

## Problems Understanding and/or Using Language

Children who have problems understanding language may:

- Be unable to identify objects you name
- Struggle to follow simple instructions
- Struggle to engage with their peers and surroundings
- Have difficulty following what is happening in group situations

Children who have problems using language may:

- Have difficulty naming familiar objects
- Use basic, short sentences, less than expected for their age
- Use limited grammar, less than expected for their age
- Struggle to engage with their peers

There is some variation in the ages that children will be able to use and understand more complex language but the following table gives a rough guide.

## Key skills: 3 months

Key skills: developmental guide	Cause for concern	Management options for consideration
<ul style="list-style-type: none"> <li>• Shows he is interested in your face</li> <li>• Smiles at you and may be beginning to chuckle and laugh</li> <li>• Sticks out his tongue and moves his lips when you are speaking to him</li> <li>• Responds to loud household noises</li> <li>• Occasionally makes cooing sounds back to you when you are talking to him</li> <li>• Cries to express how he feels</li> </ul>	<ul style="list-style-type: none"> <li>• He does not smile</li> <li>• He is not soothed and quietened by voices or being picked up</li> <li>• He does not turn towards a light or the sound of a rattle</li> <li>• He has feeding problems</li> <li>• He does not coo using vowel sounds</li> </ul>	<ul style="list-style-type: none"> <li>• Provision of SLT health promotion information leaflet (see p30): <ul style="list-style-type: none"> <li>- Tips for talking: children aged 0–3 months</li> </ul> </li> <li>• Hearing assessment according to local referral pathway</li> <li>• Review as appropriate</li> <li>• Onward referral after discussion with parents &amp; health visitor, e.g. <ul style="list-style-type: none"> <li>- Community paediatrician</li> <li>- Specialist SLT paediatric dysphagia (eating &amp; drinking) service</li> </ul> </li> </ul>

## Key skills: 6 months

Key skills: developmental guide	Cause for concern	Management options for consideration
<ul style="list-style-type: none"> <li>• Makes noises to get your attention</li> <li>• Begins to play with sounds for fun, e.g. ‘bababa’</li> <li>• Appears to know what ‘no’ means</li> <li>• Takes turns making sounds</li> <li>• Recognises very familiar voices</li> <li>• Recognises very familiar words that are used with actions, e.g. ‘up you come’</li> </ul>	<ul style="list-style-type: none"> <li>• He doesn’t look around to see who is speaking</li> <li>• He seldom makes noises back to you when you talk to him</li> <li>• He makes very few noises apart from crying</li> <li>• He rarely follows a moving object with his eyes</li> <li>• He has feeding problems</li> </ul>	<ul style="list-style-type: none"> <li>• Provision of SLT health promotion information leaflet (see p30):             <ul style="list-style-type: none"> <li>- Tips for talking: children aged 3–6 months</li> </ul> </li> <li>• Hearing assessment</li> <li>• Review as appropriate</li> <li>• Onward referral after discussion with parents &amp; health visitor, e.g.             <ul style="list-style-type: none"> <li>- Community paediatrician</li> <li>- EYCAT Team *</li> <li>- Specialist SLT paediatric dysphagia (eating &amp; drinking) service</li> </ul> </li> </ul>

\* EYCAT – Early Years Co-ordination and Assessment Team consisting of a core team of Paediatrician, Paediatric Speech & Language Therapist, Paediatric Physiotherapist and Paediatric Occupational Therapist. A Clinical Psychologist is also present when appropriate. A child needs to be under 5 and have two or more areas of developmental delay or concern in order for referral to be accepted e.g. communication, physical skills, attention, play etc.

