### Key skills | Cause for concern | Management options
--- | --- | ---
**Attention and play**
- Can concentrate for a short time on one toy and not flit from one activity to another.
- Is interested in playing with small toys, eg farm sets, small dolls.
- Will carry out simple make believe activities, eg tea party.
- Enjoys nursery rhymes and action songs.
- Never pays sustained attention to an activity of his/her own choice.
- Does not show any pretend play.
- Lacks social interest.

**Receptive language/understanding of spoken language**
- Continual increase in new words the child understands as reported by parents.
- Does not seem to understand the names of everyday objects.

**Expressive language/use of spoken language**
- Has an expanding single word vocabulary.
- At this stage the child is beginning to put words together, eg ‘daddy gone’.
- Has less than 25 words (see Appendix 1 Late talkers- risk factors).
- Never links two words together.

**Speech**
- Speech is becoming clearer to familiar adults.

#### Management options
- Provision of Speech and Language Therapy information leaflets
  - Tips for talking: children aged 2–3 years.
  - What your tot says about learning to talk
- Hearing assessment
- Onward referral to:
  - CDC
  - community paediatrician
  - ENT*
  - Sure Start (if available).
- If you have concerns in more than one area, refer to speech and language therapy or, prior to referral, discuss with your local speech and language therapist.
  - Referrals for voice problems need ENT assessment prior to referral.
  - If at 24–28 months the only cause for concern is speech sounds then referral is not appropriate at this stage.
<table>
<thead>
<tr>
<th><strong>At 30 months</strong></th>
<th><strong>Key skills</strong></th>
<th><strong>Cause for concern</strong></th>
<th><strong>Management options</strong></th>
</tr>
</thead>
</table>
| **Attention and play** | • Will play alongside other children. • Play will include short sequences of imaginative play, eg with Duplo, dolls etc. | • Does not want you to play with him. • Does not show any pretend or imaginative play. | • Provision of Speech and Language Therapy information leaflets  
  - Tips for talking: children aged 2–3 years.  
  - What your tot says about learning to talk |
| **Receptive language/understanding of spoken language** | • Can select an object by its function, eg ‘What do you drive?’. • Can follow more complex directions, eg ‘put teddy on the box’, ‘give me the big spoon’. | • Does not seem to understand what you say unless you use very simple language. | • Hearing assessment |
| **Expressive language/use of spoken language** | • Can have a two way conversation. • Using a rapidly growing number of words and joining words in simple phrases and sentences. | • Is not showing an increase in the number of words they use. • Is still mostly using single words rather than two together. | • Onward referral to:  
  - CDC  
  - community paediatrician  
  - ENT*  
  - Sure Start (if available). |
| **Speech** | • Most of what the child says is understood by familiar adults. • Most children will use the p/b/d/m/n/w sounds in words but may not yet use k/g/f/s/sh l/r. | • Parent cannot understand what the child says. | * Referrals for voice problems need ENT assessment prior to referral. |
| **Other** | • The child stumbles, repeats sounds at the beginning of words or gets stuck on words (ie stammers). • The child has a habitually hoarse voice. | | |

* Referrals for voice problems need ENT assessment prior to referral.