Children’s Speech & Language Therapy

Leicestershire Partnership Trust (LPT)

Eating, Drinking and swallowing needs (dysphagia)

Referral Guidance for Referrers

# Introduction

Our service works within the context of a *balanced system*; a nationally recognised framework that functions to support a whole system approach for meeting children and young people’s needs. This means that all key adults and services work together to maximise children and young people’s outcomes. The figure below illustrates a balanced system, with the speech and language therapy service sitting at the ‘specialist’ level. We work closely with school and early years setting, health visitors, dieticians and other key professionals to best support children and young people.

*Figure 1: A Balanced System Model*

**Specialist**

**Targeted**

**Universal**

It is important to note that not all children with eating, drinking and swallowing needs will need specialist support from the Speech and Language Therapy Service.

# Referral Criteria

Referrals to the specialist speech and language therapy service are accepted when the child or young person requires specialist assessment and intervention for their eating, drinking and swallowing needs. This includes, but is not limited to:

* Coughing and/or choking, during or after feeding, eating or drinking.
* Changing colour of face and/or noisy breathing during or after feeding, eating or drinking.
* Unexplained, regular chest infections (N.B. not related to colds / viruses).
* Gagging and/or vomiting during feeding, eating or drinking.
* Long feeding or meal times.
* Difficulties managing saliva (over the ages of 4 years old).
* Aversion to feeding (food or bottle) that is having a significant impact on a child or young person’s health and development, such as fathering growth or very restricted diet.
* Children who are tube fed and are showing signs of readiness for oral feeding.
* Difficulty chewing and/or moving onto more challenging texture.

The signs and symptoms described may change depending on the type of food the child or young person is eating or the texture of a drink or may vary at different times of the day.

# Referrals that do not meet the service criteria

Referrals will not be accepted for children or young people with the following clinical presentation:

* Limited food preferences but the child or young person is otherwise healthy and growing well.
  + For strategies and support to help with fussy eating, please see [www.childfeedingguide.co.uk](http://www.childfeedingguide.co.uk) or resources provided for ‘Eating and drinking” on the Speech and Language Therapy Service website [Here](https://www.leicspart.nhs.uk/services/help-support-resources/?v=12927).
* Difficulties using utensils and feeding themselves.
* General weaning concerns and queries.
  + Please speak to your Health Visitor or Healthy Child Programme Practitioner.
  + Contact the Healthy Together Helpline: 0300 300 3001.
  + Visit the Health 4 Kids Website, here: <https://healthforunder5s.co.uk/sections/baby/starting-solid-foods/?set-location=3>
* The child or young person has been discharged within the last 6 months because no specialist assessment and intervention was required, and there has been no change in the child or young person’s circumstances and there are no additional eating, drinking or swallowing difficulties.

# Referral Process

* Before completing a referral, you must access the links to supporting resources and guidance at the end of this document.
* To complete a referral, please complete the ‘Families, Young People & Children’s Service referral form’ (Appendix 1) *and* the ‘Required Information’ form (Appendix 2) to the best of your ability.
* Verbal or written consent from the parent/ carer needs to be gained before submitting the referral and this must be recorded.
* Awareness and consideration must be given to a child’s care status if they are a Child that is Looked After. Advice and guidance can be sought through the Named Nurse for Looked After Children at Leicestershire Partnership Trust.
* Children 16 years and over can and should also give their own consent to the referral, where this is appropriate.
* Please include any additional information, such as reports from other professionals, when submitting your referral.

Once the referral has been completed, please submit via:

*Post*

Families, Young People Children, Learning Disabilities & Autism Services,   
Speech and Language Therapy Service,   
Room 500 – County Hall,  
Glenfield,   
Leicestershire,  
LE3 8RA

*Email*  
[fypc.referrals@nhs.net](mailto:fypc.referrals@nhs.net)

# Guidance, advice, and strategies, for referrers:

## Weaning and development

* Fussy eater/general advice – <https://www.nhs.uk/conditions/baby/weaning-and-feeding/fussy-eaters/>
* Weaning advice – <https://www.nhs.uk/start4life/weaning/?gclid=EAIaIQobChMIvZeVs8vd_AIVht_tCh2SPwuNEAAYASAAEgI6qvD_BwE&gclsrc=aw.ds>
* Child feeding guide – <https://www.childfeedingguide.co.uk/>
* Messy play advice – <https://www.leicspart.nhs.uk/wp-content/uploads/2019/02/Messy-Food-Play.pdf>

## General advice for children / young people with eating, drinking and swallowing needs

* This is a useful poster that outlines what we need to take into account for a child with eating, drinking and swallowing difficulties – [my-eating-and-drinking-matters.pdf](file:///C:/Users/barnettl/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/IDWVOMFZ/my-eating-and-drinking-matters.pdf)

## Children Born Prematurely

* Information about feeding in premature babies and reflux – <https://www.bliss.org.uk/>
* Weaning guidance for babies born premature – <https://www.bliss.org.uk/parents/about-your-baby/feeding/weaning-your-premature-baby>
* If you have been advised to feed your baby in an elevated side-lying position, please read the following – [Elevated Side Lying Positioning for Bottle Feeding UHL Neonatal Guideline.pdf](file:///C:/Users/barnettl/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/IDWVOMFZ/Elevated%20Side%20Lying%20Positioning%20for%20Bottle%20Feeding%20UHL%20Neonatal%20Guideline.pdf)