## Key skills: 9 months

Key skills	Cause for concern	Management options for consideration
<ul style="list-style-type: none"> <li>• Pays fleeting attention but may still be highly distractible</li> <li>• Notices everyday sounds</li> <li>• Makes eye contact readily</li> <li>• Tries to maintain interaction with carer through eye contact and cooing/babbling</li> <li>• Babbles using a variety of sounds</li> <li>• Responds to his own name</li> <li>• Demonstrates a range of emotions appropriately</li> <li>• Initiates communication</li> </ul>	<ul style="list-style-type: none"> <li>• He does not seem to recognise his name or those of close family members</li> <li>• He seldom makes sounds to people as if he wants to talk to them</li> <li>• He does not produce strings of babble sounds like 'mamamama' or 'bababa'</li> <li>• He does not enjoy interactive games such as 'peek-a-boo'</li> <li>• He does not show any interest in noise-making toys</li> <li>• He has feeding problems</li> </ul>	<ul style="list-style-type: none"> <li>• Provision of SLT health promotion information leaflet (see p30):             <ul style="list-style-type: none"> <li>- Tips for talking: children aged 6–12 months</li> </ul> </li> <li>• Hearing assessment</li> <li>• Review as appropriate</li> <li>• Onward referral after discussion with parents &amp; health visitor, e.g.             <ul style="list-style-type: none"> <li>- Community paediatrician</li> <li>- EYCAT Team *</li> <li>- Specialist SLT paediatric dysphagia (eating &amp; drinking) service</li> </ul> </li> </ul>

\* EYCAT – Early Years Co-ordination and Assessment Team consisting of a core team of Paediatrician, Paediatric Speech & Language Therapist, Paediatric Physiotherapist and Paediatric Occupational Therapist. A Clinical Psychologist is also present when appropriate. A child needs to be under 5 and have two or more areas of developmental delay or concern in order for referral to be accepted e.g. communication, physical skills, attention, play etc.

## Key skills: 12 months

Key skills	Cause for concern	Management options for consideration
<ul style="list-style-type: none"> <li>• Can follow simple commands associated with gesture, e.g. 'wave bye-bye'</li> <li>• Understands familiar single words, e.g. 'no', 'bye-bye'</li> <li>• Will vocalise to attract attention or get something he wants</li> <li>• Beginning to use gesture to convey message, e.g. points, holds arms up</li> </ul>	<ul style="list-style-type: none"> <li>• He never looks around for familiar objects such as his shoes when he hears you talking about them</li> <li>• He does not turn towards a speaker when his name is called</li> <li>• He does not produce a lot of tuneful babble</li> <li>• He never tries to start little games like 'round and round the garden'</li> <li>• He does not follow your direction when you point to an object</li> <li>• He has feeding problems</li> </ul>	<ul style="list-style-type: none"> <li>• Provision of SLT health promotion information leaflets (see p30):             <ul style="list-style-type: none"> <li>- Tips for talking: children aged 6–12 months</li> <li>- Tips for talking: children aged 12-18 months</li> </ul> </li> <li>• Hearing assessment</li> <li>• Review as appropriate</li> <li>• Onward referral after discussion with parents &amp; health visitor, e.g.             <ul style="list-style-type: none"> <li>- Community paediatrician</li> <li>- EYCAT Team *</li> <li>- Specialist SLT paediatric dysphagia (eating &amp; drinking) service</li> </ul> </li> </ul>

\* EYCAT – Early Years Co-ordination and Assessment Team consisting of a core team of Paediatrician, Paediatric Speech & Language Therapist, Paediatric Physiotherapist and Paediatric Occupational Therapist. A Clinical Psychologist is also present when appropriate. A child needs to be under 5 and have two or more areas of developmental delay or concern in order for referral to be accepted e.g. communication, physical skills, attention, play etc.

## Key skills: 15 months

Key skills	Cause for concern	Management options for consideration
<ul style="list-style-type: none"> <li>Indicates exactly what he wants or sees using gesture (or may use a few words)</li> <li>Looks with interest at books and points to items</li> <li>Uses gesture to communicate, e.g. pointing, 'all done'</li> <li>Is very persistent when communicating – really wants you to share his idea</li> <li>Looks at familiar objects or people when he hears them named</li> </ul>	<ul style="list-style-type: none"> <li>He never takes his turn when you are making sounds to him</li> <li>He doesn't respond by looking in the right direction to simple questions, e.g. 'where's your teddy?'</li> <li>He doesn't look in the right direction when you are pointing and saying 'look'</li> <li>He doesn't babble with lots of different sounds. This should sound almost as if he is talking</li> <li>He is not interested in starting lots of games with you, like 'round and round the garden'</li> <li>He never concentrates on anything for more than a few seconds</li> <li>He is not interested in simple play materials</li> <li>He has feeding problems</li> </ul>	<ul style="list-style-type: none"> <li>Provision of SLT health promotion information leaflets (see p30):             <ul style="list-style-type: none"> <li>Tips for talking: children aged 12–18 months</li> </ul> </li> <li>Hearing assessment</li> <li>Review as appropriate</li> <li>Onward referral after discussion with parents &amp; health visitor, e.g.             <ul style="list-style-type: none"> <li>Community paediatrician</li> <li>EYCAT Team *</li> <li>Specialist SLT paediatric dysphagia (eating &amp; drinking) service</li> </ul> </li> </ul>

