg’ |
| 3;00-3;05 |  |  |  |  |  |  |
| 3;06 – 3;11 |  |  |  |  |  |  |
| 4;00 – 4;05 |  |  |  | Remember some clusters will be easier than others |  |  |
| 4;06 – 4;11 |  |  |  |  |  |  |
| 5;00 – 5;05 |  |  |  |  |  |  |
| 5;06 – 5;11 |  |  |  |  |  |  |
| 6;00 + |  |  |  |  |  |  |

With plenty of opportunities to hear the sounds being used correctly through modelling and practice of phonological awareness activities, these errors may resolve without the need for specialist speech therapy.

1. **What to look out for**

Some errors that children make with their speech sounds are considered more atypical and less likely to resolve without specialist support. Errors to look out for:

* Consonant sounds limited to: m h n
* Overuse of one sound which dominates all speech e.g. “give it to me” becomes “di di doo dee”
* Overuse of “back” sounds k/g, e.g “dog” becomes “gog”, “tiger” becomes “kiger”
* Errors with vowel sounds e.g. “bye” becomes “bah”
* Missing the first sound off words e.g. ‘cat’ becomes ‘at’
* Snorting sound in place of speech sounds
* Significant concerns around intelligibility, even those close and very familiar with the child can find them difficult to understand, difficulties understanding children even where context is obvious.

**Oldham’s Criteria for referral:**

* Complete the full referral form
* Include a copy of the speech screen you have completed
* Include information regarding the child’s language and attention abilities

*(Remember – if a child has difficulties with their language and/or attention and listening, they are unlikely to have the skills to work on speech sounds. Children need to be able to follow adult lead activities, be using 3-key word sentences and have a good understanding of concepts such as first/last, same/different. Please prioritise building these skills to ready them for any future speech work.)*

* Provide information on the impact of speech sound difficulties on the child’s intelligibility and/or well-being.

Referrals for the following will not be accepted:

* Below age 3: where the only concern is speech sounds (except for cleft children).
* Below age 5: where only one delayed error pattern is apparent and there is a low impact on intelligibility and wellbeing.
* Below age 7: if the child has a lisp/slushy sounding speech , or remaining difficulties with ‘r’ only and there is limited impact on intelligibility/wellbeing etc.

If in doubt:

* For children in the EYFS – contact the BCT for advice: Liz.Metcalfe@oldham.gov.uk
* For children KS1 and above – look for ELSEC SLC Surgery dates advertised on: [Oldham Connect | Support Services](https://oldhamconnect.uk/)
* Furthermore referrals can be made and the triaging therapist will make a decision based on the provided information as to whether the child is appropriate for support with their speech sounds.