## Oral Care

* Oral care for children who are non-orally fed – <https://www.leicspart.nhs.uk/wp-content/uploads/2019/02/Mouth-Care-for-Children-who-are-Non-Orally-Fed.pdf>
* Oral care for children with eating and drinking difficulties – <https://www.leicspart.nhs.uk/wp-content/uploads/2019/02/Mouth-Care-for-children-with-eating-drinking-and-swallowing-difficulties.pdf>

## Reflux

* Your child may have been diagnosed with reflux. Here is some further information on this – <https://www.gosh.nhs.uk/conditions-and-treatments/conditions-we-treat/gastro-oesophageal-reflux/>

## Food Textures

* Your speech and Language Therapist may recommend particular textures for your child. We follow the guidelines provided by the International Dysphagia Diet Standardisation Initiative <https://iddsi.org/framework/>

## Sensory Feeding Difficulties

* Advice on how to increase your child / young persons tolerance to good – [Building Up Tolerance V3.pdf](file:///C:/Users/barnettl/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/IDWVOMFZ/Building%20Up%20Tolerance%20V3.pdf)
* Link to sensory play toolkit – <https://sensoryplaytoolkit.weebly.com/>
* Messy food play leaflet – <https://www.leicspart.nhs.uk/wp-content/uploads/2019/02/Messy-Food-Play.pdf>

Please note: Websites are provided for information only. We cannot accept responsibility or provide endorsement for the information shared on the websites.

# Appendix 1 – Referral Form

|  |
| --- |
| **FAMILIES, YOUNG PEOPLE & CHILDREN’S SERVICE REFERRAL FORM** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Forename of child** | **Surname of child** | |  | **Referrer Name** | | |
|  |  | |  |  | | |
| **Parent’s names** | | |  | **Designation** | | |
|  | | |  |  | | |
| **Address** | | |  | **Address** | | |
|  | | |  |  | | |
|  |
|  |
| **Postcode** | | |  |
|  | | |  |
| **School/Nursery** | | |  |
|  | | |  |
| **How long have the family lived in the UK?** | | |  |
|  | | |  | **Telephone Number** | | |
| **Contact Numbers** | **Gender** | |  |  | | |
|  | Male  Female | |  | **Fax Number** | | |
| **NHS Number** | **Date of Birth** | |  |  | | |
|  |  | |  |  | | |
| **Languages Spoken** | | **Languages Read** | | | **Is interpreter needed** | | |
|  | |  | | | Yes | No | |

**Referral Information**

|  |  |  |
| --- | --- | --- |
| **Which services do you consider are needed?** | | |
|  | | |
| **Do you feel that the child/young person’s mental health needs require assessment by CAMHS** | | |
|  | | |
| **Principle reason for referral and current concerns** | | |
|  | | |
| **Any additional information that you feel is relevant?** | | |
| *(Please attach relevant documentation & reports)* | | |
| **Other professional’s \ services currently involved with the family?** | | |
| *(Please provide details of relevant previous input as well if available)* | | |
| **Any safeguarding concerns?** | | |
| Yes | No | Not known |
| *(If yes please specify with details of Social Worker if Known)* | | |
| **Any Special Education Needs?** | | |
| Yes | No | Not known |
| *(If yes please specify*) | | |
| **Please record if the patient has given consent to access information recorded via the SystmOne Electronic Record System.** | | |
| *(please note referrals cannot be processed without consent obtained)*  Consent given  Dissent given  Consent obtained on patient’s behalf | | |
|  | | |
| **Views of child/parent or carer: *(optional)*** | | |
|  | | |
|  | | |
| **Signature of Referrer** | | **Date** |
|  | |  |

**Once completed please return form to us by:**

|  |  |  |
| --- | --- | --- |
| **Email:** | [fypc.referrals@nhs.net](mailto:fypc.referrals@nhs.net) |  |
| **Post:** | Families, Young People Children, Learning Disabilities & Autism Services,  Speech and Language Therapy Service,  Room 500 – County Hall, Glenfield,  Leicestershire, LE3 8RA | |

*Where possible please complete the form electronically, if completing by hand please use additional sheets if needed. For more information view www.leicspart.nhs.uk/fypcreferrals.*

# Appendix 2 – Required Additional Information

|  |  |
| --- | --- |
| **Question** | **Details to help us identify appropriate referrals** |
| What concerns do you have concerns about the child/young person’s **eating, drinking and swallowing skills**?  For example:   * Coughing, spluttering, gagging, choking or vomiting during meals/with drinks. * Refusal, distress or anxiety around the smell, feel or taste of different foods/drinks, which are impacting on weight or growth. * Changes to breathing or voice during/after mealtimes/drinks. * Excessively long feed/mealtimes. |  |
| How do each of the difficulties mentioned affect the child/young person? |  |
| What other service/s have supported or currently support the child or young person, and what is required from a Speech and Language Therapist that is different to the support that they already have in place?  Please attach any relevant reports / plans to evidence this. |  |
| Tell us about this child/ young person’s development and learning levels. |  |
| Tell us about this child/ young person’s sitting skills and posture. Do they require specialist seating? Are they waiting for this or is it in place? |  |
| What are you hoping for as a result of this referral? |  |
| Is there anything else we need to know when considering if this child/ young person requires specialist support from the speech and language therapy service? |  |