\* EYCAT – Early Years Co-ordination and Assessment Team consisting of a core team of Paediatrician, Paediatric Speech & Language Therapist, Paediatric Physiotherapist and Paediatric Occupational Therapist. A Clinical Psychologist is also present when appropriate. A child needs to be under 5 and have two or more areas of developmental delay or concern in order for referral to be accepted e.g. communication, physical skills, attention, play etc.

## Key skills: 18 months

Key skills	Cause for concern	Management options for consideration
<ul style="list-style-type: none"> <li>• Will concentrate on task of own choosing for short periods of time</li> <li>• Is able to communicate successfully, either verbally and/or by gesture and/or by behavioural means</li> <li>• Can understand simple directions that include nouns and verbs, e.g. 'make dolly sit'</li> <li>• Points to a few body parts</li> <li>• Uses knowledge of situation and routine to understand much of what is said to him</li> <li>• Plays with many toys meaningfully, i.e. knows how to play appropriately with a variety of toys</li> <li>• Has simple pretend play with large-sized toys, e.g. brushing teddy's hair</li> <li>• Recognises miniature toys, i.e. can select a bed, chair, etc</li> <li>• Enjoys looking at books</li> <li>• Can identify familiar objects in pictures not seen before</li> <li>• May have 6-10 words. These may only be understood by parents at this stage</li> <li>• Communication is continually progressing from non-verbal to verbal</li> </ul>	<ul style="list-style-type: none"> <li>• He is not interested in toy material</li> <li>• He does not often look around to see where sounds are coming from</li> <li>• He does not use any meaningful words</li> <li>• He does not understand simple everyday vocabulary</li> <li>• He does not want lots of attention from you, i.e. lack of social interest</li> <li>• He does not show shared attention/joint referencing</li> <li>• He shows very little intention to communicate</li> <li>• He has feeding problems</li> </ul>	<ul style="list-style-type: none"> <li>• Provision of SLT health promotion information leaflets (see p30):             <ul style="list-style-type: none"> <li>– Tips for talking: children aged 18–24 months</li> </ul> </li> <li>• Hearing assessment</li> <li>• Review as appropriate</li> <li>• Onward referral after discussion with parents &amp; health visitor, e.g.             <ul style="list-style-type: none"> <li>- Community paediatrician</li> <li>- EYCAT Team *</li> <li>- Specialist SLT paediatric dysphagia (eating &amp; drinking) service</li> </ul> </li> </ul>

\* EYCAT – Early Years Co-ordination and Assessment Team consisting of a core team of Paediatrician, Paediatric Speech & Language Therapist, Paediatric Physiotherapist and Paediatric Occupational Therapist. A Clinical Psychologist is also present when appropriate. A child needs to be under 5 and have two or more areas of developmental delay or concern in order for referral to be accepted e.g. communication, physical skills, attention, play etc.

## Key skills: 24 months

Key skills	Cause for concern	Management options for consideration
<ul style="list-style-type: none"> <li>• Can concentrate for a short time on a toy and not flit from one activity to another</li> <li>• Is very communicative – becoming more verbal and less behavioural</li> <li>• Continual increase in his new words being understood by parents</li> <li>• Responds to in/on in simple directions, e.g. ‘put it on the chair’</li> <li>• Is interested in playing with small toys, e.g. farm set, small doll</li> <li>• Will carry out simple make believe activities with toys, e.g. tea party</li> <li>• Has an expanding single word vocabulary</li> <li>• At this stage, he is frequently using two words together, e.g. ‘daddy gone’</li> <li>• Speech should be getting clearer and should be intelligible to family</li> <li>• Enjoys nursery rhymes and action songs</li> </ul>	<ul style="list-style-type: none"> <li>• He does not seem to understand the names of lots of everyday objects</li> <li>• He has less than 25 words and there are other risk factors (refer to Appendix 1 ‘Late talkers – risk factors’)</li> <li>• He never links two words together</li> <li>• He never pays sustained attention to an activity of his own choice</li> <li>• He does not want to help you in your activities</li> <li>• He does not show any pretend play</li> <li>• He lacks social interest</li> </ul>	<ul style="list-style-type: none"> <li>• Provision of SLT health promotion information leaflets (see p30):             <ul style="list-style-type: none"> <li>– Tips for talking: children aged 2–3 years</li> </ul> </li> <li>• Hearing assessment</li> <li>• Review as appropriate</li> <li>• Onward referral after discussion with parents &amp; health visitor, e.g.             <ul style="list-style-type: none"> <li>- Community paediatrician</li> <li>- EYCAT Team *</li> <li>- Specialist SLT paediatric dysphagia (eating &amp; drinking) service</li> <li>- Discuss with community SLT for advice</li> </ul> </li> </ul>

