Healthy child, healthy future

Key skills



Aide memoire for health visitors based on Speech and language therapy for children: information and referral guidance

Cause for concern

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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.	 Attention and play Never pays sustained attention to an activity of his/her own choice. Does not show any pretend play. Lacks social interest.
Understanding of spoken language Continual increase in new words the child understands as reported by parents.	Understanding of spoken language Does not seem to understand the names of everyday objects.
 Expressive language/talking Has an expanding single word vocabulary. At this stage the child is beginning to put words together, eg 'daddy gone'. 	 Expressive language/talking 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
 - www.talkingpoint.org.uk/ages-andstages/18-24-months
 - Helping your child learn to talk $1\frac{1}{2}-2\frac{1}{2}$ years.
- Hearing assessment
- Onward referral to:
 - child development clinic
 - community paediatrician
 - Ear, Nose and Throat (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.

At 30 months

Key skills	Cause for concern
Attention and play Will play alongside other children. Play will include short sequences of imaginative play, eg with Duplo, dolls etc. 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'.	Attention and play Does not want you to play with him. Does not show any pretend or imaginative play. Understanding of spoken language Does not seem to understand what you say unless you use very simple 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.
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.	 Speech Parent cannot understand what the child says.
	The child stumbles, repeats sounds at the beginning of words or gets stuck on words (ie stammers). The child has a habitually hoarse voice.

Management options

- Provision of Speech and Language Therapy information
 - www.talkingpoint.org.uk/ages-andstages/2-3-years
 - Helping your child learn to talk 1½-2½ years.
- · Hearing assessment
- Onward referral to:
 - child development clinic
 - community paediatrician
 - Ear, Nose and Throat (ENT)
 - Sure Start (if available)
 - Autistic Spectrum Disorder (ASD) assessment.

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.



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