\* EYCAT – Early Years Co-ordination and Assessment Team consisting of a core team of Paediatrician, Paediatric Speech & Language Therapist, Paediatric Physiotherapist and Paediatric Occupational Therapist. A Clinical Psychologist is also present when appropriate. A child needs to be under 5 and have two or more areas of developmental delay or concern in order for referral to be accepted e.g. communication, physical skills, attention, play etc.



## Key skills: 30 months

Key skills	Cause for concern	Management options for consideration
<ul style="list-style-type: none"> <li>• Is very communicative</li> <li>• Can have a two-way conversation</li> <li>• Can select an object according to its function, e.g. 'which one do you sleep in?'</li> <li>• Understands simple size words, i.e. big and small (little)</li> <li>• Can follow more complex commands, including position words 'in' and 'on', e.g. 'put teddy's shoe on the chair'</li> <li>• Will play alongside another child</li> <li>• Play will include short sequences of imaginative play, e.g. with Duplo, dolls etc</li> <li>• Some of what he says is understood by health visitor/others</li> <li>• Many speech sound immaturities may be evident</li> <li>• Most of what he says is understood by parents/others familiar with him</li> <li>• Uses 200 or more recognisable words</li> </ul>	<ul style="list-style-type: none"> <li>• He is not showing an increase in the number of words he is using</li> <li>• He is still mainly using single words rather than two together</li> <li>• Parents often cannot understand what he has said</li> <li>• He does not seem to want you to play with him</li> <li>• He does not show any pretend or imaginative play</li> <li>• He does not seem to understand what you say to him unless you make it very simple</li> <li>• His attention span is still very short most of the time</li> <li>• He stumbles, repeats sounds at the beginning of words or gets stuck on words (dysfluency/stammer)</li> <li>• He has a habitually hoarse voice</li> </ul>	<ul style="list-style-type: none"> <li>• Provision of SLT health promotion information leaflets (see p30): <ul style="list-style-type: none"> <li>– Tips for talking: children aged 2–3 years</li> <li>– What your toddler says about learning to talk</li> </ul> </li> <li>• Hearing assessment</li> <li>• Link in with nursery/playgroup</li> <li>• Review as appropriate</li> <li>• Onward referral after discussion with parents &amp; health visitor, e.g. <ul style="list-style-type: none"> <li>- Community paediatrician</li> <li>- EYCAT Team *</li> </ul> </li> <li>• Discuss with community SLT service prior to possible referral</li> </ul>

\* EYCAT – Early Years Co-ordination and Assessment Team consisting of a core team of Paediatrician, Paediatric Speech & Language Therapist, Paediatric Physiotherapist and Paediatric Occupational Therapist. A Clinical Psychologist is also present when appropriate. A child needs to be under 5 and have two or more areas of developmental delay or concern in order for referral to be accepted e.g. communication, physical skills, attention, play etc.

## Key skills: 36 months

Key skills	Cause for concern	Management options for consideration
<ul style="list-style-type: none"> <li>• Is eager to give and receive information verbally</li> <li>• Is interested in peers/friends and beginning to play with them</li> <li>• Is using language to share experiences with others rather than simply to give directions, i.e. wants to have conversations</li> <li>• Can understand more position words, e.g. under</li> <li>• Understands common action words (verbs) and some describing words (adjectives), e.g. big, sad</li> <li>• Is beginning to carry out commands containing up to three different types of concepts, e.g. size, action, position – ‘kick the big ball under the table’</li> <li>• Can sort colours</li> <li>• Plays imaginatively with make believe objects and will role-play</li> <li>• Uses his spoken language for a variety of functions, e.g. seeking information, answering questions, describing objects and actions, telling experiences, protesting etc.</li> <li>• Talks in sentences most of the time and asks questions, e.g. what, where, who?</li> <li>• Should be understood most of the time by health visitor/ others not familiar with him</li> <li>• Knows several nursery rhymes/songs to repeat and sometimes sings them</li> </ul>	<ul style="list-style-type: none"> <li>• He frequently does not seem to understand what you have said</li> <li>• He only uses two word combinations</li> <li>• He has a very restricted vocabulary</li> <li>• He never asks questions</li> <li>• He shows no interest in stories</li> <li>• He shows no interest in playing with other children</li> <li>• Most of the time, his speech is not understood by unfamiliar people</li> <li>• Attention span is very short</li> <li>• He stumbles, repeats words or the beginning of words, or gets stuck on words (dysfluency/stammer)</li> <li>• He has a habitually hoarse voice</li> </ul>	<ul style="list-style-type: none"> <li>• Provision of SLT health promotion information leaflets (see p30): <ul style="list-style-type: none"> <li>– Tips for talking: children aged 3–4 years</li> </ul> </li> <li>• Hearing assessment</li> <li>• Link in with nursery/playgroup</li> <li>• Review as appropriate</li> <li>• Onward referral after discussion with parents &amp; health visitor, e.g. <ul style="list-style-type: none"> <li>- Community paediatrician</li> <li>- EYCAT Team *</li> <li>- SLT service</li> </ul> </li> </ul>

\*EYCAT – Early Years Co-ordination and Assessment Team consisting of a core team of Paediatrician, Paediatric Speech Language Therapist, Paediatric Physiotherapist and Paediatric Occupational Therapist. A Clinical Psychologist is also present when appropriate. A child needs to be under 5 and have two or more areas of developmental delay or concern in order for referral to be accepted e.g. communication, physical skills, attention, play etc.

## Key skills: 42 months (3½years)

Key skills	Cause for concern	Management options for consideration
<ul style="list-style-type: none"> <li>• Can control his own attention and can sustain this for play or listening</li> <li>• Has made friends within his peer group</li> <li>• Can understand questions that do not relate to the here and now, e.g. 'what did you eat at playschool?'</li> <li>• Can respond to commands that include established concepts such as size, colour and position, e.g. 'give me the big teddy'</li> <li>• Understands sequences of events, e.g. what happened next in the story</li> <li>• Can name a few colours</li> <li>• Make believe play with toys is quite elaborate and accompanied by verbal commentary</li> <li>• Grammar is becoming more adult, e.g. use of plurals and tenses, but grammatical immaturities are still evident</li> <li>• Speech is understood by strangers, but many sound immaturities remain</li> </ul>	<ul style="list-style-type: none"> <li>• He does not concentrate on anything for more than a few minutes</li> <li>• He does not understand what you have asked him</li> <li>• He is using very short or jumbled sentences and not linking sentences together</li> <li>• He does not show interest in playing with other children</li> <li>• Speech is not understood by unfamiliar people (see also <b>Sound chart</b> on page 22)</li> <li>• He is very verbal but conversation is unusual and centres around topics of interest to himself</li> <li>• He stumbles, repeats words or the beginning of words, or gets stuck on words (dysfluency/stammer)</li> <li>• He has a habitually hoarse voice</li> </ul>	<ul style="list-style-type: none"> <li>• Provision of SLT health promotion information leaflet (see p30): <ul style="list-style-type: none"> <li>– Tips for talking: children aged 3–4 years</li> </ul> </li> <li>• Hearing assessment</li> <li>• Link in with nursery/ playgroup</li> <li>• Onward referral after discussion with parents &amp; health visitor, e.g. <ul style="list-style-type: none"> <li>- Community paediatrician</li> <li>- EYCAT Team *</li> <li>- SLT service</li> </ul> </li> </ul>

\* EYCAT – Early Years Co-ordination and Assessment Team consisting of a core team of Paediatrician, Paediatric Speech & Language Therapist, Paediatric Physiotherapist and Paediatric Occupational Therapist. A Clinical Psychologist is also present when appropriate. A child needs to be under 5 and have two or more areas of developmental delay or concern in order for referral to be accepted e.g. communication, physical skills, attention, play etc.

## Key skills: 4 years

Key skills	Cause for concern	Management options for consideration
<ul style="list-style-type: none"> <li>• Speech is creative and is now an effective means of communication</li> <li>• Can carry out three step instructions, e.g. 'close the door, then get the ball and put it on the table'</li> <li>• Understands more colour, position and size words</li> <li>• Is beginning to enjoy elaborate make believe play, e.g. dressing up, role-play</li> <li>• Enjoys playing with friends and understands sharing and taking turns</li> <li>• Can tell long stories, relate events and describe pictures quite accurately</li> <li>• Some grammatical immaturities are noticeable</li> <li>• Some sound immaturities still present but speech should be largely intelligible</li> </ul>	<ul style="list-style-type: none"> <li>• He does not understand what you have asked him</li> <li>• He does not concentrate on anything for more than a few minutes</li> <li>• Very poor use of grammar</li> <li>• Speech is very unclear</li> <li>• He cannot relate events that occurred when you were not present</li> <li>• He does not show interest in playing with other children</li> <li>• He stumbles, repeats words or the beginning of words, or gets stuck on words (dysfluency/stammer)</li> <li>• He has a habitually hoarse voice</li> </ul>	<ul style="list-style-type: none"> <li>• Provision of SLT health promotion information leaflet (see p30):             <ul style="list-style-type: none"> <li>– Tips for talking: children aged 3–4 years</li> </ul> </li> <li>• Hearing assessment</li> <li>• Link in with nursery/ playgroup</li> <li>• Onward referral after discussion with parents &amp; health visitor, e.g.             <ul style="list-style-type: none"> <li>- Community paediatrician</li> <li>- EYCAT Team *</li> <li>- SLT service</li> </ul> </li> </ul>

\* EYCAT – Early Years Co-ordination and Assessment Team consisting of a core team of Paediatrician, Paediatric Speech & Language Therapist, Paediatric Physiotherapist and Paediatric Occupational Therapist. A Clinical Psychologist is also present when appropriate. A child needs to be under 5 and have two or more areas of developmental delay or concern in order for referral to be accepted e.g. communication, physical skills, attention, play etc.

## Key skills: 4 to 5 years

Key skills	Cause for concern	Management options for consideration
<p>By this time, he will be having an even wider range of experiences, especially in early years settings or school. His speech and language development will continue, as will the demands on him to use his language skills. He needs to listen and understand more and to share his ideas within the classroom. He will also use his language skills to build on as he learns to read and write.</p> <p>Children will develop language skills at different rates, but at this stage, typically, he will be:</p> <ul style="list-style-type: none"> <li>• able to understand spoken instructions related to an activity without stopping what he is doing to look at the speaker</li> <li>• choosing his own friends and playmates</li> <li>• taking turns in much longer conversations</li> <li>• understanding more complicated language (e.g. 'first', 'last', 'might', 'may be', 'above' and 'in between')</li> <li>• using sentences that are well formed, although he may still have some difficulties with grammar (e.g. some plurals, like saying 'sheeps' instead of 'sheep', or more complicated tenses, like using 'goed' instead of 'went')</li> <li>• thinking more about the meanings of words – perhaps describing what simple words mean or asking what a new word means when he first hears it</li> <li>• using most sounds effectively – may have some difficulties with words with lots of syllables or consonant sounds together, e.g. 'scribble' or 'elephant'</li> </ul>	<ul style="list-style-type: none"> <li>• Speech sound development is immature (refer to <b>Sound chart</b> on page 22)</li> <li>• Sentence structure is immature or ungrammatical</li> <li>• Vocabulary is weak and impacting upon progress in the classroom</li> <li>• He is not able to communicate appropriately with teachers/peers, e.g. in relating relevant information, taking turns to speak, keeping to the topic of conversation, initiating interaction</li> <li>• He engages in his own rigid choice of activity and/or topic of conversation</li> <li>• He is not able to sustain attention for classroom activities</li> <li>• He stumbles, repeats words or the beginning of words, or gets stuck on words (dysfluency/stammer)</li> <li>• He has a habitually hoarse voice</li> </ul>	<ul style="list-style-type: none"> <li>• Provision of SLT health promotion information leaflet (see p30): <ul style="list-style-type: none"> <li>– Tips for talking: children aged 4–5 years</li> </ul> </li> <li>• Link with nursery/teaching staff <ul style="list-style-type: none"> <li>– Have the child's needs been raised with educational psychology?</li> <li>– Has the child been given Individual Educational Plan (IEP)?</li> </ul> </li> <li>• Hearing assessment</li> <li>• Onward referral after discussion with parents &amp; health visitor, e.g. <ul style="list-style-type: none"> <li>- Community paediatrician</li> <li>- EYCAT Team *</li> <li>- SLT service</li> </ul> </li> </ul>

## Key skills: 5 years onwards

Key skills	Cause for concern	Management options for consideration
<p>This covers a huge period of development for any child. Often by 5 or 6 years old, he will have well-developed language with a wide vocabulary, well-formed sentences and good use of speech sounds. He will usually have developed attention skills so that he can understand instructions while carrying on with another activity at the same time. He should also be able to understand much more information. As he grows up, he gains a wider understanding of how to use his language in different situations – for example to discuss ideas or give opinions. Speech and language development is a gradual process and builds on skills he has already learnt.</p> <p>He will:</p> <ul style="list-style-type: none"> <li>• remain focused on one activity for increasing lengths of time without being reminded to do so</li> <li>• continue to learn new words – his vocabulary will increase enormously, especially with words learnt in school (as he gets older, he will rely less on pictures and objects to learn new language, and be able to learn simply through hearing and reading new words; however, using visual materials helps older children and even adults to learn new words)</li> <li>• use his language skills in learning to read, write and spell</li> <li>• learn that the same word can mean two things (e.g. ‘orange’ the fruit and ‘orange’ the colour)</li> </ul>	<ul style="list-style-type: none"> <li>• See <b>4 to 5 years</b> section on page 17</li> <li>• Consider how the child’s speech and language skills fit with his general learning progress and ability</li> </ul>	<ul style="list-style-type: none"> <li>• See <b>4 to 5 years</b> section on page 17 <ul style="list-style-type: none"> <li>– Has referral been made to educational psychology?(can be done after discussion with parents)</li> <li>– Does the child have an Individual Educational Plan?</li> </ul> </li> <li>• Hearing assessment</li> <li>• Onward referral after discussion with parents &amp; health visitor, e.g. <ul style="list-style-type: none"> <li>- Community paediatrician</li> <li>- SLT service</li> </ul> </li> </ul>

**Key skills: 5 years onwards (cont.)**

Key skills	Cause for concern	Management options for consideration
<ul style="list-style-type: none"> <li>• understand concepts and ideas that are abstract - like feelings and descriptive words, e.g. 'carefully', 'slowly' or 'clever'</li> <li>• use language for different purposes, e.g. to persuade, negotiate or question</li> <li>• share and discuss more complex and abstract ideas, like relationships with others</li> <li>• use language to predict and draw conclusions</li> <li>• use language effectively in a range of different social situations</li> <li>• understand more complicated humour and figurative language (like sarcasm)</li> </ul>		

This table may be helpful as a reference.

It could also be used in conjunction with referral guidelines to inform a decision on whether or not to refer a child to the SLT service.

## How to Help

There are lots of ways to support your child's language development. Here are some suggestions:

- Choose a toy or activity you can focus on together, not the T.V. or an outdoor active game
- Reduce background noise and distractions
- Follow what your child wants to do with the toys
- Sit where your child can easily see you and position yourself down at his/her eye level
- Wait for your child to start communication either through talking, looking, making sound or gesturing
- Give your child extra time to talk
- Show your child that you are listening by answering or repeating what they said
- Comment on what your child is doing rather than asking them questions about what they are doing
- Use simple, direct language, focusing on key words
- Praise your child for any attempts at communication
- Talk slowly, clearly and use gesture to help your child's understanding. You can also use objects, photos and pictures to show your child what you are talking about.
- Offer your child choices so that he/she can communicate his/her need
- Use lots of repetition to build up familiar vocabulary and support understanding
- Build on what your child has said, for example:  
Child: "car!" Adult: "That's right, a big car!"
- Don't expect your child to copy your models straight away. Just hearing your language again and again will support their talking in time.